# 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** | Maryland |
| **Demonstration name** | HealthChoice |
| **Approval period for section 1115 demonstration** | 01/01/2022 – 12/31/2026 |
| **SUD demonstration start date**[a] | 01/01/2022 |
| **Implementation date of SUD demonstration, if different from SUD demonstration start date**[b] | 07/01/2017 |
| **SUD (or if broader demonstration, then SUD - related) demonstration goals and objectives** | The coverage of residential treatment and withdrawal management services expands Maryland's current SUD benefit package to cover the full continuum for care for SUD treatment as described in the national treatment guidelines published by the American Society of Addiction Medicine (ASAM Criteria). SUD services approved through the state plan as well as residential treatment and withdrawal management services approved through this demonstration will be available to all Maryland Medicaid participants aged 21-64 with the exception of dual eligibles. ASAM levels 3.3-3.7WM will be covered beginning July 1, 2017. ASAM level 3.1 will be covered beginning January 1, 2019. Dual eligibles will be covered for SUD residential treatment services for ASAM levels 3.1-3.7WM beginning January 1, 2020. ASAM level 4.0 coverage for all Maryland Medicaid participants aged 21-64 with a primary diagnosis of SUD and a secondary mental health condition will begin July 1, 2019.<br>An independent evaluation will assess whether the SUD program reforms and services delivered through this demonstration are effective in improving health outcomes and decreasing healthcare costs and utilization. The evaluation is designed to demonstrate achievement Maryland's goals, objectives, and metrics for the demonstration. Thus, the specific aims of the evaluation, which align with the demonstration's goals and objectives, are to capture the impact of the demonstration on increased access to clinically appropriate care; reduced substance use related deaths; and reduced emergency department visits. In addition, researchers will assess the impact of providing the full continuum of SUD services, especially residential treatment, on emergency department utilization, inpatient hospital utilization, and readmission rates to the same level of care or higher |
| **SUD demonstration year and quarter** | SUD DY7Q2 |
| **Reporting period** | 04/01/2023 – 06/30/2023 |

[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.*

Since January 2015, the Department has operated under an ASO model to deliver behavioral health services. Specialty substance use disorder (SUD) and mental health (MH) services are carved out of the HealthChoice MCO benefits package and are administered by an ASO. In 2019, the Department selected Optum as the new ASO, as part of a competitive re-procurement, and transition efforts began in mid-2019.

A major goal of the HealthChoice program is to expand coverage to residents with low incomes and to improve access to health care services for the Medicaid population. HealthChoice has largely succeeded. On January 1, 2015, Maryland combined mental health and SUD services in an integrated carve-out. Under the carve-out, an administrative services organization (ASO) administers and reimburses all specialty mental health and SUD services for Medicaid participants on an FFS basis, under the oversight of the Medicaid program and the Behavioral Health Administration (BHA).

In 2016, CMS approved Maryland Medicaid to expand coverage to include SUD treatment in IMDs. Effective July 1, 2017, the approval permitted otherwise-covered services to be provided to Medicaid-eligible individuals aged 21 to 64 who are enrolled in an MCO and reside in a non-public IMD for American Society of Addiction Medicine (ASAM) residential levels 3.1, 3.3, 3.5, 3.7, and 3.7-WM (licensed as 3.7D in Maryland) for up to two non-consecutive 30-day stays annually.

As of June 2023, the Department covers the following SUD services:

| SUD SERVICES | ASAM Criteria |
|---|---|
| A major goal of the HealthChoice program is to expand coverage to residents with low incomes and to improve access to health care services for the Medicaid population. HealthChoice has largely succeeded. On January 1, 2015, Maryland combined mental health and | N/A |

