The Centers for Medicare & Medicaid Services (CMS) customized the Monitoring Report Template (Version 3.0) to support the District of Columbia's retrospective reporting of monitoring data for its section 1115 substance use disorder (SUD) demonstration. The District 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	*District of Columbia*
Demonstration name	*Behavioral Health Transformation (Project No. 11-W-00331/3)*
Approval period for section 1115 demonstration	*01/01/2020 – 12/31/2024*
SUD demonstration start date[a]	*01/01/2020*
Implementation date of SUD demonstration, if different from SMI/SED demonstration start date[b]	
SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives	*The goal of the demonstration is for the District to maintain and enhance access to opioid use disorder (OUD) and other substance use disorder (SUD) services; and continue delivery system improvements to provide more coordinated and comprehensive treatment for Medicaid beneficiaries with SUD. This demonstration authorizes the District to receive federal financial participation (FFP) for delivering high-quality, clinically appropriate treatment to beneficiaries diagnosed with SUD and receiving treatment while they are short-term residents in settings that qualify as Institutions for Mental Diseases (IMD). This demonstration also complements the District's efforts to implement models of care that are focused on increasing supports for individuals outside of institutions, in home and community-based settings (HCBS) to improve their access to SUD services at varied levels of intensity, and to combat OUD and other SUDs among District residents.*
SUD demonstration year and quarter[c]	*SUD DY1Q1 – SUD DY1Q3*
Reporting period[c]	*01/01/2020 – 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 DY1Q1 through SUD DY2Q1.

2. Executive summary

This report is limited to the District's quantitative reporting from DY1 Q1 – Q3 and presents information on any changes in the metrics that are greater than +/- 2% between quarters.

The majority of the claims-based SUD metrics decreased between Q1 (1/1/20 – 3/30/20) and Q2 (4/1/20-6/30/20). The decreases was likely due to an overall drop in utilization during the early months of the COVID-19 pandemic. In addition, the District experienced a 4% decrease in enrollment in February 2020 (due to a system sync that identified ineligible individuals who were ultimately disenrolled after being notified of the need for documentation to support a continuation of their coverage); enrollment had returned to its January 2020 level by July and has continued to grow as a result of the continuous coverage requirement in effect during the public health emergency.

There were significant increases in the HIT metrics due to the activities of the HIE Connectivity grant, as outlined in the implementation plan.

There were no changes greater than +/- 2% between Q2 and Q3 for the grievance and appeal measures.

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 - #3	These measures were impacted by a drop in utilization during the early months of the COVID-19 pandemic. In addition, the District experienced a 4% decrease in enrollment in February 2020 due to a system sync that identified ineligible individuals who were ultimately disenrolled after being notified of the need for documentation to support a continuation of their coverage; enrollment had returned to its January 2020 level by July and has continued to grow as a result of additional individuals enrolling and the continuous coverage requirement in effect during the public health emergency.
		#2: Medicaid beneficiaries with newly initiated SUD treatment/ diagnosis	The number of Medicaid beneficiaries with newly initiated SUD treatment/diagnosis decreased by 20% between Q1 (1/1/20 – 3/30/20) and Q2 (4/1/20-6/30/20).
		#3: Medicaid beneficiaries with SUD (monthly)	The number of Medicaid beneficiaries with SUD decreased by 3% between Q1 (1/1/20 – 3/30/20) and Q2 (4/1/20-6/30/20).

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
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 related to Milestone 1		#6, #8, #10 - #11	These measures were impacted by a drop in utilization during the early months of the COVID-19 pandemic. In addition, the District experienced a 4% decrease in enrollment in February 2020 (due to a system sync that identified ineligible individuals who were ultimately disenrolled after being notified of the need for documentation to support a continuation of their coverage); enrollment had returned to its January 2020 level by July and has continued to grow as a result of the continuous coverage requirement in effect during the public health emergency.
		#6: Any SUD Treatment	The number of Medicaid beneficiaries receiving any SUD treatment decreased by 9% between Q1 (1/1/20 – 3/30/20) and Q2 (4/1/20-6/30/20).
		#7: Early Intervention	The number of Medicaid beneficiaries receiving early intervention services increased by 33% between Q1 (1/1/20 – 3/30/20) and Q2 (4/1/20-6/30/20). We attribute the large increase to the small numbers in this measure.
		#8: Outpatient services	The number of Medicaid beneficiaries receiving outpatient services decreased by 27% between Q1 (1/1/20 – 3/30/20) and Q2 (4/1/20-6/30/20).
		#9: Intensive Outpatient and	The number of Medicaid beneficiaries receiving intensive outpatient and partial hospitalization services decreased

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
		Partial Hospitalization Services #10: Residential and Inpatient Services #11: Withdrawal Management	by 60% between Q1 (1/1/20 – 3/30/20) and Q2 (4/1/20-6/30/20). We attribute the large increase to the small numbers in this measure. The number of Medicaid beneficiaries receiving residential and inpatient services decreased by 17% between Q1 (1/1/20 – 3/30/20) and Q2 (4/1/20-6/30/20). The number of Medicaid beneficiaries receiving withdrawal management services decreased by 16% between Q1 (1/1/20 – 3/30/20) and Q2 (4/1/20-6/30/20).
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		#23: Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries	The number of Medicaid beneficiaries with an ED visit for SUD per 1,000 beneficiaries decreased by 8% between Q1 (1/1/20 – 3/30/20) and Q2 (4/1/20-6/30/20), likely due to a drop in utilization during the early months of the COVID-19 pandemic and a drop in enrollment in February 2020 due to a systems issue.
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		Q1: Active DC HIE behavioral health provider users S1: DC Medicaid-enrolled behavioral health care facilities/ providers receiving data from the HIE S2: DC Medicaid-enrolled behavioral health care facilities/ providers sending data to the HIE Q2: Behavioral health providers managed in provider directory Q3: DC HIE behavioral health	Q1: The number of active DC HIE behavioral health provider users increased by 29% from Q1 to Q2 due to the activities of the HIE Connectivity grant. As outlined in the implementation plan, the HIE Connectivity grant provides technical assistance to connect nearly all Medicaid providers to HIE by 2022 and behavioral health providers were assigned priority for technical assistance. S1: The number of DC Medicaid-enrolled behavioral health care facilities/providers receiving data from the HIE increased by 22.8% from Q1 to Q2 due to the activities of the HIE Connectivity grant, as described above. S2: The number of DC Medicaid-enrolled behavioral health care facilities/providers sending data to the HIE increased by 50% from Q1 to Q2 due to the activities of the HIE Connectivity grant, as described above. Q2: The 26.2% increase in the number of behavioral health providers managed in provider directory corresponds with the overall increase in the number of active DC HIE behavioral health provider users, as described above. Q3: The 16.7% increase in the number of DC HIE behavioral health users who performed a patient care

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
		users who performed a patient care snapshot in the last 30 days	snapshot in the last 30 days corresponds with the overall increase in the number of active DC HIE behavioral health provider users, as described above.
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		#24: Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries	The number of Medicaid beneficiaries with an inpatient visit for SUD per 1,000 beneficiaries decreased by 7% between Q1 (1/1/20 – 3/30/20) and Q2 (4/1/20-6/30/20), likely due to a drop in utilization during the early months of the COVID-19 pandemic and a drop in enrollment in February 2020 due to a systems issue.

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