The Centers for Medicare & Medicaid Services (CMS) customized the Monitoring Report Template (Version 3.0) to support Minnesota'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	*Minnesota.*
Demonstration name	*Minnesota Substance Use Disorder System Reform.*
Approval period for section 1115 demonstration	*07/01/2019 – 06/30/2024*
SUD demonstration start date[a]	*07/01/2019*
Implementation date of SUD demonstration, if different from SUD demonstration start date[b]	*07/22/2020*
SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives	*1. Increased rates of identification, initiation, and engagement in treatment for SUD.* *2. Increased adherence to and retention in treatment.* *3. Fewer readmissions to the same or higher levels of care where the readmission is preventable or medically inappropriate.* *4. Improved access to care for physical health conditions among Medicaid beneficiaries.* *5. To reduce the number of opioid related overdoses and deaths within the state of Minnesota.* *6. To allow for patients to receive a wider array of evidence based services that are focused on a holistic approach to treatment.* *7. Reduced utilization of emergency departments and inpatient hospital settings for treatment where the utilization is preventable or medically inappropriate through improved access to other continuum of care services.* *8. Utilizing its CCBHC providers to integrate community mental health care providers into an ASAM-based provider referral network with SUD providers or other health care professionals as needed.*
SUD demonstration year and quarter[c]	*SUD DY1Q2 – SUD DY2Q1*
Reporting period[c]	*10/01/2019–09/30/2020*

[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

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.

In the retrospective period, Minnesota was still working to stand up elements of the 1115 to get providers enrolled and to adjust necessary policies to support the 1115 Waiver. No 1115 activities were in progress at the time that would contribute to patterns in the changes in the metrics available for discussion of trends. However, the patterns of the metrics for trends do seem to largely align with the COVID pandemic and an increase in SUD, overall, with a related decline in services due to the pandemic as well as decreased health seeking behavior and economic impacts that prevented access to care.

The related patterns including a decrease in newly initiated SUD diagnoses but an increase in beneficiaries with an SUD diagnosis, a decrease in any SUD treatment (largely associated with a decrease in outpatient services, but also for residential treatment and withdrawal management), a decrease in emergency department visits for SUD and inpatient SUD stays. Conversely, in this period there was an increase in MAT.

Overall, the data indicates that the COVID pandemic led to a decrease in services through creation of additional barriers to care and reducing health seeking behavior for those in need and an increase in MAT treatment likely associated with increased buprenorphine prescribing in lieu of in person services.

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		#2: Medicaid Beneficiaries with Newly Initiated SUD Treatment/Diagnosis #3: Medicaid Beneficiaries with SUD Diagnosis (monthly)	The number of beneficiaries with newly initiated SUD treatment or diagnosis in the last quarter decreased by 18.3% due to the COVID 19 pandemic as some services were slowed or stopped all together. The number of beneficiaries with a SUD Diagnosis in the last quarter increased 0.7% despite lower newly initiated SUD. Opioid deaths increasing over the period also indicate increased SUD issues but not receiving care in a timely fashion which may relate to the COVID pandemic emergency and related issues (e.g., less health seeking behaviors, increase in unemployment, stress).
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 #7: Early Intervention #8: Outpatient Services #10: Residential and Inpatient Services #11: Withdrawal Management #12: Medication Assisted Treatment	During the retrospective reporting period, there was a decrease in the last quarter for the number of beneficiaries receiving any SUD treatment (-8.0%), the number of beneficiaries who used outpatient services for SUD (-9.7%), the number of beneficiaries who used residential and/or inpatient services (-3.9%), and the number of beneficiaries who used withdrawal management (-1.2%). due to the COVID 19 pandemic as some services were slowed or stopped all together and health seeking behavior was delayed or stopped. During the retrospective reporting period, there was an increase in the last quarter for the number of beneficiaries who used early intervention services (+333.3%) and the number of beneficiaries who had MAT (+3.1%). The increase in early intervention was due to a very small number (less than 5) of beneficiaries receiving these services during any quarter of the demonstration, as SBIRT is not a standardized or widespread assessment tool for Minnesota SUD, at any time creating volatile changes in percentages. The increase for MAT, in the face of decreases in other services, may indicate an increased need for SUD services but a lack of access to services due to the effects of the pandemic.
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	X		

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	X		
6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			
6.1 Metric trends			
6.1 The state reports the following metric trends related to Milestone 5	X		
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	X		

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	X		
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		#23: Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries #24: Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries	During the retrospective reporting period, in the last quarter there was a decrease in the total number of ED visits for SUD per 1,000 beneficiaries (-9.0%) and the total number of inpatient stays per 1,000 beneficiaries (-1.7%) likely due to decreased healthcare seeking behavior due to the COVID pandemic.

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