| | |
|---|---|
| SUD services in an integrated carve-out. Under the carve-out, an administrative services organization (ASO) administers and reimburses all specialty mental health and SUD services for Medicaid participants on an FFS basis, under the oversight of the Medicaid program and the Behavioral Health Administration (BHA).<br><br>In 2016, CMS approved Maryland Medicaid to expand coverage to include SUD treatment in IMDs. Effective July 1, 2017, the approval permitted otherwise-covered services to be provided to Medicaid-eligible individuals aged 21 to 64 who are enrolled in an MCO and reside in a non-public IMD for American Society of Addiction Medicine (ASAM) residential levels 3.1, 3.3, 3.5, 3.7, and 3.7-WM (licensed as 3.7D in Maryland) for up to two non-consecutive 30-day stays annually. | |
| Substance Use Disorder Assessment (CSAA) | N/A |
| Group Outpatient Therapy | Level 1- Outpatient Service |
| Individual Outpatient Therapy | Level 1- Outpatient Service |
| Ambulatory Detoxification | Level 1- Outpatient Service |
| Intensive outpatient (IOP) | Level 2.1- Intensive Outpatient Service |
| Partial Hospitalization | Level 2.5- Partial Hospitalization |
| Clinically Managed Low-Intensity Residential Services | Level 3.1 - Residential/Inpatient Services |
| Clinically Managed Population-Specific High-Intensity Residential Services | Level 3.3 - Residential/Inpatient Services |
| Clinically Managed High-Intensity Residential Services | Level 3.5 - Residential/Inpatient Services |
| Medically Monitored Intensive Inpatient Services | Level 3.7 - Residential/Inpatient Services |

| | |
|---|---|
| Medically Monitored Intensive Inpatient Services | Level 3.7WM (Withdrawal Management) - Residential/Inpatient Services |
| Medically Managed Intensive Inpatient Services | Level 4.0 - Inpatient Services |
| Methadone/Buprenorphine:<br>Induction and Maintenance | Level OMT- Opioid Maintenance Therapy |
| Medicaid covers all FDA-covered pharmaceuticals. Additional medication-assisted treatment covered with clinical criteria:<br>· Buprenorphine/Naloxone combination therapies: Bunavail, Suboxone, Suboxone Film, and Zubsolv<br>· Campral<br>· Naltrexone<br>· Subutex – Buprenorphine<br>· Vivitrol | N/A |
| ICF-A: Under 21 | Medically monitored intensive inpatient treatment:<br>· Level 3.7WM<br>· Level 3.7<br>· Level 3.5 |
| Intensive Inpatient Services | Level 4 – Inpatient Services and Level 4.0 WM |
| Certified Peer Recovery Specialists | N/A |

Consistent with CMS guidance, coverage in the future waiver period will be available for up to two non-consecutive 30-day stays every 12 months.

## 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 #4: Medicaid Beneficiaries with SUD Diagnosis (annually)* | *The percent difference for Metric #4: Medicaid Beneficiaries with SUD Diagnosis (annually) from DY6Q2 to DY7Q2 was 5%. The state estimates that this was likely a result of expected quarterly variations in outcomes, the impact of Medicaid unwinding post COVID public health emergency on service utilization and Medicaid enrollment, and the opioid epidemic's impact on enrollees' health.* |
| **1.2** | **Implementation update** | | | |
| 1.2.1 | Compared to the demonstration design and operational details, the state expects to make the following changes to:<br>1.2.1.a The target population(s) of the demonstration | **X** | | |
| | 1.2.1.b 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. | | *Metric #7: Medicaid beneficiaries who used early intervention services* | *The percent difference for Metric #7: Medicaid beneficiaries who used early intervention services from DY7Q1 to DY7Q2 was 20%. The state estimates that this was likely a result of expected quarterly variations in outcomes, the impact of Medicaid unwinding post COVID public health emergency on service utilization and Medicaid enrollment, the opioid epidemic's impact on enrollees' health, and the small size of the cohort meeting the measure criteria.* |
| | | | *Metric #9: Medicaid beneficiaries who used intensive outpatient and/or partial hospitalization services* | *The percent difference for Metric #9: Medicaid beneficiaries who used intensive outpatient and/or partial hospitalization services from DY7Q1 to DY7Q2 was 17%. The state estimates that this was likely a result of expected quarterly variations in outcomes, the impact of Medicaid unwinding post COVID public health emergency on service utilization and Medicaid enrollment, and the opioid epidemic's impact on enrollees' health.* |
| | | | *Metric #10: Medicaid beneficiaries who used residential and/or inpatient services* | *The percent difference for Metric #10: Medicaid beneficiaries who used residential and/or inpatient services from SUD DY7Q1 to DY7Q2 was 56%. The state estimates that this was likely a result of expected quarterly variations in outcomes, the impact of Medicaid unwinding post COVID public health emergency on service utilization and Medicaid enrollment, the opioid epidemic's impact on enrollees' health, the small size of the cohort meeting the measure criteria, and state policy changes expanding access to residential treatment and withdrawal management.* |

