The Centers for Medicare & Medicaid Services (CMS) customized the Monitoring Report Template (Version 3.0) to support Alaska's retrospective reporting of monitoring data for its section 1115 substance use disorder (SUD) demonstration. The state should use this customized template to report on retrospective metric trends as requested in the Monitoring Report Instructions (p. 12 of Version 3.0). This template was customized for retrospective reporting in the following ways:

- *Added footnote C to the title page in section 1*
- *The table in section 3 (Narrative information on implementation, by milestone and reporting topics) has been modified to ask the state to report general trends for each Milestone, rather than changes (+ or -) greater than 2 percent for each metric.*
- *The prompts in section 3 that requested implementation updates were removed.*
- *Section 4 (Narrative information on other reporting topics) has been removed entirely.*

1. Title page for the state's SUD demonstration or the SUD component of the broader demonstration

CMS has pre-populated the title page for the state (see blue text). The state should review the pre-populated text and confirm that it is accurate. Definitions for certain rows are below the table.

State	*Alaska*
Demonstration name	*Alaska Substance Use Disorder and Behavioral Health Program (SUD -BHP) (Project Number: 11-W-00318/0)*
Approval period for section 1115 demonstration	*01/01/2019-12/31/2023*
SUD demonstration start date[a]	*01/01/2019*
Implementation date of SUD demonstration, if different from SUD demonstration start date[b]	*07/01/2019*
SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives	• *Increased rates of identification, initiation, and engagement in treatment* • *Increased adherence to and retention in treatment* • *Reduced overdose deaths, particularly those due to opioids* • *Reduced utilization of emergency departments and inpatient hospital settings for treatment where the utilization is preventable or medically inappropriate through improved access to other more appropriate and focused SUD use/misuse/abuse- related services* • *Fewer readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate* • *Improved access to care for physical health conditions among beneficiaries*
SUD demonstration year and quarter[c]	*SUD DY1Q2 – SUD DY2Q3*
Reporting period[c]	*10/01/2019 – 03/31/2021*

[a] **SUD demonstration start date:** For monitoring purposes, CMS defines the start date of the demonstration as the *effective date* listed in the state's STCs at time of SUD demonstration approval. For example, if the state's STCs at the time of SUD demonstration approval note that the SUD demonstration is effective January 1, 2020 – December 31, 2025, the state should consider January 1, 2020 to be the start date of the SUD demonstration. Note that the effective date is considered to be the first day the state may begin its SUD demonstration. In many cases, the effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example, CMS may approve an extension request on 12/15/2020, with an effective date of 1/1/2021 for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

[b] **Implementation date of SUD demonstration:** The date the state began claiming federal financial participation for services provided to individuals in institutions for mental disease.

[c] **SUD demonstration year and quarter, and reporting period.** The demonstration year, quarter, and calendar dates associated with the monitoring reports in which the metric trends would have been reported according to the reporting schedule in the state's approved monitoring protocol. For example, if the state's first monitoring report after monitoring protocol approval is its SUD DY2Q4 monitoring report, the retrospective reporting period is considered SUD DY1Q2 through SUD DY2Q3.

2. Executive summary

The executive summary should be reported in the fillable box below. It is intended for summary-level information of metrics trends from the retrospective reporting period. The recommended word count is 500 words or less.

This retrospective report includes all quarters that establish the State of Alaska's 1115 SUD Demonstration Metric count baselines, plus two additional quarters to bridge the gap from inception reporting to the State's 09.30.2021 live submission for DY2Q4. Given the time periods assessed, all retrospective counts align with CMS's Technical Specifications Guidance v3.0. The State anticipates incorporating v4.0 criteria into the live schedule submission for SUD DY3Q1, including all CMS-constructed Quarterly, Annual and CY2021 EQM Metrics

Exhaustive State efforts have resulted in new relationships between historically disparate datasets, allowing the Division of Behavioral Health to report on unique subpopulations of interest that have historically been underrepresented in previous reporting deliverables.

