

**Medicaid Section 1115 Substance Use Disorder Demonstrations
Monitoring Report 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 title page is a brief form that the state completed as part of its monitoring protocol. The title page will be populated with the information from the state’s approved monitoring protocol. The state should complete the remaining two rows. Definitions for certain rows are below the table.

State	Montana
Demonstration name	<i>Healing and Ending Addiction through Recovery and Treatment Demonstration</i>
Approval period for section 1115 demonstration	07/01/2022-06/30/2027
SUD demonstration start date^a	07/01/2022
Implementation date of SUD demonstration, if different from SUD demonstration start date^b	07/01/2022
SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives	<ul style="list-style-type: none"> • <i>Increased rates of identification, initiation, and engagement for SUD;</i> • <i>Increased adherence to and retention in treatment;</i> • <i>Reductions in overdose deaths, particularly those due to Opioids;</i> • <i>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;</i> • <i>Fewer readmissions to the same or higher level of care where readmission is preventable or medically inappropriate; and</i> • <i>Improved access to care for physical health conditions among beneficiaries with SUD</i>
SUD demonstration year and quarter	<i>SUD DY1Q2 monitoring report</i>
Reporting period	10/01/2022-12/31/2022

^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. 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.

The Healing and Ending Addiction through Recovery and Treatment (HEART) demonstration waiver is a critical component support the expansion of Montana’s behavioral health continuum of care. The state is committed to expanding coverage and access to prevention, crisis intervention, treatment, and recovery services through the HEART Initiative. The State did not propose changes to Medicaid eligibility standards with this waiver. The State applied for the waiver to authorize additional health care services to Medicaid beneficiaries, ages 18 to 64 years old with a substance use disorder (SUD) or severe mental illness (SMI).

The approval of the waiver on July 1, 2022, authorized expenditure authority allowing federal reimbursement for Medicaid services provided to short-term residents of Institutions of Mental Disease (IMD) obtaining treatment for SUD. During Demonstration Year 1, Quarter 2 Montana continued to see two facilities provide treatment under this authority:

- Rimrock is in Billings, MT. Their facility is licensed for 40 residential beds (ASAM 3.5 - Clinically Managed High Intensity Residential Services).
- Badlands Treatment Center is in Glendive, MT. This facility is licensed for 32 residential beds (ASAM 3.5 - Clinically Managed High Intensity Residential Services).

DPHHS expects one additional SUD IMD to start providing treatment in Demonstration Year 1, Quarter 3. The facility is expected to be licensed for 55 beds (ASAM 3.5).

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.		Metric #5: Medicaid Beneficiaries Treated in an IMD for SUD	The state saw 138 individuals served in SUD IMDs in DY1, Q2, which is a 160% increase from Q1. This was expected as the 2 nd SUD IMD began operation in last month of Q1 with Q2 being the first complete quarter with both SUD IMD providing treatment to individuals.
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.a The target population(s) of the demonstration	X		<i>*EXAMPLE: The state is expanding the clinical criteria to include # diagnoses</i>
1.2.1.b The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration	X		<i>*EXAMPLE: The state projects an #% increase in beneficiaries with a SUD diagnosis due to an increase in the FPL limits which will be effective on MM/DD/YYYY.</i>
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.	X	Metric #13: SUD Provider Availability	
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.a 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.b 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.		Metric Q3: How is information technology being used to effectively monitor “recovery” supports and services for individuals identified with SUD?	The state saw inconsistent numbers of prior authorizations for SUD levels of care. This was the first complete quarter with utilization management in place since waiver approval and the state will need subsequent quarters to determine trends.
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.a Planned activities to improve providers’ use of evidence-based, SUD-specific placement criteria	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
3.2.1.b 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			The state saw an inconsistent number of approved prior authorizations for ASAM 3.1 with 40 prior authorizations in October, 59 in November, and 48 prior authorizations in December 2022. This is the first complete quarter with utilization review in place since waiver approval and the state will need subsequent quarters to determine a trend. The state saw a large increase in approved prior authorizations for ASAM 3.5 with 552 in October, 534 in November, and 609 in December 2022 for ASAM 3.5. This is expected with Q2 being the first complete quarter with utilization review in place since the waiver approval.
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		
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.a Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards			The state’s Office of Inspector General (OIG) oversees licensing process for SUD residential facilities. The OIG began performing renewal site surveys for existing facilities under new administrative rules that aligned SUD facility licensure with the ASAM Criteria.
4.2.1.b Review process for residential treatment providers’ compliance with qualifications			The OIG has not yet reviewed all existing SUD facilities under these new rules, but the OIG has found the following during Q2: One ASAM 3.1 facility with core issues that required a corrective action plan. Two ASAM 3.5 facilities with core issues that required a corrective action plan .

