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

State	*Illinois*
Demonstration name	*Illinois Behavioral Health Transformation*
Approval period for section 1115 demonstration	*July 1, 2018 – June 30, 2023*
SUD demonstration start date[a]	*July 1, 2018*
Implementation date of SUD demonstration, if different from SUD demonstration start date[b]	*SUD IMD Residential Pilot: July 1, 2018* *SUD Case Management for Criminal Justice Pilot: March 1, 2019* *Clinical Withdrawal Management Level 3.2D Pilot: Feberuary 1, 2019* *Peer Recovery Support Services Pilot: March 1, 2019*
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, such as housing and employment services.* 6. *Create an enabling environment to move behavioral health providers toward outcomes and value-based payments.*
SUD demonstration year and quarter	DY4 Q1
Reporting period	July 1, 2021 – September 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.

2. Executive summary

Metric Trends and Increased Medicaid Enrollment
Based on Metric data from 1/1/2021- 3/31/21 (DY3Q3) in comparison to the previous quarter (DY3Q2) State experienced approximately a 6% increase in its overall Medicaid enrollment. The state believes this overall increase in Medicaid is a contributing factor to the overall (+/-) 2% change in data from DY3Q2 to DY3Q3.

- The number of beneficiaries with a newly initiated SUD diagnosis or treatment in the last quarter increased by 12.7%.
- The State saw an increase in SUD service utilization in the last quarter across all service types.
- The number of beneficiaries with an ED visit for SUD in the last quarter increased 4.6%

Illinois Legislative Update
Illinois' 102nd General Assembly sent several pieces of legislation related to treatment of substance use disorder in community and medical settings, to the Governor for signature and enactment. Most notably:
1) Legislation that sunset a treatment limit on readmission for Hospital based Detoxification is now Public Act 102-0043.
2) Legislation requiring the creation of SBIRT services in Illinois now Public Act 102-0598.

Pilot Enrollment updates
Illinois is engaging in outreach with providers to assess barriers that may exist to enrollment of individuals in the 1115 waiver pilots. I identified as priority for outreach is the clinical withdrawal management pilot which has not had any individuals enrolled for the past third quarter in a row.

- **SUD Case Management:** There were 259 individuals determined eligible for this pilot during the report period.
- **Peer Recovery support:** There were 14 individuals determined eligible for this pilot during the report period.
- **SUD Clinical Withdrawal Management:** There were no individuals determined eligible for this pilot during the report period.