Emergency expansion of Medicaid-reimbursable telehealth services throughout the COVID-19 pandemic played a significant role in supporting continued client access to critical care services. However, reduced counts may be reported during quarters that align with observed peaks in viral transmission rate as a result of individual illness, implementation of mitigation efforts that restricted access to in-person services, and agency infrastructure overhauls to adopt a telehealth service delivery model for eligible categories.

Please note that full claims maturity may not be observed for the DY2Q2 and DY2Q3 reporting periods, as the 1-year timely filing allowance may not have been exhausted at the time of report generation. The State anticipates continued discussions with our CMS partners regarding the reporting impacts of revising the current 6-month claims runout period.

3. Narrative information on implementation, by milestone and reporting topic

The state should provide a general summary of metric trends by milestone and reporting topic for the entire retrospective reporting period. In these general summaries, the state should discuss any relevant trends that the data shows related to each milestone or reporting topic, including trends in state-specific metrics.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
1. Assessment of need and qualification for SUD services			
1.1 Metric trends			
1.1.1. The state reports the following metric trends related to assessment of need and qualification for SUD services		Metrics 3 and 4	3 – Average quarterly counts of Medicaid Beneficiaries with an SUD Diagnosis remain consistent from baseline period through DY2Q3. 4 – The State reports an annual baseline count of 27,268 distinct Medicaid beneficiaries with an SUD diagnosis.
2. Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)			
2.1 Metric trends			

