The Centers for Medicare & Medicaid Services (CMS) customized the Monitoring Report Template (Version 3.0) to support Illinois' 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	*Illinois*
Demonstration name	*Illinois Behavioral Health Transformation Demonstration*
Approval period for section 1115 demonstration	*07/01/2018-06/30/2023*
SUD demonstration start date[a]	*07/01/2018*
Implementation date of SUD demonstration, if different from SUD demonstration start date[b]	*07/01/2018*
SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives	Overall, the purpose of the Illinois Behavioral Health 1115 Demonstration Waiver is to transform the system of behavioral healthcare for Medicaid members by improving access to community-based services. To achieve this purpose, the waiver demonstration focuses on the following six goals: 1. Rebalance the behavioral health ecosystem, reducing overreliance on institutional care and shifting to community-based care. 2. Promote integration of behavioral health and physical health care for behavioral health members with high needs. 3. Promote integration of behavioral health and primary care for behavioral health members with lower needs. 4. Support development of robust and sustainable behavioral health services that provide both core and preventative care to ensure that members receive the full complement of high- quality treatment they need. 5. Invest in support services to address the larger needs of behavioral health members. 6. Create an enabling environment to move behavioral health providers toward outcomes and value-based payments.
SUD demonstration year and quarter[c]	*SUD DY1Q3-DY3Q3*
Reporting period[c]	*07/01/2018-06/30/2021*

[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 DY2Q2 monitoring report, the retrospective reporting period is considered SUD DY1Q2 through SUD DY2Q1. The SUD DY1Q1 reporting period is not listed because metrics data are reported with a one-quarter lag.

2. Executive summary

COVID-19

It is Both clear and present in the data metrics that the COVID -19 Public Health Emergency (PHE) has had a significant impact on the SUD service system in Illinois. For the majority of monthly and quarterly metrics it is easily identified that from March to April 2020 there was a significant drop/reduction in services; with a returning increase occurring from April through June 2020. This pattern is consistent across all metrics. The decrease appears to be a direct result of the initial state shutdown and implementation of a statewide quarantine and social distancing requirement. There are several factors that contribute to the return increase, but it is worth noting that the impacts of PHE continued to be felt through the system and services never fully return to their pre-pandemic levels. impact access to services.

- Implementation of telehealth flexibilities provided alternative access to in-person care.
- Medicaid enrollment and redetermination flexibilities- add a significant number of newly eligible individuals to Medicaid and halted Medicaid redeterminations.

Overall trend in Metrics:

Between July 1, 2018, and September 30, 2020, the following Monthly Quarterly Metrics demonstrated either a substantial increase or decrease:

- Metric 8: Outpatient Services increased 15%
- Metric 12: Medication Assisted Treatment increased by 44%
- Metric Q3: MAT Users Connected to Recovery Services increased 38%
- Metric 11: Withdrawal Management decreased 32%
- Metric 23: Emergency Department Utilization for SUD per 1000 decreased by 11%

The Following Annual Metrics should a significant increase or decrease during the same period:

- Metric 5: IMD SUD Treatment decreased 19.4%
- Metric 36: Length of Stay in IMD increased 10.6%
- Metric 13: Sud Provider Availability increased 14%
- Metric14: SUD Provider Availability-MAT increased 14%

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		Metric #2: Medicaid Beneficiaries with Newly Initiated SUD Treatment/Diagnosis #3: Medicaid Beneficiaries with SUD Diagnosis (monthly)	Metric #2: Slight downward trend with an overall 7% decrease. In addition, there was a significant decrease of 13.5% in March at the beginning of the PHE and a return increase of 22% by June 2020. Metric #3: Overall there was an increase of 3%, representing a slight upward trend. The PHE does not appear to have impacted the Overall trend across quarters.
2. Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)			
2.1 Metric trends			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
2.1.1 The state reports the following metric trends related to Milestone 1		#6: Any SUD Treatment #8: Outpatient Services #9: Intensive Outpatient and Partial Hospitalization Services #10: Residential and Inpatient Services #11: Withdrawal Management #12: Medication-Assisted Treatment	Metric #6: There was an overall increase in 11.9% representing a slightly upward trend overtime. The PHE impact is reflected in 7.1% decrease from March to April followed by a 15.2% increase in the following quarter. Metric #8: There was an increase in Outpatient Services of 15.2% representing a slight upward trend. It is believed that the telehealth flexibilities under the PHE had a significant positive impact on access. Metric #10: While there was a 7% decrease representing a downward trend over time. The PHE had a significant impact on the overall utilization. From March to April there was an 29% decrease in residential services, but in the following quarter increased 35%. Metric #11: Overall, withdrawal management has decreased 32% representing a significant downward trend which began before the PHE. Metric #12: Medication Assisted Treatment had a 44% increase representing a significant and steady upward trend in utilization. This metric was not significantly impacted by the PHE. This may be partially attributed to an increase in Medicaid enrollment, and implementation of telehealth flexibilities, but is primarily believed to be a direct result of "MAT (methadone) as an adjunct to treatment" becoming a Medicaid eligible service effective 2017. Illinois passed the Emergency Opioid and Addiction Treatment Access Act (PA 100-1023) restricting the use of prior authorization for all SUD treatments. While PA 100-1024 eliminated the use of prior Authorization and step-therapies requirements for all FDA approved MAT for Opioid Use Disorder. Both became effective 1/1/2019.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
3. Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)			
3.1 Metric trends			
3.1.1 The state reports the following metric trends related to Milestone 2		#5: Medicaid Beneficiaries Treated in an IMD for SUD #36: Average Length of Stay in IMDs	Metric #5: Treatment in an SUD IMD setting decreased 19.4% from SFY2020 compared to the prior year. The state believes this decrease in Residential treatment is directly related to the COVID-19 PHE. During the period of July 1, 2018, and June 30, 2020, two of the participating SUD IMD programs ceased operations permanently. Metric #36: Average length of stay increased 10.6%, from 11 day to 12.2 days.

