

OMB 0938-1148

Quarterly Report for Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act: Section 1003 Demonstration Project to Increase Substance Use Provider Capacity

State:

[Enter State Name]

Name of Project Director:

[Enter Project Director]

Name of party submitting report if not Project Director:

[Enter Submitter]

Date:

[Enter Date]

SECTION I: Milestones

In the past three months, have you started or completed activities related to the following?:

1) Activities that support assessment of the mental health and substance use disorder (SUD) treatment needs of the extent to which providers are needed to address the SUD treatment and recovery needs of Medicaid beneficiaries; please enter in Table I-1 (see Table I-1-5 Tab).

[Pull Down to Select]

If yes, please describe in Table I-1.

2) Activities that support the development of state infrastructure (i.e., recruiting providers, providing training or technical assistance); please enter in Table I-2 (see Table I-1-5 Tab).

[Pull Down to Select]

If yes, please describe in Table I-2

3) Activities to improve reimbursement, training, and education to expand Medicaid provider capacity to deliver SUD recovery services; please enter in Table I-3 (see Table I-1-5 Tab).

[Pull Down to Select]

If yes, please describe in Table I-3.

4) Activities to develop projections regarding the extent to which the state would increase the number and capacity of providers offering SUD treatment or recovery services, as well as the willingness of Medicaid providers to offer SUD recovery; please enter in Table I-4 (see Table I-1-5 Tab).

[Pull Down to Select]

If yes, please describe in Table I-4.

5) Activities related to the analysis comparing the state's SUD prevalence with the national average, as measured by drug overdoses and the prevalence of substance use and opioid-related diagnoses among Medicaid enrollees; please enter in Table I-5 (see Table I-1-5 Tab).

[Pull Down to Select]

If yes, please describe in Table I-5.

SECTION II: Enrollee Data

Please indicate whether your state intends to target the subpopulations below per your application. Select "Yes" for subpopulations in Table II-1 (see Table II-1-3. Tab).

Metric: Medicaid Beneficiaries With Newly Initiated SUD Treatment/Diagnosis: number of beneficiaries with an SUD-related service during the measurement period but not in the three months before the measurement period in Table II-1-3. Tab).

Metric: Medicaid Beneficiaries With SUD Diagnosis (Quarterly): number of beneficiaries with an SUD diagnosis and service during the measurement period in Table II-3 (see Table II-1-3. Tab).

SECTION III: Section III: Substance Use Disorder Treatment or Recovery Services Data

SUD Services by Category: Please include number of beneficiaries in the measurement period receiving any SUD treatment during the measurement period in Table III (see Table III. Tab).

Are there any known reporting issues for data provided in Section III? If yes, please describe below.

[Please enter text]

SECTION IV: Barrier Data

Please describe any efforts in the past quarter to address barriers to providers treating Medicaid beneficiaries with unwillingness to serve Medicaid beneficiaries, lack of providers' recognition of opioid use disorder in their enrollee provider understanding of medication-assisted treatment) in Table IV (see Table IV. Tab).

Please describe any activities funded through the grant in the past quarter to address reimbursement or financial incentives to encourage providers to treat patients with or at risk for SUD.

[Please enter text]

SECTION V: Additional Information

Please describe any resource changes in the past quarter (new staff, loss of key staff, new contracts for information technology infrastructure, relevant partnerships, other) in Table V (see Table V. Tab).

If there is anything else that the Centers for Medicare & Medicaid Services should be aware of related to this grant, describe below.

[Please enter text]

PRA Disclosure Statement: Planning grant states participating in the Substance Use Disorder Prevention that Promotes Opioid Recovery and Communities (SUPPORT) Act: Section 1003 Demonstration Project to Increase Substance Use Provider Capacity Demonstration Project to collect specific Substance Use Disorder information necessary for the statutorily required reports (Section 1903(6)(B) of the Social Security Act) that Congress. In order to meet the Congressionally mandated reporting requirements, CMS must collect this information, via a standardized template. States are required to report this information as a condition of grant funding. The process for collecting information and completing the Quarterly Report (QPR) template is intended to minimize the paperwork burden by or for the Federal Government, and to strengthen the partnership between the Federal Government and the Grantees. Grantees are provided with the QPR template in Excel format, and associated instructions. The completed QPR will be submitted to the Federal Government by the Grantees via an online web-based document sharing repository, thereby streamlining data collection and minimizing paperwork burden.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 # 62). The time required to complete this information collection is estimated to average 14 hours per response, including the time to review instructions, search existing data resources, gather the data needed to complete the information collection. Your response is required to receive a waiver under Section 1135 of the Social Security Act. All responses will be made available on the CMS website. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving the information collection, please contact the Office of Management and Enterprise Services, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law.

