CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

State Demonstrations Group

June 23, 2023

William Gui Woolston
Medicaid Director
Connecticut Department of Social Services
55 Farmington Ave
Hartford CT, 06105

Dear Mr. Woolston:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the Substance Use Disorder (SUD) Monitoring Protocol, which is required by Special Terms and Conditions (STC) # 27 of Connecticut's section 1115 demonstration, "Connecticut Substance Use Disorder Demonstration" (Project No: 11-W-00372/1 and 21-W-00069/1). CMS has determined that the Monitoring Protocol, which was submitted on April 21, 2023, meets the requirements set forth in the STCs and, therefore, approves the state's Monitoring Protocol.

The Monitoring Protocol is approved for the demonstration period through March 31, 2027 and is hereby incorporated into the demonstration STCs as Attachment D (see attached). Per 42 CFR 431.424(c), the approved Monitoring Protocol may now be posted to your state's Medicaid website.

We look forward to our continued partnership on the Connecticut Substance Use Disorder section 1115 demonstration. If you have any questions, please contact your CMS demonstration team.

Sincerely,

Danielle Daly -S
Digitally signed by Danielle Daly -S
Date: 2023.06.23 09:49:35 -04'00'

Danielle Daly
Director
Division of Demonstration
Monitoring and Evaluation

cc: Marie Dimartino, State Monitoring Lead, CMS Medicaid and CHIP Operations Group

Medicaid Section 1115 Substance Use Disorder Demonstrations
Monitoring Protocol Template

Note: PRA Disclosure Statement to be added here

1. **Title page for the state's substance use disorder (SUD) demonstration or the SUD component of the broader demonstration**

The state should complete this title page as part of its SUD monitoring protocol. Definitions for certain rows are provided below the table. The Performance Metrics Database and Analytics (PMDA) system will populate some rows of the table. The state should complete the rest of the table. The state can revise the demonstration goals and objectives if needed. PMDA will use this information to populate part of the title page of the state's monitoring reports.

State	Connecticut
Demonstration name	Connecticut Substance Use Disorder Demonstration
Approval period for section 1115 demonstration	*Enter the current approval period for the section 1115 demonstration as listed in the current special terms and conditions (STC), including the start date and end date (MM/DD/YYYY – MM/DD/YYYY).* *Start Date:* 04/14/2022 *End Date:* 03/31/2027
SUD demonstration start date[a]	*Enter the start date for the section 1115 SUD demonstration or SUD component if part of a broader demonstration (MM/DD/YYYY).* 04/14/2022
Implementation date of SUD demonstration, if different from SUD demonstration start date[b]	*Enter SUD demonstration implementation date (MM/DD/YYYY).*
SUD (or if broader demonstration, then SUD-related) demonstration goals and objectives	*Enter summary of the SUD (or if broader demonstration, then SUD-related) demonstration goals and objectives.* 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. Reductions in 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. Fewer readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate. Objective 6. Improved access to care for physical health conditions among

[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 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.

[b] **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.

2. Acknowledgement of narrative reporting requirements

☒   The state has reviewed the narrative questions in the <u>Monitoring Report Template</u> provided by CMS and understands the expectations for quarterly and annual monitoring reports. The state will provide the requested narrative information (with no modifications).

3. Acknowledgement of budget neutrality reporting requirements

☒   The state has reviewed the Budget Neutrality Workbook (which can be accessed via PMDA – see Monitoring Protocol Instructions for more details) and understands the expectations for quarterly and annual monitoring reports. The state will provide the requested budget neutrality information (with no modifications).

4. Retrospective reporting

The state is not expected to submit metrics data until after monitoring protocol approval, to ensure that data reflects the monitoring plans agreed upon by CMS and the state. Prior to monitoring protocol approval, the state should submit quarterly and annual monitoring reports with narrative updates on implementation progress and other information that may be applicable, according to the requirements in its STCs.