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

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			
6.1 Metric trends			
6.1.1 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.a Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD	X		
6.2.1.b Expansion of coverage for and access to naloxone			The Montana Public Health Institute began tracking Naloxone kits ordered the through Montana’s streamlined distribution process with Ridgeway Pharmacy, online at www.naloxone.mt.gov . The state distributed 8,038 kits during Q2.
6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5.	X		

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

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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.a How health IT is being used to slow down the rate of growth of individuals identified with SUD	X		
8.2.1.b How health IT is being used to treat effectively individuals identified with SUD	X		
8.2.1.c How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD	X		
8.2.1.d 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.e Other aspects of the state’s health IT implementation milestones	X		
8.2.1.f The timeline for achieving health IT implementation milestones	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.2.1.g 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.		The state has submitted a revised budget neutrality for SUD IMD based on numbers served through Q1 and Q2. The state continues to coordinate with CMS on additional revisions to the BN regarding pending components (contingency management, tenancy support, CJ involved populations) of the waiver.
10.2 Implementation update		
10.2.1 The state expects to make other program changes that may affect budget neutrality.		The state is expecting approval of additional components of the waiver in subsequent quarters of DY1.

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 Monitoring Report Instructions for more detail.	X	
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.a How the delivery system operates under the demonstration (e.g., through the managed care system or fee for service)	X	
11.2.1.b Delivery models affecting demonstration participants (e.g., Accountable Care Organizations, Patient Centered Medical Homes)	X	
11.2.1.c Partners involved in service delivery	X	

Prompts	State has no update to report (place an X)	State response
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	
11.2.3 The state is working on other initiatives related to SUD or OUD.		The state continues to utilize SOR funding to address OUD. The state is distributing Naloxone kits, working with five fully operational MOUD treatment providers, and working to develop the Montana’s National Alliance for Recovery Residences (NARR) affiliate.
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).	X	

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 monitoring report is due to CMS and the timing for the demonstration. There are specific requirements per 42 Code of Federal Regulations (CFR) § 431.428a(10) for annual [monitoring] reports. See Monitoring Report Instructions for more details.		The state is submitted the SUD Evaluation Plan to CMS for review on 12/28/22.
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.	X	
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates.		The state is submitted the SUD Evaluation Plan to CMS for review on 12/28/22 as required in the STCs.

Prompts	State has no update to report (place an X)	State response
13. Other SUD 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.a The schedule for completing and submitting monitoring reports	X	
13.1.3.b The content or completeness of submitted monitoring reports and/or future monitoring 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
13.1.5 Provide updates on the results of beneficiary satisfaction surveys, if conducted during the reporting year, including updates on grievances and appeals from beneficiaries, per 42 CFR § 431.428(a)5.		The state recently compiled the results of the fiscal year 2022 (July 1, 2021- June 30, 2022) Adult Mental Health Satisfaction surveys. The Montana Adult Consumer Satisfaction Scores are as follows: Perception of Access to MH Services – 90% Perceptions of Quality and Appropriateness of MH Services – 85% Perceptions of Treatment Outcomes of MH Services – 66% Perceptions of Participation in Treatment Planning – 85% Perceptions of General Satisfaction with MH Services – 66% Perceptions of Social Connectedness – 70% Perceptions of Improved Functioning due to MH Services – 68%
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 monitoring report.	X	

Prompts	State has no update to report (place an X)	State response
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.		The state’s administrative rules (licensing and Medicaid services) for SUD levels of care were updated to align with the current version of The ASAM Criteria effective October 1, 2022. There are 15 ASAM 3.1 facilities, 22 ASAM 3.5 facilities, and 4 ASAM 3.7 facilities that will now be held to standards described in The ASAM Criteria. The state streamlined the SUD state approval process to streamline the process for individual Licensed Addictions Counselors wishing to be state approved and enroll in Medicaid. This was effective October 1, 2022. There has only been one individual LAC apply in DY1, Q1.

*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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