

## **Medicaid Section 1115 Substance Use Disorder Demonstrations Monitoring Report Template**

*The Centers for Medicare & Medicaid Services (CMS) customized the Monitoring Report Template (Version 5.0) to support Colorado’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. 11 of Version 5.0). 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.*

**1. Title page for the state’s substance use disorder (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.*

<b>State</b>	<i>Colorado</i>
<b>Demonstration name</b>	<i>Expanding the Substance Use Disorder Continuum of Care</i>
<b>Approval period for section 1115 demonstration</b>	<i>01/01/2021–12/31/2025</i>
<b>SUD demonstration start date<sup>a</sup></b>	<i>01/01/2021</i>
<b>Implementation date of SUD demonstration, if different from SUD demonstration start date<sup>b</sup></b>	<i>n.a.</i>
<b>SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives</b>	<i>Under this demonstration, the State expects to achieve the following:                  Objective 1. Increase rates of identification, initiation, and engagement in treatment.                  Objective 2. Increase adherence to and retention in treatment.                  Objective 3. Reduce overdose deaths, particularly those due to opioids.                  Objective 4. Reduce utilization of emergency department and inpatient hospital settings for treatment where the utilization is preventable or medically inappropriate through improved access to other continuum of care services.                  Objective 5. Reduce readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate.                  Objective 6. Improve access to care for physical health conditions among beneficiaries.</i>
<b>SUD demonstration year and quarter</b>	<i>SUD DY1Q1 -SUD DY2Q1</i>
<b>Reporting period<sup>c</sup></b>	<i>01/01/2021–03/31/2022</i>

<sup>a</sup> **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 December 15, 2020, with an effective date of January 1, 2021 for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

<sup>b</sup> **Implementation date of SUD demonstration:** The date the state began claiming or will begin claiming federal financial participation for services provided to individuals in institutions for mental disease.

<sup>c</sup> **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 DY2Q2 monitoring report, the retrospective reporting period is considered SUD DY1Q1 through SUD DY2Q1.

## 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.*

### **Annual Metrics are reported in DY2Q1 tab of Part A**

#### **Metric #3: Members with SUD Diagnoses**

The number of Medicaid members with SUD diagnoses increased through DY2Q1 from 74,299 to 76,090. This demonstrates that the demonstration is identifying more members with SUD diagnoses and that more individuals have SUD diagnoses after the public health emergency.

#### **Metric #6: Members Receiving Any Services (unduplicated)**

The number of Medicaid members receiving any services (unduplicated) increased through DY2Q1 from 25,973 to 26,041.

#### **Metric #6 compared to 7-12: Members in receipt of SUD Services (unduplicated) compared to members receiving services by type**

The number of Medicaid members receiving any services (unduplicated) and the members receiving services by type increased through DY2Q1.

*Note: Metric #6 includes inpatient and residential SUD services for individuals with a diagnosis of SUD in any position on a claim. Metric #10 includes inpatient and residential SUD services for individuals with a diagnosis of SUD in the primary position on a claim. For some subpopulations, this results in the unduplicated number of individuals receiving SUD services (Metric #6) exceeding the number of individuals receiving the total number of services as defined in Technical Specifications 5.0. This metric programming nuance affects the subpopulations of Dual Eligibles, Older Adults, and Children. Because the number of inpatient and residential SUD services contributes to Metric #6 exceeding the sum of Metrics #7–12, it suggests that additional preventive, outpatient, and intensive outpatient care is needed to divert the acute levels of care.*

#### **Metric #7: Members Receiving Early Intervention**

The number of Medicaid members receiving early intervention decreased through DY2Q1 from 38 to 16.

#### **Metric #8: Members Receiving Outpatient Services**

The number of Medicaid members receiving outpatient services increased slightly through DY2Q1 from 19,994 to 20,026.

#### **Metric #9: Members Receiving IOP/PH**

The number of Medicaid members receiving IOP/PH increased through DY2Q1 from 345 to 417.

**Metric #10: Members Receiving SUD Residential and Inpatient Services**

The number of Medicaid members receiving SUD residential and inpatient services increased DY2Q1 from 1,196 to 1,719.