For a state that has monitoring protocols approved after one or more initial quarterly monitoring report submissions, it should report metrics data to CMS retrospectively for any prior quarters (Qs) of the section 1115 SUD demonstration that precede the monitoring protocol approval date. A state is expected to submit retrospective metrics data—provided there is adequate time for preparation of these data— in its second monitoring report submission that contains metrics. The retrospective monitoring report for a state with a first SUD demonstration year (DY) of less than 12 months, should include data for any baseline period Qs preceding the demonstration, as described in Part A of the state's monitoring protocols. (See Appendix B of the Monitoring Protocol Instructions for further instructions on determining baseline periods for first SUD DYs that are less than 12 months.) If a state needs additional time for preparation of these data, it should propose an alternative plan (i.e., specify the monitoring report that would capture the data) for reporting retrospectively on its section 1115 SUD demonstration.

In the monitoring report submission containing retrospective metrics data, the state should also provide a general assessment of metrics trends from the start of its demonstration through the end of the current reporting period. The state should report this information in Part B of its monitoring report submission (Section 3: Narrative information on implementation, by milestone and reporting topic). This general assessment is not intended to be a comprehensive description of every trend observed in the metrics data. Unlike other monitoring report submissions, for instance, the state is not required to describe all metric changes (+ or - greater than 2 percent). Rather, the assessment is an opportunity for a state to provide context on its retrospective metrics

data and to support CMS's review and interpretation of these data. For example, consider a state that submits data showing an increase in the number of medication-assisted treatment (MAT) providers (Metric #14) over the course of the retrospective reporting period. This state may decide to highlight this trend for CMS in Part B of its monitoring report (under Milestone 4) by briefly summarizing the trend and explaining that during this period, a grant supporting training for new MAT providers throughout its state was implemented.

For further information on how to compile and submit a retrospective monitoring report, the state should review Section B of the Monitoring Report Instructions document.

☒ The state will report retrospectively for any Qs prior to monitoring protocol approval as described above, in the state's second monitoring report submission that contains metrics after monitoring protocol approval.

☐ The state proposes an alternative plan to report retrospectively for any Qs prior to monitoring protocol approval: *Insert narrative description of proposed alternative plan for retrospective reporting. Regardless of the proposed plan, retrospective reporting should include retrospective metrics data and a general assessment of metric trends for the period. The state should provide justification for its proposed alternative plan.*

Medicaid Section 1115 SUD Demonstration Monitoring Protocol (Part A): Planned Metrics (Version 7.0)
State:
Demonstration Name:

Table: Substance Use Disorder Demonstration Planned Metrics

Medicaid Section 1115 SUD Demonstrations Protocol (Part A) - Planned Subpopulations (Version 7.0)
State: Connecticut
Demonstration Name: Connecticut Substance Use Disorder Demonstration

Table: Substance Use Disorder Demonstration Planned Subpopulations

| | | | | | | Planned subpopulation reporting | Alignment with CMS-provided technical specifications manual | | | |
| | | | | | | | Subpopulations | | Relevant metrics | |
Subpopulation category	Subpopulations	Reporting priority	Relevant metrics	Subpopulation type	State will report (Y/N)	Attest that planned subpopulation reporting within each category matches the description in the CMS-provided technical specifications manual (Y/N) [a,b,c]	If the planned reporting of subpopulations does not match (i.e., column G ="N"), list the subpopulations state plans to report (Format comma separated)	Attest that metrics reporting for subpopulation matches CMS-provided technical specifications manual (Y/N)	If the planned reporting of relevant metrics does not match (i.e., column I ="N"), list the metrics for which state plans to report for each subpopulation (Format metric number, comma separated)
EXAMPLE: *Age group* *(Do not delete or edit this row)*	EXAMPLE: *Children <18, adults 18–64, and older adults 65 +*	EXAMPLE: *Required*	EXAMPLE: *Metrics #1-3, 6-12, 23, 24, 26, 27*	EXAMPLE: *CMS-provided*	EXAMPLE: *Y*	EXAMPLE: *N*	EXAMPLE: *Children/Young adults 12-21, Adults 21-65*	EXAMPLE: *N*	EXAMPLE: *1, 2, 3*
Age group	Children <18, adults 18–64, and older adults 65+	Required	Metrics #1-3, 6-12, 23, 24, 26, 27	CMS-provided	Y	Y		Y	
Dual-eligible status	Dual-eligible (Medicare-Medicaid eligible), Medicaid only	Required	Metrics #1-3, 6-12	CMS-provided	Y	Y		Y	
Pregnancy status	Pregnant, Not pregnant	Required	Metrics #1-3, 6-12	CMS-provided	Y	Y		Y	
Criminal justice status	Criminally involved, Not criminally involved	Required	Metrics #1-3, 6-12	CMS-provided	Y	Y	Providers use the H9 and HZ modifiers on residential claims for any DOC/Judicial involved members	Y	
OUD population	Opioid diagnosis	Recommended	Metrics #2-12, 23, 24, 26, 27, 36	CMS-provided	Y	Y		Y	
[Insert row(s) for any state-specific subpopulation(s)]									