2.1.1 The state reports the following metric trends related to Milestone 1		Metrics 6, 7, 8, 9, 10, 11, 12 and 22	Emergency expansion of Medicaid-reimbursable telehealth services throughout the COVID-19 pandemic played a significant role in supporting continued client access to critical care services. However, reduced counts may be reported during quarters that align with observed peaks in viral transmission rate as a result of individual illness, implementation of mitigation efforts that restricted access to in-person services, and agency infrastructure overhauls to adopt a telehealth service delivery model for eligible categories. 6 – Average quarterly counts of Medicaid Beneficiaries with any SUD treatment remained consistent from baseline period through DY2Q3. 7 – Reports '0' counts for Medicaid Beneficiaries receiving SUD Early Intervention services until DY1Q4. In the Alaska BH system of care Early Intervention services have traditionally been funded outside of the Medicaid program. The State is actively transitioning away from historical reliance on grant funding opportunities to support a full continuum of care and has since incorporated a more complete array of service offerings as part of its Medicaid billable array. 8 – Reduced counts for DY1Q4 and DY2Q1 for Medicaid Beneficiaries using Outpatient Services may be a result of COVID-19 pandemic mitigation efforts restricting availability of in-person services as well as marking the transition period for agency providers to adopt telehealth delivery. 9 – Reduced counts for DY1Q4 through DY2Q2 for Medicaid Beneficiaries using SUD Intensive Outpatient and Partial Hospitalization may be a result of COVID-19 pandemic mitigation efforts restricting availability of in-person services.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
			10 – Historically limited bed availability for Medicaid Beneficiaries using SUD Residential and Inpatient services were reduced further by COVID-19 pandemic mitigation efforts restricting availability of in-person services. The growth seen in DY2Q2 aligns with an IMD provider gaining approval to bill Medicaid for services rendered pursuant to the 1115 Waiver exclusion. 11 – Fluctuations in average quarterly counts of Medicaid Beneficiaries using SUD Withdrawal Management services may be a result of COVID-19 pandemic mitigation efforts restricting availability of in-person services and a temporary program closure for one of the State's larger agency's scheduled renovation projects. 12 – Retrospective counts for Medicaid Beneficiaries receiving MAT services for SUD report steady growth in line with annual and demonstration target goals. 22 – The State reports an annual baseline rate of 21.38% of eligible adults 18+ with pharmacotherapy for OUD who have at least 180 days of continuous treatment.
3. Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)			
3.1 Metric trends			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
3.1.1 The state reports the following metric trends related to Milestone 2		Metrics 5 and 36	5 and 36 – The State reports an annual baseline count of 68 unique Medicaid beneficiaries with an SUD diagnosis receiving treatment in an IMD, with an average length of stay of 15.22 days. Temporary reductions in bed availability for SUD residential agency providers, including those that would otherwise meet 1115 Demonstration IMD waiver exclusion criteria (16+ beds), were likely a result of COVID-19 pandemic mitigation efforts restricting availability of in-person services.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
4. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)			
4.1 Metric trends			
4.1.1 The state reports the following metric trends related to Milestone 3 *Note: There are no CMS-provided metrics related to Milestone 3. If the state did not identify any metrics for reporting this milestone, the state should indicate it has no update to report.*	X		
5. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)			
5.1 Metric trends			
5.1.1 The state reports the following metric trends related to Milestone 4		Metrics 13 and 14	13 – The State reports an annual baseline count of 398 providers (reliant on QAP methodology) who were enrolled in Medicaid and qualified to deliver SUD services. 14 – The State reports an annual baseline count of 4 (methadone facilities only) provider who were enrolled in Medicaid and qualified to deliver MAT services. At this time, buprenorphine provider information is not available to the State for inclusion in Metric counts.
6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			
6.1 Metric trends			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
6.1 The state reports the following metric trends related to Milestone 5		Metrics 18, 21, 23 and 27	18 – The State reports an annual baseline rate of 13.57% of eligible adults 18+ who received Prescriptions for Opioids for SUD with an Average Dosage Equal or Greater than 90 MME over a period of 90+ days. 21 – The State reports an annual baseline rate of 13.50% of eligible adults 18+ with Concurrent Use of Prescription Opioids and Benzodiazepines. 23 – Retrospective counts for Emergency Department Utilization for SUD report a steady rate reduction in line with annual and demonstration target goals. DY2Q2 is an exception to this observed trend. 27 – The State reports an annual baseline rate of 0.38 Overdose Deaths per 1,000 Medicaid beneficiaries.
7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)			
7.1 Metric trends			
7.1.1 The state reports the following metric trends related to Milestone 6		Metrics 15, 17(1), 17(2) and 25	15 – The State reports a Total AOD population annual baseline rate of 62.04% Initiation and 27.36% Engagement of Alcohol and Drug Abuse Dependence Treatment for Medicaid beneficiaries 18+ with a new episode. 17(1) – The State reports a baseline rate of 27.85% for 30-Day and 18.49% for 7-Day Follow-up for Medicaid beneficiaries 18+ after an Emergency Department Visit for AOD. 17(2) – The State reports a baseline rate of 53.55% for 30-Day and 39.79% for 7-Day Follow-up for Medicaid beneficiaries 18+ after an Emergency Department Visit for Mental Illness.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
8. SUD health information technology (health IT)			
8.1 Metric trends			
8.1.1 The state reports the following metric trends related to its health IT metrics		State Health IT Q1, Q2 and Q3	Q1 – The State reports an annual baseline count of 7,736,304 for the Number of Schedule II Prescriptions Dispensed to Medicaid beneficiaries. Q2 – The State reports an annual baseline count of 178 for the Number of Medicaid Professionals Trained in MAT through Alaska's Project Echo. Q3 – The State reports an annual baseline count of 121 for the Number of Organizations on Electronic Referral Platforms Connected to Alaska's Division of Behavioral Health.
9. Other SUD-related metrics			
9.1 Metric trends			
9.1.1 The state reports the following metric trends related to other SUD-related metrics		Metrics 24, 26 and 32	24 – Retrospective counts for Total Inpatient Stays per 1,000 Medicaid beneficiaries report a steady rate reduction in line with annual and demonstration target goals. DY2Q2 is an exception to this observed trend. 26 – The State reports an annual baseline count of 90 total Overdose Deaths among Medicaid beneficiaries. 32 – The State reports an annual baseline rate of 9.67% of Medicaid beneficiaries with SUD who had an Ambulatory or Preventative Care visit.

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