**Metric #11: Members Receiving Withdrawal Management**

The number of Medicaid members receiving withdrawal management increased DY2Q1 from 854 to 1,322. X axis shows date and Y axis shows members receiving withdrawal management.

**Metric #12: Members Receiving MAT**

The number of Medicaid members receiving MAT increased through DY2Q1 from 5,039 to 5,461.

**Metric #23: Emergency Department Utilization for SUD per 1,000 Members**

The number of Medicaid members with emergency department utilization for SUD per 1,000 members increased through DY2Q1 2022 from 40.86 per 1,000 to 55.13 per 1,000 member.

**Metric #24: Inpatient Stays for SUD per 1,000 Medicaid Members**

The number of Medicaid members with hospital stays for SUD per 1,000 members fluctuated through DY2Q1 from 3.07 per 1,000 to 3.57 per 1,000 member.

### 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
<b>1. Assessment of need and qualification for SUD services</b>			
<b>1.1 Metric trends</b>			
1.1.1. The state reports the following metric trends related to assessment of need and qualification for SUD services		Metric #3: Medicaid beneficiaries with SUD Diagnosis (monthly) Metric #4: Medicaid beneficiaries with SUD Diagnosis (annually)	<p><b>Metric #3: Members with SUD Diagnoses</b></p> <p>The number of Medicaid members with SUD diagnoses increased from the beginning of the waiver to the first quarter of calendar year 2022 from 74,299 to 76,090. This demonstrates that the demonstration is identifying more members with SUD diagnoses and that more individuals have SUD diagnoses after the public health emergency.</p> <ul style="list-style-type: none"> <li>The number of pregnant Medicaid members with SUD diagnoses remained steady from the beginning of the waiver to the first quarter of calendar year 2022 1,423 to 1,431.</li> <li>The number of dual eligible Medicaid members with SUD diagnoses increased from the beginning of the waiver to the first quarter of calendar year 2022 from 5,986 to 7,217.</li> <li>The number of Medicaid members with SUD diagnoses age 65+ increased from the beginning of the waiver to the first quarter of calendar year 2022</li> </ul>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
			<p>from 2,085 to 2,866. The number of Medicaid members with SUD diagnoses younger than 18 decreased from the beginning of the waiver to the first quarter of calendar year 2022 from 2,107 to 2,065.</p> <ul style="list-style-type: none"> <li>• The number of Medicaid members with criminal justice involvement and SUD diagnoses increased from the beginning of the waiver to the first quarter of calendar year 2022 from 3,283 to 4,579.</li> <li>• The number of Medicaid members with OUD and SUD diagnoses increased from the beginning of the waiver to the first quarter of calendar year 2022 from 24,320 to 27,263.</li> </ul> <p>The base year data for Metric #4 is included in the DY2Q1 tab.</p>
<b>2. Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)</b>			
<b>2.1 Metric trends</b>			
2.1.1 The state reports the following metric trends related to Milestone 1		Metric #6: Any SUD Treatment Metric #7: Early Intervention Metric #8: Outpatient Services Metric #9: Intensive Outpatient and Partial Hospitalization Services	<p><b>Metric #6: Members Receiving Any Services (unduplicated)</b></p> <p>The number of Medicaid members receiving any services (unduplicated) increased from the beginning of the demonstration through the first quarter of calendar year 2022 from 25,973 to 26,041.</p> <ul style="list-style-type: none"> <li>• The number of pregnant Medicaid members receiving any services (unduplicated) increased from</li> </ul>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
		Metric #10: Residential and Inpatient Services Metric #11: Withdrawal Management Metric #12: Medication Assisted Treatment Metric #22: Percentage of adults 18 years of age and older with pharmacotherapy for OUD who have at least 180 days of continuous treatment	the beginning of the demonstration through the first quarter of calendar year 2022 from 565 to 581. <ul style="list-style-type: none"> <li>• The number of dual eligible Medicaid members receiving any services (unduplicated) increased from the beginning of the demonstration through the first quarter of calendar year 2022 from 1,931 to 2,294.</li> <li>• The number of Medicaid members receiving any services (unduplicated) age 65+ increased from the beginning of the demonstration through the first quarter of calendar year 2022 from 764 to 1,013. The number of Medicaid members receiving any services (unduplicated) younger than 18 increased from the beginning of the demonstration through the first quarter of calendar year 2022 from 404 to 452.</li> <li>• The number of Medicaid members with criminal justice involvement receiving any services (unduplicated) increased from the beginning of the demonstration through the first quarter of calendar year 2022 from 1,099 to 1,473.</li> <li>• The number of Medicaid members with OUD diagnoses receiving any services (unduplicated) increased from the beginning of the demonstration through the first quarter of calendar year 2022 from 11,062 to 11,722.</li> </ul> <p><b>Metric #6 compared to 7-12: Members in receipt of SUD Services (unduplicated) compared to members receiving services by type</b></p>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
			<p>The number of Medicaid members receiving any services (unduplicated) and the members receiving services by type increased in the first year of the demonstration through the first quarter of calendar year 2022. <i>Total Members in receipt of SUD services DY1 (Metric #6 Unduplicated number is black line; Metrics #7-12 are in the stacked areas).</i></p> <p><b>Metric #6 compared to 7-12: Pregnant Members in receipt of SUD Services (unduplicated) compared to pregnant members receiving services by type</b></p> <p>The number of pregnant Medicaid members receiving any services (unduplicated) and the pregnant members receiving services by type increased in the first year of the demonstration with a dip in February 2022.</p> <p><b>Metric #6 compared to 7-12: Dual Eligible Members in receipt of SUD Services (unduplicated) compared to Dual Eligible members receiving services by type</b></p> <p>The number of Dual Eligible Medicaid members receiving any services (unduplicated) and the Dual Eligible members receiving services by type remained constant through the first year of the demonstration with a slight increase in the first quarter of 2022.</p> <p><i>Note: Metric #6 includes inpatient and residential SUD services for individuals with a diagnosis of SUD in any position on a claim. Metric #10 includes inpatient and residential SUD services for individuals with a diagnosis</i></p>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