[a] If the state is not reporting a required subpopulation category (i.e., column F = "N"), enter explanation in corresponding row in column H.

[b] If the state is reporting on the Dual-eligible status, Pregnancy status, Criminal justice status, and OUD population subpopulation categories, the state should use column H to outline its subpopulation identification approach as explained in Version 4.0 of the Medicaid Section 1115 Substance Use Disorder Demonstrations Monitoring Protocol Instructions.

[c] If the state is planning to phase in the reporting of any of the subpopulation categories, the state should (1) select N in column G and (2) provide an explanation and the report (SUDDY and Q) in which it will begin reporting the subpopulation category in column H.

Medicaid Section 1115 SUD Demonstrations Monitoring Protocol (Part A) - Reporting Schedule (Version 7.0)
State Connecticut
Demonstration Name Connecticut Substance Use Disorder Demonstration

Instructions:

(1) In the reporting periods input table (Table 1), use the prompt in column A to enter the requested information in the corresponding row of column B. All monitoring report names and reporting periods should use the format DY#Q# or CY# and all dates should use the format MM/DD/YYYY with no spaces in the cell. The information entered in these cells will auto-populate the SUD demonstration reporting schedule in Table 2. All cells in the input table must be completed in entirety and in the correct format for the standard reporting schedule to be accurately auto-populated.

(2) Review the state's reporting schedule in the SUD demonstration reporting schedule table (Table 2). For each of the reporting categories listed in column F, select Y or N in column H, "Deviation from standard reporting schedule (Y/N)" to indicate whether the state plans to report according to the standard reporting schedule. If a state's planned reporting does not match the standard reporting schedule for any quarter and/or reporting category (i.e., column H="Y"), the state should describe these deviations in column I, "Explanation for deviations (if column H="Y")" and use column J, "Proposed deviations from standard reporting schedule," to indicate the SUD measurement periods with which it wishes to overwrite the standard schedule (column G). All other columns are locked for editing and should not be altered by the state.

Table 1. Substance Use Disorder Demonstration Reporting Periods Input Table

	Demonstration reporting periods/dates
Dates of first SUD demonstration year (SUD DY1)	
Start date (MM/DD/YYYY)	04/01/2022
End date (MM/DD/YYYY)	03/31/2023
Dates of first quarter of the baseline period for CMS-constructed metrics	
Reporting period (SUD DY and Q) (Format DY#Q#: e.g., DY1Q2)	DY1Q1
Start date (MM/DD/YYYY)	04/01/2022
End date (MM/DD/YYYY)	06/30/2022
Broader section 1115 demonstration reporting period corresponding with the first SUD reporting quarter; if applicable. If there is no broader demonstration, fill in the first SUD reporting period. (Format DY#Q#: e.g., DY3Q1)	DY1Q1
First SUD monitoring report due date (per STCs) (MM/DD/YYYY)	08/29/2022
First SUD monitoring report in which the state plans to report annual metrics that are established quality measures (EQMs)	
Baseline period for EQMs (Format CY#: e.g., CY2019)	CY2022
SUD DY and Q associated with monitoring report (Format DY#Q#: e.g., DY1Q1)	DY2Q2
SUD DY and Q start date (MM/DD/YYYY)	07/01/2023
SUD DY and Q end date (MM/DD/YYYY)	09/30/2023
Dates of last SUD reporting quarter:	
Start date (MM/DD/YYYY)	01/01/2027
End date (MM/DD/YYYY)	03/31/2027