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

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1. Assessment of need and qualification for SUD services			
1.1 Metric trends			
1.1.1. The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to assessment of need and qualification for SUD services		#2: Medicaid Beneficiaries with Newly Initiated SUD Treatment/Diagnosis	The number of beneficiaries with a newly initiated SUD diagnosis or treatment in the last quarter increased by 12.7%. Over the same time period, the State experienced approximately a 6% increase in its overall Medicaid enrollment, which the State believes is contributing to this increase. It is anticipated this growth is also being impacted by trends with COVID-19 infection rates, the roll-out of vaccines starting in this reporting period. The State will be monitoring to determine if there is any seasonality to this metric, as the numerator saw a drop during the holiday months of November and December 2020.
1.2 Implementation update			
1.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes to: 1.2.1.i. The target population(s) of the demonstration			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.2.1.ii. The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration	X		
1.2.2 The state expects to make other program changes that may affect metrics related to assessment of need and qualification for SUD services	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2. Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)			
2.1 Metric trends			
2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1		#6: Any SUD Treatment #7: Early Intervention #8: Outpatient Services #9: Intensive Outpatient and Partial Hospitalization Services #10: Residential and Inpatient Services #11: Withdrawal Management #12: Medication-Assisted Treatment	The State saw an increase in SUD service utilization in the last quarter across all service types, with increases as follows: Metric #6 – 3.3% Metric #7 – 396% Metric #8 – 3.5% Metric #9 – 2.8% Metric #10 – 7.9% Metric #11 – 9.7% Metric #12 – 2.2% Over the same time period, the State experienced approximately a 6% increase in its overall Medicaid enrollment, which the State believes is contributing to these increases. It is anticipated this growth is also being impacted by trends with COVID-19 infection rates, the roll-out of vaccines starting in this reporting period, particularly for Residential and Inpatient Services (Metric #10). The high rate of change for Metric #7 (Early Intervention) is due to the very small numerator, resulting in any changes to the number of beneficiaries receiving early intervention services having an outsized effect.
2.2 Implementation update			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
2.2.1.i. Planned activities to improve access to SUD treatment services across the continuum of care for Medicaid beneficiaries (e.g. outpatient services, intensive outpatient services, medication-assisted treatment, services in intensive residential and inpatient settings, medically supervised withdrawal management)			
2.2.1.ii. SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential treatment, medically supervised withdrawal management, and medication-assisted treatment services provided to individual IMDs	X		
2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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, including all changes (+ or -) greater than 2 percent related to Milestone 2	X		
3.2. Implementation update			
3.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 3.2.1.i. Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria	X		
3.2.1.ii. Implementation of a utilization management approach to ensure (a) beneficiaries have access to SUD services at the appropriate level of care, (b) interventions are appropriate for the diagnosis and level of care, or (c) use of independent process for reviewing placement in residential treatment settings	X		
3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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, including all changes (+ or -) greater than 2 percent 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**	
4.2 Implementation update			
4.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 4.2.1.i. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards	**X**		
4.2.1.ii. Review process for residential treatment providers' compliance with qualifications.	**X**		
4.2.1.iii. Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site	**X**		
4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3	**X**		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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, including all changes (+ or -) greater than 2 percent related to Milestone 4	X		
5.2 Implementation update			
5.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care	X		
5.2.2 The state expects to make other program changes that may affect metrics 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			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5		#23: Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries	The number of beneficiaries with an ED visit for SUD in the last quarter increased by 4.6%. Over the same time period, the State experienced approximately a 6% increase in its overall Medicaid enrollment, which the State believes is contributing to this increase. It is anticipated this growth is also being impacted by trends with COVID-19 infection rates and the roll-out of vaccines starting in this reporting period, particularly for ED admissions. The State will be monitoring to determine if there is any seasonality to this metric, as the numerator saw a drop during the holiday months of November and December 2020.
6.2 Implementation update			
6.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 6.2.1.i. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD	X		
6.2.1.ii. Expansion of coverage for and access to naloxone	X		
6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5	X		
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 response
7.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6	X		
7.2 Implementation update			
7.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: Implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports	X		
7.2.2 The state expects to make other program changes that may affect metrics related to Milestone 6	X		
8. SUD health information technology (health IT)			
8.1 Metric trends			
8.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics	X		
8.2 Implementation update			
8.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 8.2.1.i. How health IT is being used to slow down the rate of growth of individuals identified with SUD	X		
How health IT is being used to treat effectively individuals identified with SUD	X		

11

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.2.1.ii. How health IT is being used to effectively monitor "recovery" supports and services for individuals identified with SUD	X		
8.2.1.iii. Other aspects of the state's plan to develop the health IT infrastructure/capabilities at the state, delivery system, health plan/MCO, and individual provider levels	X		
8.2.1.iv. Other aspects of the state's health IT implementation milestones	X		
8.2.1.v. The timeline for achieving health IT implementation milestones	X		
8.2.1.vi. Planned activities to increase use and functionality of the state's prescription drug monitoring program	X		
8.2.2 The state expects to make other program changes that may affect metrics related to health IT	X		
9. Other SUD-related metrics			
9.1 Metric trends			
9.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics	X	X	
9.2 Implementation update			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
9.2.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics	X		

4. Narrative information on other reporting topics

Prompts	State has no update to report (Place an X)	State response
10. Budget neutrality		
10.1 Current status and analysis		
10.1.1 If the SUD component is part of a broader demonstration, the state should provide an analysis of the SUD-related budget neutrality and an analysis of budget neutrality as a whole. Describe the current status of budget neutrality and an analysis of the budget neutrality to date.		**DY3Q3 Update:** Illinois is working to address challenges in identifying expenditures related to the 1115 waiver Pilots. 1) Illinois' actuary has been provided with the criteria necessary to accurately break out what portion of the MCO capitation rate is associated with the SUD waiver pilot services. Anticipated completion of this break out due by November 30, 2021. 2) Illinois plans to use this break out to retrospectively build the expenditures associated with the Pilots and produce the necessary Budget neutrality reports for previous Quarters.
10.2 Implementation update		
10.2.1 The state expects to make other program changes that may affect budget neutrality		