			<p><i>of SUD in the primary position on a claim. For some subpopulations, this results in the unduplicated number of individuals receiving SUD services (Metric #6) exceeding the number of individuals receiving the total number of services as defined in Technical Specifications 5.0. This metric programming nuance affects the subpopulations of Dual Eligibles, Older Adults, and Children. Because the number of inpatient and residential SUD services contributes to Metric #6 exceeding the sum of Metrics #7–12, it suggests that additional preventive, outpatient, and intensive outpatient care is needed to divert the acute levels of care.</i></p> <p><b>Metric #6 compared to 7-12: Older Adult Members in receipt of SUD Services (unduplicated) compared to Older Adult members receiving services by type</b></p> <p>The number of Older Adult Medicaid members receiving any services (unduplicated) and the Older Adult members receiving services by type increased in through the first quarter of 2022.</p> <p><b>Metric #6 compared to 7-12: Child members in receipt of SUD Services (unduplicated) compared to Child members receiving services by type</b></p> <p>The number of Medicaid Child members receiving any services (unduplicated) and the Child members receiving services by type declined from May 2021 through November of 2021. Since that time, there has been and</p>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
			<p>increase in the number of children served almost back to the high point in Spring of 2021.</p> <p><b>Metric #6 compared to 7-12: Members with criminal justice involvement in receipt of SUD Services (unduplicated) compared to members with criminal justice involvement receiving services by type</b></p> <p>The number of Medicaid members with criminal justice involvement receiving any services (unduplicated) and the members with criminal justice involvement receiving services by type increased throughout the first year of the demonstration.</p> <p><b>Metric #6 compared to 7-12: Members with OUD diagnosis in receipt of SUD services (unduplicated) compared to members with OUD diagnosis receiving services by type</b></p> <p>The number of Medicaid members with OUD diagnosis receiving any services (unduplicated) and the members with OUD diagnosis receiving services by type slightly increased throughout the first year of the demonstration.</p> <p><b>Metric #7: Members Receiving Early Intervention</b>                      The number of Medicaid members receiving early intervention decreased from the beginning of the demonstration through the first quarter of calendar year 2022 from 38 to 16.</p>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
			<ul style="list-style-type: none"> <li>• The number of pregnant Medicaid members receiving early intervention remained constant from the beginning of the demonstration through the first quarter of calendar year 2022, remaining constant at zero.</li> <li>• The number of dual eligible Medicaid members receiving early intervention decreased from the beginning of the demonstration through the first quarter of calendar year 2022 from 7 to 0.</li> <li>• The number of Medicaid members receiving early intervention age 65+ remained constant in the first quarter of the calendar year 2022 at zero. The number of Medicaid members receiving early intervention younger than 18 remained constant in the first quarter of the calendar year 2022 from at zero.</li> <li>• The number of Medicaid members with criminal justice involvement receiving early intervention remained low since the beginning of the demonstration through the first quarter of calendar year 2022 from 1 to 2.</li> <li>• The number of Medicaid members with OUD diagnoses receiving early intervention decreased from the beginning of the demonstration through the first quarter of calendar year 2022 from 29 to 8.</li> </ul> <p><b>Metric #8: Members Receiving Outpatient Services</b>                      The number of Medicaid members receiving outpatient services increased slightly from the beginning of the</p>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
			<p>demonstration through the first quarter of calendar year 2022 from 19,994 to 20,026.</p> <ul style="list-style-type: none"> <li>• The number of pregnant Medicaid members receiving outpatient services remained constant from the beginning of the demonstration through the first quarter of calendar year 2022 from 463 to 464.</li> <li>• The number of dual eligible Medicaid members receiving outpatient services increased slightly from the beginning of the demonstration from 1,016 to 1,168.</li> <li>• The number of Medicaid members receiving outpatient services age 65+ increased from the beginning of the demonstration through the first quarter of calendar year 2022 from 245 to 343. The number of Medicaid members receiving outpatient services younger than 18 fluctuated from 292 to 302.</li> <li>• The number of Medicaid members with criminal justice involvement receiving outpatient services increased from the beginning of the demonstration through the first quarter of calendar year 2022 from 847 to 1,089.</li> <li>• The number of Medicaid members with OUD diagnoses receiving outpatient services remained constant from the beginning of the demonstration through the first quarter of calendar year 2022 from 9,343 to 9,382.</li> </ul> <p><b>Metric #9: Members Receiving IOP/PH</b></p>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
			<p>The number of Medicaid members receiving IOP/PH increased through the first quarter of calendar year 2022 from 345 to 417.</p> <ul style="list-style-type: none"> <li>• The number of pregnant Medicaid members receiving IOP/PH increased through the first quarter of calendar year 2022 from 7 to 10.</li> <li>• The number of dual eligible Medicaid members receiving IOP/PH decreased through the first quarter of calendar year 2022 from 10 to 7.</li> <li>• The number of Medicaid members receiving IOP/PH age 65+ remained constant through the first quarter of the calendar year 2022 at one. The number of Medicaid members receiving IOP/PH younger than 18 fluctuated through the first quarter of the calendar year 2022 from 4 to 1.</li> <li>• The number of Medicaid members with criminal justice involvement receiving IOP/PH fluctuated through the first quarter of calendar year 2022 from 13 to 15.</li> <li>• The number of Medicaid members with OUD diagnoses receiving IOP/PH increased through the first quarter of calendar year 2022 from 90 to 117.</li> </ul> <p><b>Metric #10: Members Receiving SUD Residential and Inpatient Services</b></p> <p>The number of Medicaid members receiving SUD residential and inpatient services increased through the first quarter of calendar year 2022 from 1,196 to 1,719.</p> <ul style="list-style-type: none"> <li>• The number of pregnant Medicaid members receiving SUD residential and inpatient services</li> </ul>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