Table 2. Substance Use Disorder Demonstration Reporting Schedule

SUD reporting quarter start date (MM/DD/YYYY)	SUD reporting quarter end date (MM/DD/YYYY)	Monitoring report due (per STCs) (MM/DD/YYYY)	Broader section 1115 reporting period, if applicable; else SUD reporting period (Format DY#Q#: e.g., DY1Q3)	SUD reporting period (Format DY#Q#: e.g., DY1Q3)	Reporting category	For each reporting category, measurement period for which information is captured in monitoring report per standard reporting schedule (Format DY#Q#: e.g., DY1Q3) SUD	Deviation from standard reporting schedule (Y/N/n.a.)	Explanation for deviations (if column H="Y")	Proposed deviation in measurement period from standard reporting schedule in column G (Format DY#Q#: e.g., DY1Q3)
04/01/2022	06/30/2022	08/29/2022	DY1Q1	DY1Q1	Narrative information	DY1Q1	Y	Report due 9/28 based on state reporting	n.a. - state not reporting
					Grievances and appeals	DY1Q1	Y		
					Other monthly and quarterly metrics		N		
					Annual metrics that are established quality measures		N		
					Other annual metrics		N		
07/01/2022	09/30/2022	11/29/2022	DY1Q2	DY1Q2	Narrative information	DY1Q2	Y	Report due 12/29 based on state reporting	n.a. - state not reporting
					Grievances and appeals	DY1Q2	Y		
					Other monthly and quarterly metrics	DY1Q1	Y	6 month lag needed for other monthly and quarterly metrics. Report due 12/29 based on state reporting. Report will not be calculated until 9/28/2023 because of timing of the MP approval.	n.a. - state not reporting
					Annual metrics that are established quality measures		N		
					Other annual metrics		N		
10/01/2022	12/31/2022	03/01/2023	DY1Q3	DY1Q3	Narrative information	DY1Q3	Y	Report due 3/31 based on state reporting	n.a. - state not reporting
					Grievances and appeals	DY1Q3	Y		
					Other monthly and quarterly metrics	DY1Q2	Y	6 month lag needed for other monthly and quarterly metrics. Report due 3/31 based on state reporting. Report will be calculated after MP approval and CMS review of DY1Q1 (estimated 12/29/2023).	n.a. - state not reporting
					Annual metrics that are established quality measures		N		
					Other annual metrics		N		
01/01/2023	03/31/2023	06/29/2023	DY1Q4	DY1Q4	Narrative information	DY1Q4	N		
					Grievances and appeals	DY1Q4	Y		Annual grievances and appeals reported
					Other monthly and quarterly metrics	DY1Q3	Y	6 month lag needed for other monthly and quarterly metrics. Report will be calculated after MP approval and CMS review of DY1Q1 (estimated 12/29/2023)	n.a. - state not reporting
					Annual metrics that are established quality measures		N		
					Other annual metrics		N		