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**	**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		#13: SUD Provider Availability #14: SUD Provider Availability - MAT	Metric #13: The availability of SUD treatment providers increased 14% between July1, 2018 – June 30, 2020. The largest increases in professionals treating SUD was seen in Physician Services (15%), Nurse Practitioners (16%), and Other Licensed Practitioners (18%) Metric #14: SUD Provider Availability – MAT also increased 14% during the same period. Specifically, there was a 12% increase in Physicians, 18% increase in Physician Assistants, and 20% increase in Nurse Practitioners.
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		#18: Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD) [PQA, NQF #2940; Medicaid Adult Core Set] #19: Use of Opioids from Multiple Providers in Persons without Cancer (OMP) [PQA; NQF #2950] #20 Use of Opioids at High Dosage and from Multiple Providers in Persons Without Cancer (OHDMP) [PQA, NQF #2951] #21: Concurrent Use of Opioids and Benzodiazepines (COB-AD) [PQA] #23: Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries #26 Overdose Deaths (count) #27: Overdose Deaths (rate)	The Rate Per 100 for High Dose Opioid Use during the period of January 1, 2018 – December 31, 2019: Metric #18: increase by 34.4% Metric#19: decreased by 25.4% Metric #20: decreased by 31.26% Metric #21: decreased by 15.6% Metric #23: For Age Group 40-64 there was a 16% decrease in emergency room utilization for SUD representing a slight downward trend while all other age groups experienced a flat trend. 40 -64 was also the only age group to see a significant dop in utilization during the first month of the PHE. Metric #26: There was a 33% increase in overdose death (count) in SFY2020 compared to the prior period. Metric #27: Overdose Death (rate) increase 34% in SFY 2020 as compared to the prior year. The increased in Overdose Death appear to align with national stories indicating there was an increase in Overdose Deaths during the COVID PHE.
7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)			
7.1 Metric trends			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
7.1.1 The state reports the following metric trends related to Milestone 6		#15 Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD) [NCQA; NQF #0004; Medicaid Adult Core Set; Adjusted HEDIS measure] #17(1): Follow-up after Emergency Department Visit for Alcohol or Other Drug Dependence (FUA-AD) [NCQA; NQF #3488; Medicaid Adult Core Set; Adjusted HEDIS measure] #25: Readmissions Among Beneficiaries with SUD	While all less than 2% there were decreases in Initiation of treatment for Alcohol, Opioids, or other drugs in CY2019 in comparison to the prior continuing year. For treatment Engagement there was a 2.2% increase for alcohol use disorders and 3.9% increase in treatment engagement for Other Drug use disorders. Also, in CY2019 8-day follow-up after an Emergency Department visit increased 21.3% compared to the prior year and 31-day follow-up increased 16.2% compared to the prior year. While readmissions among beneficiaries with SUD increased 3.8% in in SFY2020 the rate only changed from 0.26 to 0.27. The state will continue to monitor this metric.

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		Q1: PMP Registered Users Q2: PMP Queries within EHRs Q3: MAT Users Connected to Recovery Services	Metric Q1: PMP Registered users increased by 10% overall representing a consistent upward trend. Metric Q2: The total number of PMP queries increase 55% over all representing moderate upward trend. Metric Q3: There was an 38% increase in MAT users connected to recovery Services representing a steady upward trend. While there was a 31% decrease from the first to second quarter of 2020, there was a 53% increase from the second to third quarter of 2020. Beyond the fluctuation that occurred during the PHE, There several state initiatives that likely have contributed to the increase. • MAT as an adjunct to treatment under Medicaid began in 2017 and encourages/supports coordination of MAT with other SUD treatment services. • implementation of Hub and Spoke Model of care. • Increased consumer education around available treatments for Opioid use disorder and provider requirements to ensure they are coordinating with MAT prescribers.
9. Other SUD-related metrics			
9.1 Metric trends			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
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 Beneficiaries #28: SUD Spending #29: SUD Spending Within IMDs #30: Per Capita SUD Spending #31: Per Capita SUD Spending Within IMDs #32: Access to Preventive/ Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD (AAP) [Adjusted HEDIS measure]	The Inpatient stay rate for per 1000 was 6.52 in DY1 and 6.10 in DY2 a decrease of 7%. This decrease is directly related to the COVID 19 PHE. Similar to the other metrics, Metric 24 saw significant increase in the Inpatient rate during the first quart of DY3 compared to the previous quarter. Inpatient rate increased from 5.14 to 7.23 (41%). Metric 29: SUD IMD spending decreased from 2019 – 2020 by 12.3% Metric 30: Per capital spending for all SUD services Increased 2% in 2020 Metric 31: Per Capita Spending on SUD IMD increased 8.87% in 2020 compared to the prior year. Metric 32 the rate of Access to Preventive healthcare for population with SUD increased 9% in continuing year 2019 compared to the baseline CY2018.

Note: Licensee and states must prominently display the following notice on any display of Measure rates:

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