			<p>increased through the first quarter of calendar year 2022 from 18 to 32.</p> <ul style="list-style-type: none"> <li>• The number of dual eligible Medicaid members receiving SUD residential and inpatient services increased through the first quarter of calendar year 2022 from 100 to 142.</li> <li>• The number of Medicaid members receiving SUD residential and inpatient services age 65+ increased through the first quarter of the calendar year 2022 from 50 to 77. The number of Medicaid members receiving SUD residential and inpatient services younger than 18 increased through the first quarter of the calendar year 2022 from 12 to 21.</li> <li>• The number of Medicaid members with criminal justice involvement receiving SUD residential and inpatient services increased through the first quarter of calendar year 2022 from 63 to 121.</li> <li>• The number of Medicaid members with OUD diagnoses receiving SUD residential and inpatient services increased through the first quarter of calendar year 2022 from 204 to 420.</li> </ul> <p><b>Metric #11: Members Receiving Withdrawal Management</b></p> <p>The number of Medicaid members receiving withdrawal management increased through the first quarter of calendar year 2022 from 854 to 1,322. X axis shows date and Y axis shows members receiving withdrawal management.</p> <ul style="list-style-type: none"> <li>• The number of pregnant Medicaid members receiving withdrawal management increased</li> </ul>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
			<p>through the first quarter of calendar year 2022 from 15 to 29.</p> <ul style="list-style-type: none"> <li>• The number of dual eligible Medicaid members receiving withdrawal management fluctuated through the first quarter of calendar year 2022 from 47 to 63.</li> <li>• The number of Medicaid members receiving withdrawal management age 65+ increased through the first quarter of the calendar year 2022 from 9 to 19. The number of Medicaid members receiving withdrawal management younger than 18 fluctuated through the first quarter of the calendar year 2022 from 1 to 0.</li> <li>• The number of Medicaid members with criminal justice involvement receiving withdrawal management increased through the first quarter of calendar year 2022 from 54 to 96.</li> <li>• The number of Medicaid members with OUD diagnoses receiving withdrawal management increased through the first quarter of calendar year 2022 from 190 to 377.</li> </ul> <p><b>Metric #12: Members Receiving MAT</b>                      The number of Medicaid members receiving MAT increased through the first quarter of calendar year 2022 from 5,039 to 5,461.</p> <ul style="list-style-type: none"> <li>• The number of pregnant Medicaid members receiving MAT increased through the first quarter of calendar year 2022 from 98 to 118.</li> <li>• The number of dual eligible Medicaid members receiving MAT remained relatively constant through</li> </ul>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
			<p>the first quarter of calendar year 2022 from 168 to 160.</p> <ul style="list-style-type: none"> <li>• The number of Medicaid members receiving MAT age 65+ increased through the first quarter of the calendar year 2022 from 52 to 68. The number of Medicaid members receiving MAT younger than 18 fluctuated through the first quarter of the calendar year 2022 from 2 to 9.</li> <li>• The number of Medicaid members with criminal justice involvement receiving MAT increased through the first quarter of calendar year 2022 from 179 to 231.</li> <li>• The number of Medicaid members with OUD diagnoses receiving MAT increased through the first quarter of calendar year 2022 from 4,668 to 5,214.</li> </ul> <p>Annual Metrics are reported in the DY2Q1 tab.</p>
<b>3. Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)</b>			
<b>3.1 Metric trends</b>			
3.1.1 The state reports the following metric trends related to Milestone 2		<p>Metric #5: Medicaid beneficiaries treated in an Institute for Mental Disease (IMD) for SUD.</p> <p>Metric #36: The average length of stay for beneficiaries discharged from IMD inpatient/residential treatment for SUD.</p>	Annual Metrics are reported in the DY2Q1 tab.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
<b>4. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)</b>			
<b>4.1 Metric trends</b>			
4.1.1 The state reports the following metric trends related to Milestone 3  <i>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.</i>	X		
<b>5. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)</b>			
<b>5.1 Metric trends</b>			
5.1.1 The state reports the following metric trends related to Milestone 4		Metric #13: SUD Provider Availability Metric #14: SUD Provider Availability — MAT	Annual metrics are reported in DY2Q1 tab.
<b>6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)</b>			
<b>6.1 Metric trends</b>			
6.1 The state reports the following metric trends related to Milestone 5		Metric #18: Use of Opioids at High Dosage in Persons Without Cancer  Metric #21: Concurrent Use of Opioids and Benzodiazepines  Metric #23: Emergency Department	Annual metrics are reported in DY2Q1 tab.  <b>Metric #23: Emergency Department Utilization for SUD per 1,000 Members</b>  The number of Medicaid members with emergency department utilization for SUD per 1,000 members increased through the first quarter of calendar year 2022 from 40.86 per 1,000 to 55.13 per 1,000 member.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
		Utilization for SUD per 1,000 Medicaid beneficiaries  Metric #27: Overdose Deaths (rate)	<p><b>Metric #23: Emergency Department Utilization for Non-Adults by Age for SUD per 1,000 Members</b></p> <p>The number of Medicaid members with emergency department utilization for SUD per 1,000 members age 65+ increased through the first quarter of the calendar year 2022 from 1.92 to 2.47. The number of Medicaid members with emergency department utilization for SUD per 1,000 members younger than 18 increased through the first quarter of the calendar year 2022 from 7.53 to 15.97 per 1,000 members.</p>
<b>7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)</b>			
<b>7.1 Metric trends</b>			
7.1.1 The state reports the following metric trends related to Milestone 6		Metric #15: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD)  Metric #17(1): Follow-up After Emergency Department Visit for Alcohol or Other Drug Dependence (FUA-AD)  Metric #17(2): Follow-up After Emergency	Annual metrics are reported in DY2Q1 tab.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
		Department Visit for Mental Illness (FUM-AD)  Metric #25: Readmissions Among Beneficiaries with SUD	