SUD reporting quarter start date (MM/DD/YYYY)	SUD reporting quarter end date (MM/DD/YYYY)	Monitoring report due (per ST(s)) (MM/DD/YYYY)	Broader section 1115 reporting period, if applicable: else SUD reporting period (Format DY#Q#; e.g., DY1Q3)	SUD reporting period (Format DY#Q#; e.g., DY1Q3)	Reporting category	For each reporting category, measurement period for which information is captured in monitoring report per standard reporting schedule (Format DY#Q#; e.g., DY1Q3) — SUD	Deviation from standard reporting schedule (Y/N/n.a.)	Explanation for deviations (if column H="Y")	Proposed deviation in measurement period from standard reporting schedule in column G (Format DY#Q#; e.g., DY1Q3)
04/01/2023	06/30/2023	08/29/2023	DY2Q1	DY2Q1	Narrative information	DY2Q1	Y	Report due 9/28 based on state reporting	n.a. - state not reporting
					Grievances and appeals	DY2Q1	Y		DY1Q1
					Other monthly and quarterly metrics	DY1Q4	Y	6 month lag needed for other monthly and quarterly metrics. Report due 9/28 based on state reporting. Report will be calculated after MP approval and CMS review of DY1Q1 (estimated 12/29/2023)	
					Annual metrics that are established quality measures		N		
					Other annual metrics	DY1	Y	6 month lag needed for other annual metrics. Other annual metrics will be reported in Q2 reports.	n.a. - state not reporting
07/01/2023	09/30/2023	11/29/2023	DY2Q2	DY2Q2	Narrative information	DY2Q2	Y	Report due 12/29 based on state reporting	n.a. - state not reporting
					Grievances and appeals	DY2Q2	Y		DY1Q2
					Other monthly and quarterly metrics	DY2Q1	Y	6 month lag needed for other monthly and quarterly metrics. Report due 12/29 based on state reporting	DY1Q3 DY1Q4
					Annual metrics that are established quality measures	CY2022	Y	6 month lag needed for EQMs. EQMs will be reported in Q3 reports. Reports due 12/29 based on state reporting	n.a. - state not reporting
					Other annual metrics	DY1	Y	6 month lag needed for other annual metrics. Other annual metrics will be reported in Q2 reports. Report due 12/29 based on state reporting	DY1
10/01/2023	12/31/2023	02/29/2024	DY2Q3	DY2Q3	Narrative information	DY2Q3	Y	Report due 3/30 based on state reporting	n.a. - state not reporting
					Grievances and appeals	DY2Q3	Y		DY2Q1
					Other monthly and quarterly metrics	DY2Q2	Y	6 month lag needed for other monthly and quarterly metrics. Report due 3/30 based on state reporting	DY2Q1
					Annual metrics that are established quality measures		Y	6 month lag needed for EQMs. EQMs will be reported in Q3 reports. Report due 3/30 based on state reporting	CY2022
					Other annual metrics		N		
01/01/2024	03/31/2024	06/30/2024	DY2Q4	DY2Q4	Narrative information	DY2Q4	N		Annual grievances and appeals reported
					Grievances and appeals	DY2Q4	Y		DY2Q2
					Other monthly and quarterly metrics	DY2Q3	Y	6 month lag needed for other monthly and quarterly metrics.	DY2Q2
					Annual metrics that are established quality measures		N		
					Other annual metrics	DY2	Y	6 month lag needed for other annual metrics. Other annual metrics will be reported in Q2 reports.	n.a. - state not reporting
04/01/2024	06/30/2024	08/29/2024	DY3Q1	DY3Q1	Narrative information	DY3Q1	Y	Report due 9/28 based on state reporting	n.a. - state not reporting