| Prompt | State has no trends/update to report (place an X) | Related metric(s) (if any) | State response |
|---|---|---|---|
| | | *Metric #11: Medicaid beneficiaries who used withdrawal management services* | *The percent difference for Metric #11: Medicaid beneficiaries who used withdrawal management services from SUD DY7Q1 to DY7Q2 was 19%. The state estimates that this was likely a result of expected quarterly variations in outcomes, the impact of Medicaid unwinding post COVID public health emergency on service utilization and Medicaid enrollment, the opioid epidemic's impact on enrollees' health, the small size of the cohort meeting the measure criteria, and state policy changes expanding access to residential treatment and withdrawal management* |
| | | *Metric #22: Continuity of Pharmacotherapy for Opioid Use Disorder* | *The percent difference for Metric #22: Continuity of Pharmacotherapy for Opioid Use Disorder DY7Q2 to DY7Q2 was -12%. The state estimates that this was likely a result of expected quarterly variations in outcomes, the impact of Medicaid unwinding post COVID public health emergency on service utilization and Medicaid enrollment, and the opioid epidemic's impact on enrollees' health.* |
| **2.2 Implementation update** | | | |
| 2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:<br>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** | | |

| Prompt | | State has no trends/update to report (place an X) | Related metric(s) (if any) | State response |
|---|---|---|---|---|
| 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 #5: Medicaid Beneficiaries Treated in an IMD for SUD* | *The percent difference for Metric #5: Medicaid Beneficiaries Treated in an IMD for SUD from DY6Q2 to DY7Q2 was 10%. The state estimates that this was likely a result of expected quarterly variations in outcomes, the impact of Medicaid unwinding post COVID public health emergency on service utilization and Medicaid enrollment, the opioid epidemic's impact on enrollees' health, and state policy changes expanding access to residential treatment and withdrawal management.* |
| | | | *Metric #36: Average Length of Stay in IMDs* | *The percent difference for Metric #36: Average Length of Stay in IMDs from DY6Q2 to DY7Q2 was 33%. The state estimates that this was likely a result of expected quarterly variations in outcomes, the impact of Medicaid unwinding post COVID public health emergency on service utilization and Medicaid enrollment, the opioid epidemic's impact on enrollees' health, and state policy changes expanding access to residential treatment and withdrawal management.* |
| **3.2.** | **Implementation update** | | | |
| 3.2.1 | Compared to the demonstration design and operational details, the state expects to make the following changes to:<br>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 | **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.<br>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: | **X** | | |
| | 4.2.1.a Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards | | | |
| | 4.2.1.b Review process for residential treatment providers' compliance with qualifications | **X** | | |
| | 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. | | *Metric #13: SUD Provider Availability* | *The percent difference for Metric #13: SUD Provider Availability from DY6Q2 to DY7Q2 was 268%. This difference is a result of counts estimated directly from a new state data source that will be used moving forward.* |
| | | | *Metric #14: SUD Provider Availability - MAT* | *The percent difference for Metric #14: SUD Provider Availability-MAT from DY6Q2 to DY7Q2 was 264%. This difference is a result of counts estimated directly from a new state data source that will be used moving forward.* |
| **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. | | *Metric #18: Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)* | *The percent difference for Metric #18: Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD) from DY7Q2 to DY7Q2 was -24%. The state estimates that this was likely a result of expected quarterly variations in outcomes, the impact of Medicaid unwinding post COVID public health emergency on service utilization and Medicaid enrollment, the opioid epidemic's impact on enrollees' health, and the small size of the cohort meeting the measure criteria.* |
| | | | *Metric #21: Concurrent Use of Opioids and Benzodiazepines (COB-AD)* | *The percent difference for Metric #21: Concurrent Use of Opioids and Benzodiazepines (COB-AD) from DY7Q2 to DY7Q2 was -17%. The state estimates that this was likely a result of expected quarterly variations in outcomes, the impact of Medicaid unwinding post COVID public health emergency on service utilization and Medicaid enrollment, and the opioid epidemic's impact on enrollees' health.* |
| | | | *Metric #23: Total number of ED visits for SUD per 1,000 Medicaid beneficiaries* | *The percent difference for Metric #23: Total number of ED visits for SUD per 1,000 Medicaid beneficiaries from DY7Q1 to DY7Q2 was -3%. The state estimates that this was likely a result of expected quarterly variations in outcomes, the impact of Medicaid unwinding post COVID public health emergency on service utilization and Medicaid enrollment, and the opioid epidemic's impact on enrollees' health.* |

