

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 at the beginning of a demonstration and submit as the title page for all monitoring reports. The content of this table should stay consistent over time. 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	<ol style="list-style-type: none"> 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	DY2 Q2
Reporting period	10/01/2020 – 12/31/2020

^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.

2. Executive summary

The executive summary should be reported in the fillable box below. It is intended for summary-level information only. The recommended word count is 500 words or less.

Minnesota received state plan approvals for the minimum fee schedule for enhanced SUD services during the January 1, 2021 to December 31 2021 rating period and for the 15% pay increase for residential services effective July 1, 2020. Both rate changes are for services provided by eligible providers participating in the demonstration.

COVID-19 response continues to result in resource shortages within Minnesota IT Services' (MNIT) projects. Despite the resource shortages, the State deployed a new "direct access" to treatment and billing process for SUD services during this reporting quarter. With "direct access" implemented, and the State Plan approvals received, MNIT was able to deploy the claims coding process for residential services delivered by demonstration providers on December 23, 2020.

The State engaged in a collaborative process with SUD providers, state legislators and lobbying groups to finalize the residential medication-assisted treatment (MAT) standards required for participation in the demonstration. With the MAT standards established, the State published the demonstration's standards to the project's webpage in October 2020 as required by the State's Implementation Plan Milestone #3. Links to the standards will be incorporated into the State's Health Care Program's Provider Manual after the IT systems work for the 10% pay increase for outpatient services provided by eligible providers participating in the demonstration is completed (pending CMS approval).

The State executed contracts with eight early adopter demonstration providers. The contracts create an opportunity for focused stakeholder engagement with the goal of identifying operational insights and best practices for implementation of the demonstration's standards.

The State executed a contract with The University of Nevada, Reno Center for the Application of Substance Abuse Technologies (UNR-CASAT), through the National Frontier and Rural Telehealth Education Center (NFARtec), and the Great Lakes Addiction Technology and Transfer Center (ATTC) to deliver a six-month long web-based ASAM training. The trainings will begin in January 2021. The trainings support the State's implementation of the ASAM Criteria, and meets the milestone deliverables of the State's Implementation Plan.

The State received and addressed CMS' comments on the Monitoring Protocol and resubmitted the protocol to CMS. CMS also provided comment on the state's Evaluation Design Plan (EDP). The State has continued to work with NORC, the State's independent evaluator, to address CMS' comments on the EDP and to finalize a more robust Provider Capacity Assessment.

The State reviewed requests for proposals and entered into contract negotiations with Kepro Peer Review Organization, Inc., which serves as the CMS certified QIO for Minnesota, to conduct utilization reviews for the demonstration.

Minnesota's legislative session begins next reporting quarter on January 5, 2021.

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	X		
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	X		
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		

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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	X		
2.2 Implementation update			
2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 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)	X		
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		

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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		

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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 <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		
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		

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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			
6.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5	X		
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		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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			
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		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
How health IT is being used to treat effectively individuals identified with SUD			
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		
9.2 Implementation update			
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.	X	
10.2 Implementation update		
10.2.1 The state expects to make other program changes that may affect budget neutrality	X	
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.		<p><i>-COVID-19 response continues to result in resource shortages within Minnesota IT Services’ (MNIT) projects. Despite the resource shortages, the State deployed a new “direct access” to treatment process for SUD services during this reporting quarter. With “direct access” implemented, and the State Plan approvals received, MNIT was able to deploy the claims coding process for residential services delivered by demonstration providers on December 23, 2020. The State is still awaiting CMS comment/approval of SPA #21-01 which incorporates a 10% pay increase for outpatient services provided by eligible providers participating in the demonstration</i></p> <p><i>- The State has hired a new Director of the Behavioral Health Division and Clinical Services Director. Both positions have direct authority, oversight and sponsorship of the State’s 1115 SUD demonstration project.</i></p>

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Prompts	State has no update to report (Place an X)	State response
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		<i>The State experienced challenges in establishing residential MAT standards that align with ASAM treatment guidelines and that would eliminate a SUD provider’s ability to discriminate against beneficiaries using any FDA approved medications for the treatment of opioid use disorder. The State engaged in a collaborative process with SUD providers, state legislators and lobbying groups to finalize the residential MAT standards required for participation in the demonstration and align with CMS’ requirement that residential providers offer MAT on-site or facilitate access to MAT off-site. The State is also experiencing provider resistance related to the Milestone 3 future state plan wherein, “DHS will pursue legislation in 2021 clarifying the agency authority to provide oversight and administer sanctions based on the updated standards beginning in July of 2021.”</i>
11.2.3 The state is working on other initiatives related to SUD or OUD		<i>Ending the State’s 1915(b) waiver Establishing an Integrated Behavioral Health Fund (IBHF).</i>
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)		<i>Direct access billing became live on October 1 and will run parallel to the State’s 1915(b) waiver until 06/30/2022 when direct access will become the sole option for SUD services.</i>

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Prompts	State has no update to report (Place an X)	State response
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.		<i>Data procurement – MMIS does not have a means of collecting criminal justice involvement- DHS has explored available options but no means of connecting data to the criminal justice population currently exists. DHS will continue to explore other avenues; DHS does not collect opioid death information – we have identified a data source from the Department of Health that we can link to populations in the MMIS; DHS ended its contract with FastTracker. DHS will continue to work with FastTracker to collect data for the relevant Health IT metric.</i>
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		<i>CMS provided comments on the Evaluation Design Plan and returned those comments to DHS and NORC at the end of the year. We will work with NORC to get the comments addressed and the Evaluation Design Plan resubmitted by the response deadline February 17, 2021.</i>
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates		<i>Mid-point Assessment due 12/31/2021 (The STC had conflicting dates, and CMS has clarified 12/31/2021, not 12/31/2022, as the date for the Mid-point assessment) Interim Evaluation Report due 06/30/2023 Final Evaluation Report due 12/31/2025</i>
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	

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Prompts	State has no update to report (Place an X)	State response
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	
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:

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