					Grievances and appeals	DY3Q1	Y		DY2Q4
					Other monthly and quarterly metrics	DY2Q4	Y	6 month lag needed for other monthly and quarterly metrics. Report due 9/28 based on state reporting	DY2Q3
					Annual metrics that are established quality measures		N		
					Other annual metrics	DY2	Y	6 month lag needed for other annual metrics. Other annual metrics will be reported in Q2 reports.	n.a. - state not reporting
07/01/2024	09/30/2024	11/29/2024	DY3Q2	DY3Q2	Narrative information	DY3Q2	Y	Report due 12/29 based on state reporting	n.a. - state not reporting
					Grievances and appeals	DY3Q2	Y		DY2Q4
					Other monthly and quarterly metrics	DY3Q1	N	6 month lag needed for other monthly and quarterly metrics. Report due 12/29 based on state reporting	DY2Q4
					Annual metrics that are established quality measures	CY2023	Y	6 month lag needed for EQMs. EQMs will be reported in Q3 reports. Reports due 12/29 based on state reporting	CY2023
					Other annual metrics	DY2	Y	6 month lag needed for other annual metrics. Other annual metrics will be reported in Q2 reports. Report due 12/29 based on state reporting	DY2
10/01/2024	12/31/2024	03/01/2025	DY3Q3	DY3Q3	Narrative information	DY3Q3	Y	Report due 3/31 based on state reporting	n.a. - state not reporting
					Grievances and appeals	DY3Q3	Y		DY3Q1
					Other monthly and quarterly metrics	DY3Q2	Y	6 month lag needed for other monthly and quarterly metrics. Report due 3/31 based on state reporting	DY3Q1
					Annual metrics that are established quality measures	CY2023	Y	6 month lag needed for EQMs. EQMs will be reported in Q3 reports. Report due 3/31 based on state reporting	CY2023
					Other annual metrics		N		
01/01/2025	03/31/2025	06/29/2025	DY3Q4	DY3Q4	Narrative information	DY3Q4	N		Annual grievances and appeals reported
					Grievances and appeals	DY3Q4	Y		DY3Q2
					Other monthly and quarterly metrics	DY3Q3	Y	6 month lag needed for other monthly and quarterly metrics. Report due 9/28 based on state reporting	DY3Q2
					Annual metrics that are established quality measures		N		
					Other annual metrics	DY3	Y	6 month lag needed for other annual metrics. Other annual metrics will be reported in Q2 reports.	n.a. - state not reporting
04/01/2025	06/30/2025	08/29/2025	DY4Q1	DY4Q1	Narrative information	DY4Q1	Y	Report due 9/28 based on state reporting	n.a. - state not reporting
					Grievances and appeals	DY4Q1	Y		DY3Q3
					Other monthly and quarterly metrics	DY3Q4	Y	6 month lag needed for other monthly and quarterly metrics. Report due 9/28 based on state reporting	DY3Q3
					Annual metrics that are established quality measures		N		
					Other annual metrics	DY3	Y	6 month lag needed for other annual metrics. Other annual metrics will be reported in Q2 reports.	n.a. - state not reporting
07/01/2025	09/30/2025	11/29/2025	DY4Q2	DY4Q2	Narrative information	DY4Q2	Y	Report due 12/29 based on state reporting	n.a. - state not reporting
					Grievances and appeals	DY4Q2	Y		DY3Q4
					Other monthly and quarterly metrics	DY4Q1	Y	6 month lag needed for other monthly and quarterly metrics. Report due 12/29 based on state reporting	DY3Q4