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
<b>8. SUD health information technology (health IT)</b>			
<b>8.1 Metric trends</b>			
8.1.1 The state reports the following metric trends related to its health IT metrics		Q1. Total Number of PDMP Users  Q2. Number of Opioid Prescriptions in PDMP  Q3. Tracking MAT with Use of Counseling and Behavioral Therapies	Annual metrics are reported in DY2Q1 tab.
<b>9. Other SUD-related metrics</b>			
<b>9.1 Metric trends</b>			
9.1.1 The state reports the following metric trends related to other SUD-related metrics		#24: Inpatient stays for SUD per 1,000 Medicaid members	<p><b>Metric #24: Inpatient Stays for SUD per 1,000 Medicaid Members</b></p> <p>The number of Medicaid members with hospital stays for SUD per 1,000 members fluctuated through the first quarter of calendar year 2022 from 3.07 per 1,000 to 3.57 per 1,000 member.</p> <p><b>Metric #24: Inpatient Stays for SUD by Age per 1,000 Medicaid Non-Adult Members</b></p> <p>The number of Medicaid members with hospital stays for SUD per 1,000 members age 65+ fluctuated through the first quarter of the calendar year 2022 from 18 to 22. The number of Medicaid members with hospital stays for</p>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
			SUD per 1,000 members younger than 18 remained relatively constant through the first quarter of the calendar year 2022 from 0.03 to 0.04.