Prompts	State has no update to report (Place an X)	State response
11. SUD-related demonstration operations and policy		
11.1 Considerations		
11.1.1 The state should highlight significant SUD (or if broader demonstration, then SUD-related) demonstration operations or policy considerations that could positively or negatively affect beneficiary enrollment, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the SUD demonstration's approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail.		1) **New Legislation (Update from DY3Q4)** The following legislation became law (Public Acts) upon signature from the Governor. a) Public Act 102-0598 Screening Brief Intervention and Referral to Treatment (SBIRT) benefit for Medicaid populations served primary care, Hospital, or community Behavioral Health. In addition, development of Opioid specific SBIRT services in an Emergency Departments to include services for initiation of MAT. Effective 1/1/2022 b) Public Act 102-0043 Sunset of provision requiring concurrent review to prevent repeat admissions, limiting admission to any hospital-based inpatient detoxification to once every 60 days.
11.2 Implementation update		
11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 11.2.1.i. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)	X	
11.2.1.ii. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)	X	
11.2.1.iii. Partners involved in service delivery	X	
11.2.2 The state experienced challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers) and/or noted any performance issues with contracted entities	X	

Prompts	State has no update to report (Place an X)	State response
11.2.3 The state is working on other initiatives related to SUD or OUD		• (DY3#3) Illinois HFS received a Notice of Award for phase two of the SUPPORT Act Section 1003 Demonstration Project to Increase Substance Use Provider Capacity. The 36-month demonstration will focus on increasing service delivery to Medicaid individuals in need of office-based medication assisted treatment in addition to increase overall access to SUD treatment and recovery support services.
11.2.4 The initiatives described above are related to the SUD or OUD demonstration (The state should note similarities and differences from the SUD demonstration)		• The SUPPORT Act 1003 Demonstration primarily focuses on increasing access to MAT to Medicaid eligible enrollees; increase the number of prescribers qualified to deliver Office-based MAT (buprenorphine). These activities may have an impact on future data metric reporting.
12. SUD demonstration evaluation update		
12.1 Narrative information		
12.1.1 Provide updates on SUD evaluation work and timeline. The appropriate content will depend on when this report is due to CMS and the timing for the demonstration. There are specific requirements per Code of Federal Regulations (CFR) for annual reports. See report template instructions for more details.		• All data analysts completed HIPAA training requirements. • Analysts reviewed HFS data documentation and file structure in anticipation of working with dataset. They developed a crosswalk of data fields in the HFS codebook with the outcomes listed in the approved 1115 evaluation plan. • UIUC SSW completed data sharing agreements with HFS. • UIUC SSW investigated secure (i.e., HIPAA, 42 CFR42) storage and data analysis platforms. They selected the Nightingale system, which is part of the UIUC's National Center for Supercomputing Applications (NCSA).

Prompts	State has no update to report (Place an X)	State response
12.1.2 Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs		• One potential barrier to meeting the extended deadline for the mid-point evaluation is the need to build a user interface to analyze data once storage and transfer are finalized. That is, analysts may either need to train in Linux data-based applications of common out of the box analytic software (i.e., SAS, SPSS), or we may need some SQL programming to manipulated data once it is received.
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates		• UIUC SSW anticipates receiving necessary HFS data for review and analysis to feed into the mid-term evaluation due in 2022. Notwithstanding potential barriers noted above, we are still hopeful that we will meet the spring 2022 deadline for the mid-point evaluation.
13. Other demonstration reporting		
13.1 General reporting requirements		
13.1.1 The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol	X	
13.1.2 The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes	X	
13.1.3 Compared to the demonstration design and operational details, the state expects to make the following changes to: 13.1.3.i. The schedule for completing and submitting monitoring reports	X	
13.1.3.ii. The content or completeness of submitted reports and/or future reports	X	
13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation	X	

Prompts	State has no update to report (Place an X)	State response
13.2 Post-award public forum		
13.2.2 If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicating any resulting action items or issues. A summary of the post-award public forum must be included here for the period during which the forum was held and in the annual report.	X	
14. Notable state achievements and/or innovations		
14.1 Narrative information		
14.1.1 Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SUD (or if broader demonstration, then SUD related) demonstration or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries.	X	

*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."