| Prompt | State has no trends/update to report (place an X) | Related metric(s) (if any) | State response |
|---|---|---|---|
| | | *Metric #27: Overdose Deaths (rate)* | *The percent difference for Metric #27: Overdose Deaths (rate) from DY6Q2 to DY7Q2 was -14%. The state estimates that this was likely a result of expected quarterly variations in outcomes, the impact of Medicaid unwinding post COVID public health emergency on service utilization and Medicaid enrollment, and the opioid epidemic's impact on enrollees' health.* |
| **6.2 Implementation update** | | | |
| 6.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:<br>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 | **X** | | |
| 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. | | *Metric #25: Readmissions Among Beneficiaries with SUD* | *The percent difference for Metric #25: Readmissions Among Beneficiaries with SUD from DY6Q2 to DY7Q2 was -14%. The state estimates that this was likely a result of expected quarterly variations in outcomes, the impact of Medicaid unwinding post COVID public health emergency on service utilization and Medicaid enrollment, and the opioid epidemic's impact on enrollees' health.* |
| | | | *Metric #S3: Adjusted Initiation of AOD Treatment - Opioid abuse or dependence* | *The percent difference for Metric #S3: Adjusted Initiation of AOD Treatment - Opioid abuse or dependence from DY6Q2 to DY7Q2 was -4%. The state estimates that this was likely a result of expected quarterly variations in outcomes, the impact of Medicaid unwinding post COVID public health emergency on service utilization and Medicaid enrollment, and the opioid epidemic's impact on enrollees' health.* |
| | | | *Metric #S4: Adjusted Initiation of AOD Treatment - Other drug abuse or dependence* | *The percent difference for Metric #S4: Adjusted Initiation of AOD Treatment - Other drug abuse or dependence from DY6Q2 to DY7Q2 was 9%. The state estimates that this was likely a result of expected quarterly variations in outcomes, the impact of Medicaid unwinding post COVID public health emergency on service utilization and Medicaid enrollment, and the opioid epidemic's impact on enrollees' health.* |

| Prompt | State has no trends/update to report (place an X) | Related metric(s) (if any) | State response |
|---|---|---|---|
| | | *Metric #S6: Adjusted Engagement of AOD Treatment - Alcohol abuse or dependence* | *The percent difference for Metric #S6: Adjusted Engagement of AOD Treatment - Alcohol abuse or dependence from DY6Q2 to DY7Q2 was 12%. The state estimates that this was likely a result of expected quarterly variations in outcomes, the impact of Medicaid unwinding post COVID public health emergency on service utilization and Medicaid enrollment, and the opioid epidemic's impact on enrollees' health.* |
| | | *Metric #S7: Adjusted Engagement of AOD Treatment - Opioid abuse or dependence* | *The percent difference for Metric #S7: Adjusted Engagement of AOD Treatment - Opioid abuse or dependence from DY6Q2 to DY7Q2 was -4%. The state estimates that this was likely a result of expected quarterly variations in outcomes, the impact of Medicaid unwinding post COVID public health emergency on service utilization and Medicaid enrollment, and the opioid epidemic's impact on enrollees' health.* |
| | | *Metric #S8: Adjusted Engagement of AOD Treatment - Other drug abuse or dependence* | *The percent difference for Metric #S8: Adjusted Engagement of AOD Treatment - Other drug abuse or dependence from DY6Q2 to DY7Q2 was 17%. The state estimates that this was likely a result of expected quarterly variations in outcomes, the impact of Medicaid unwinding post COVID public health emergency on service utilization and Medicaid enrollment, and the opioid epidemic's impact on enrollees' health.* |