\*The state should remove all example text from the table prior to submission.

Note: Licensee and states must prominently display the following notice on any display of Measure rates:  
*Measures IET-AD, FUA-AD, FUM-AD, and AAP [Metrics #15, 17(1), 17(2), and 32] are Healthcare Effectiveness Data and Information Set (HEDIS®) measures that are owned and copyrighted by the National Committee for Quality Assurance (NCQA). HEDIS measures and specifications are not clinical guidelines, do not establish a standard of medical care and have not been tested for all potential applications. The measures and specifications are provided “as is” without warranty of any kind. NCQA makes no representations, warranties or endorsements about the quality of any product, test or protocol identified as numerator compliant or otherwise identified as meeting the requirements of a HEDIS measure or specification. NCQA makes no representations, warranties, or endorsement about the quality of any organization or clinician who uses or reports performance measures and NCQA has no liability to anyone who relies on HEDIS measures or specifications or data reflective of performance under such measures and specifications.*  
*The measure specification methodology used by CMS is different from NCQA’s methodology. NCQA has not validated the adjusted measure specifications but has granted CMS permission to adjust. A calculated measure result (a “rate”) from a HEDIS measure that has not been certified via NCQA’s Measure Certification Program, and is based on adjusted HEDIS specifications, may not be called a “HEDIS rate” until it is audited and designated reportable by an NCQA-Certified HEDIS Compliance Auditor. Until such time, such measure rates shall be designated or referred to as “Adjusted, Uncertified, Unaudited HEDIS rates.”*