SUD reporting quarter start date (MM/DD/YYYY)	SUD reporting quarter end date (MM/DD/YYYY)	Monitoring report due (per STCs) (MM/DD/YYYY)	Broader section 1115 reporting period, if applicable: else SUD reporting period (Format DY#Q#; e.g., DY1Q3)	SUD reporting period (Format DY#Q#; e.g., DY1Q3)	Reporting category	For each reporting category, measurement period for which information is captured in monitoring report per standard reporting schedule (Format DY#Q#; e.g., DY1Q3) – SUD	Deviation from standard reporting schedule (Y/N/n.a.)	Explanation for deviations (if column H="Y")	Proposed deviation in measurement period from standard reporting schedule in column G (Format DY#Q#; e.g., DY1Q3)
	12/31/2025	03/01/2026	DY4Q3	DY4Q3	Annual metrics that are established quality measures	CY2024	Y	6 month lag needed for EQMs. EQMs will be reported in Q3 reports. Reports due 12/29 based on state reporting	n.a. - state not reporting
					Other annual metrics		Y	6 month lag needed for other annual metrics. Other annual metrics will be reported in Q2 reports. Report due 12/29 based on state reporting	DY3
10/01/2025		03/01/2026	DY4Q3		Narrative information	DY4Q3	Y	Report due 3/31 based on state reporting	n.a. - state not reporting
					Grievances and appeals	DY4Q3	Y		Annual grievances and appeals reported
					Other monthly and quarterly metrics	DY4Q2	Y	6 month lag needed for other monthly and quarterly metrics. Report due 3/31 based on state reporting	DY4Q1
					Annual metrics that are established quality measures	DY4Q4	Y	6 month lag needed for EQMs. EQMs will be reported in Q3 reports. Report due 3/31 based on state reporting	CY2024
					Other annual metrics		N		
01/01/2026	03/31/2026	06/29/2026	DY4Q4	DY4Q4	Narrative information	DY4Q4	Y		Annual grievances and appeals reported
					Grievances and appeals	DY4Q4	Y		DY4Q2
					Other monthly and quarterly metrics	DY4Q3	Y	6 month lag needed for other monthly and quarterly metrics	
					Annual metrics that are established quality measures		N		
					Other annual metrics		N		
04/01/2026	06/30/2026	08/29/2026	DY5Q1	DY5Q1	Narrative information	DY5Q1	Y	Report due 9/28 based on state reporting	n.a. - state not reporting
					Grievances and appeals	DY5Q1	Y		
					Other monthly and quarterly metrics	DY4Q4	Y	6 month lag needed for other monthly and quarterly metrics. Report due 9/28 based on state reporting	DY4Q3
					Annual metrics that are established quality measures		N		
					Other annual metrics	DY4	Y	6 month lag needed for other annual metrics. Other annual metrics will be reported in Q2 reports. Report due 12/29 based on state reporting	n.a. - state not reporting
07/01/2026	09/30/2026	11/29/2026	DY5Q2	DY5Q2	Narrative information	DY5Q2	Y	Report due 12/29 based on state reporting	n.a. - state not reporting
					Grievances and appeals	DY5Q2	Y		
					Other monthly and quarterly metrics	DY5Q1	Y	6 month lag needed for other monthly and quarterly metrics. Report due 12/29 based on state reporting	DY4Q4
					Annual metrics that are established quality measures	CY2025	Y	6 month lag needed for EQMs. EQMs will be reported in Q3 reports. Reports due 12/29 based on state reporting	DY4
					Other annual metrics		N		
10/01/2026	12/31/2026	03/01/2027	DY5Q3	DY5Q3	Narrative information	DY5Q3	Y	Report due 3/31 based on state reporting	n.a. - state not reporting
					Grievances and appeals	DY5Q3	Y		
					Other monthly and quarterly metrics	DY5Q2	Y	6 month lag needed for other monthly and quarterly metrics. Report due 3/31 based on state reporting	DY5Q1
					Annual metrics that are established quality measures	CY2025	Y	6 month lag needed for EQMs. EQMs will be reported in Q3 reports. Report due 3/31 based on state reporting	CY2025
					Other annual metrics		Y	6 month lag needed for other annual metrics. Other annual metrics will be reported in Q2 reports. Report due 3/31 based on state reporting	
01/01/2027	03/31/2027	06/29/2027	DY5Q4	DY5Q4	Narrative information	DY5Q4	N		
					Grievances and appeals	DY5Q4	Y		Annual grievances and appeals reported
					Other monthly and quarterly metrics	DY5Q3	Y	6 month lag needed for other monthly and quarterly metrics	DY5Q2
					Annual metrics that are established quality measures		N		
					Other annual metrics		N		

[Add rows for all additional demonstration reporting quarters]

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 the time of SUD demonstration approval. For example, if the state's STCs at the time of SUD demonstration approval note that the demonstration is effective January 1, 2020 - December 31, 2025, the state should consider January 1, 2020 to be the start date of the 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. 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. To generate an accurate reporting schedule, the start date is listed in Table 1 of the "SUD reporting schedule tab" should align with the first day of a month. If a state's SUD demonstration begins on any day other than the first day of the month, the state should list its start date as the first day of the month in which the effective date occurs. For example, if a state's effective date is listed as January 15, 2020, the state should indicate "01/01/2020" as the start date in Table 1 of the "SUD reporting schedule" tab. Please see Appendix A for more information on determining demonstration quarter timing.

b The auto-populated reporting schedule in Table 2 outlines the data the state is expected to report for each demonstration year and quarter. However, states are not expected to begin reporting any metrics data until after monitoring protocol approval. The state should see Section B of the Monitoring Report Instructions for more information on retrospective reporting of data following protocol approval.