| Prompt | State has no trends/update to report (place an X) | Related metric(s) (if any) | State response |
|---|---|---|---|
| | | *Metric #S10: Adjusted 31-Day Follow-up After Emergency Department Visit for Alcohol or Other Drug Dependence* | *The percent difference for Metric #S10: Adjusted 31-Day Follow-up After Emergency Department Visit for Alcohol or Other Drug Dependence (FUA-AD) from DY6Q2 to DY7Q2 was 81%. The state estimates that this was likely a result of expected quarterly variations in outcomes, the impact of Medicaid unwinding post COVID public health emergency on service utilization and Medicaid enrollment, and the opioid epidemic's impact on enrollees' health.* |
| | | *Metric #S11: Adjusted 8-Day Follow-up After Emergency Department Visit for Alcohol or Other Drug Dependence* | *The percent difference for Metric #S11: Adjusted 8-Day Follow-up After Emergency Department Visit for Alcohol or Other Drug Dependence (FUA-AD) from DY6Q2 to DY7Q2 was 95%. The state estimates that this was likely a result of expected quarterly variations in outcomes, the impact of Medicaid unwinding post COVID public health emergency on service utilization and Medicaid enrollment, and the opioid epidemic's impact on enrollees' health.* |
| | | *Metric #S12: Adjusted 31-Day Follow-Up After Emergency Department Visit for Mental Illness* | *The percent difference for Metric #S12: Adjusted 31-Day Follow-Up After Emergency Department Visit for Mental Illness (FUM-AD) from DY6Q2 to DY7Q2 was -20%. The state estimates that this was likely a result of expected quarterly variations in outcomes, the impact of Medicaid unwinding post COVID public health emergency on service utilization and Medicaid enrollment, and the opioid epidemic's impact on enrollees' health.* |

| Prompt | | State has no trends/update to report (place an X) | Related metric(s) (if any) | State response |
|---|---|---|---|---|
| | | | *Metric #S13: Adjusted 8 Day Follow-Up After Emergency Department Visit for Mental Illness* | *The percent difference for Metric #S13: Adjusted 8 Day Follow-Up After Emergency Department Visit for Mental Illness (FUM-AD) from DY6Q2 to DY7Q2 was -16%. The state estimates that this was likely a result of expected quarterly variations in outcomes, the impact of Medicaid unwinding post COVID public health emergency on service utilization and Medicaid enrollment, and the opioid epidemic's impact on enrollees' health.* |
| **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. | | *Metric #S1: Number of HealthChoice participants enrolled in the corrective managed care program* | *The percent difference for Metric #S1: Number of HealthChoice participants enrolled in the corrective managed care program from DY7Q1 to DY7Q2 was 3%. The state estimates that this was likely a result of expected quarterly variations in outcomes, the impact of Medicaid unwinding post COVID public health emergency on service utilization and Medicaid enrollment, the opioid epidemic's impact on enrollees' health, and the small size of the cohort meeting the measure criteria.* |
| **8.2** | **Implementation update** | | | |
| 8.2.1 | Compared to the demonstration design and operational details, the state expects to make the following changes to: | **X** | | |
| | 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** | | |

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

| Prompt | | State has no trends/update to report (place an X) | Related metric(s) (if any) | State response |
|---|---|---|---|---|
| **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. | | *Metric #24: Total number of inpatient stays for SUD per 1,000 Medicaid beneficiaries* | *The percent difference for Metric #24: Total number of inpatient stays for SUD per 1,000 Medicaid beneficiaries from DY7Q1 to DY7Q2 was 32%. The state estimates that this was likely a result of expected quarterly variations in outcomes, the impact of Medicaid unwinding post COVID public health emergency on service utilization and Medicaid enrollment, and the opioid epidemic's impact on enrollees' health.* |
| | | | *Metric #26: Overdose Deaths (count)* | *The percent difference for Metric #26: Overdose Deaths (count) from DY6Q2 to DY7Q2 was -8%. The state estimates that this was likely a result of expected quarterly variations in outcomes, the impact of Medicaid unwinding post COVID public health emergency on service utilization and Medicaid enrollment, and the opioid epidemic's impact on enrollees' health.* |
| **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 |
|---|---|---|

| 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** | |

| 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: | **X** | |
| | 11.2.1.a How the delivery system operates under the demonstration (e.g., through the managed care system or fee for service) | | |
| | 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. | **X** | |
| 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. | **X** | |
| 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. | **X** | |

| 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: | **X** | |
| | 13.1.3.a The schedule for completing and submitting monitoring reports | | |
| | 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** | |
| 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. | **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 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. | **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.*
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