Table I-1. Mental Health and Substance Use Disorder Assessment Activities

Activity	Status	Grant Completion Date	Anticipated Completion Date	Risks and Challenges
[Please enter text]	[Pull Down to Select]	[Please enter text]	[Please enter text]	[Please enter text]
[Please enter text]	[Pull Down to Select]	[Please enter text]	[Please enter text]	[Please enter text]
[Please enter text]	[Pull Down to Select]	[Please enter text]	[Please enter text]	[Please enter text]
[Please enter text]	[Pull Down to Select]	[Please enter text]	[Please enter text]	[Please enter text]
[Please enter text]	[Pull Down to Select]	[Please enter text]	[Please enter text]	[Please enter text]

Table I-2. State Infrastructure Development Activities

Activity	Status	Grant Completion Date	Anticipated Completion Date	Risks and Challenges
[Please enter text]	[Pull Down to Select]	[Please enter text]	[Please enter text]	[Please enter text]
[Please enter text]	[Pull Down to Select]	[Please enter text]	[Please enter text]	[Please enter text]
[Please enter text]	[Pull Down to Select]	[Please enter text]	[Please enter text]	[Please enter text]
[Please enter text]	[Pull Down to Select]	[Please enter text]	[Please enter text]	[Please enter text]
[Please enter text]	[Pull Down to Select]	[Please enter text]	[Please enter text]	[Please enter text]

Table I-3. Provider Reimbursement, Training, and Education Activities

Activity	Status	Grant Completion Date	Anticipated Completion Date	Risks and Challenges
[Please enter text]	[Pull Down to Select]	[Please enter text]	[Please enter text]	[Please enter text]
[Please enter text]	[Pull Down to Select]	[Please enter text]	[Please enter text]	[Please enter text]
[Please enter text]	[Pull Down to Select]	[Please enter text]	[Please enter text]	[Please enter text]
[Please enter text]	[Pull Down to Select]	[Please enter text]	[Please enter text]	[Please enter text]
[Please enter text]	[Pull Down to Select]	[Please enter text]	[Please enter text]	[Please enter text]

Table I-4. Provider Volume and Capacity Projection Activities

Activity	Status	Grant Completion Date	Anticipated Completion Date	Risks and Challenges
[Please enter text]	[Pull Down to Select]	[Please enter text]	[Please enter text]	[Please enter text]
[Please enter text]	[Pull Down to Select]	[Please enter text]	[Please enter text]	[Please enter text]
[Please enter text]	[Pull Down to Select]	[Please enter text]	[Please enter text]	[Please enter text]
[Please enter text]	[Pull Down to Select]	[Please enter text]	[Please enter text]	[Please enter text]
[Please enter text]	[Pull Down to Select]	[Please enter text]	[Please enter text]	[Please enter text]

Table I-5. State and National Analysis Comparisons

Activity	Status	Grant Completion Date	Anticipated Completion Date	Risks and Challenges
[Please enter text]	[Pull Down to Select]	[Please enter text]	[Please enter text]	[Please enter text]
[Please enter text]	[Pull Down to Select]	[Please enter text]	[Please enter text]	[Please enter text]
[Please enter text]	[Pull Down to Select]	[Please enter text]	[Please enter text]	[Please enter text]
[Please enter text]	[Pull Down to Select]	[Please enter text]	[Please enter text]	[Please enter text]
[Please enter text]	[Pull Down to Select]	[Please enter text]	[Please enter text]	[Please enter text]

Subpopulation	Intention To Target
Infants with neonatal abstinence syndrome	Yes
Aged 12-21 years	Yes
Pregnant	Yes
Postpartum	Yes
Dual eligible under Medicare and Medicaid	Yes
American Indian/Alaska Native	Yes

Population	Denominator	Numerator or Count	Rate/Percentage	Are there any known reporting issues? If yes, please describe.
All Medicaid enrollees	[Please enter text]	[Please enter text]	[Please enter text]	[Please enter text]
Opioid use disorder subpopulation	[Please enter text]	[Please enter text]	[Please enter text]	[Please enter text]
Infants with neonatal abstinence syndrome	[Please enter text]	[Please enter text]	[Please enter text]	[Please enter text]
Aged 12-21 years	[Please enter text]	[Please enter text]	[Please enter text]	[Please enter text]
Pregnant	[Please enter text]	[Please enter text]	[Please enter text]	[Please enter text]
Postpartum	[Please enter text]	[Please enter text]	[Please enter text]	[Please enter text]
Dual eligible under Medicare and Medicaid	[Please enter text]	[Please enter text]	[Please enter text]	[Please enter text]
American Indian/Alaska Native	[Please enter text]	[Please enter text]	[Please enter text]	[Please enter text]

Population	Denominator	Numerator or Count	Rate/Percentage	Are there any known reporting issues? If yes, please describe.
All Medicaid enrollees	[Please enter text]	[Please enter text]	[Please enter text]	[Please enter text]
Opioid use disorder subpopulation	[Please enter text]	[Please enter text]	[Please enter text]	[Please enter text]
Infants with neonatal abstinence syndrome	[Please enter text]	[Please enter text]	[Please enter text]	[Please enter text]
Aged 12-21 years	[Please enter text]	[Please enter text]	[Please enter text]	[Please enter text]
Pregnant	[Please enter text]	[Please enter text]	[Please enter text]	[Please enter text]
Postpartum	[Please enter text]	[Please enter text]	[Please enter text]	[Please enter text]
Dual eligible under Medicare and Medicaid	[Please enter text]	[Please enter text]	[Please enter text]	[Please enter text]
American Indian/Alaska Native	[Please enter text]	[Please enter text]	[Please enter text]	[Please enter text]

Table III. Beneficiaries Receiving SUD Treatment

Service Category	No. of Enrollees With SUD Receiving Care in This Category—Fee for Service	No. of Enrollees With SUD Receiving Care in This Category— Managed Care	No. of Enrollees Who Received Care in This Category This Quarter but Not the Previous	SUD Provider Availability: No. of providers who were enrolled in Medicaid and qualified to deliver SUD services during the measurement period	SUD Provider Availability-MAT: No. of providers who were enrolled in Medicaid and qualified to deliver SUD services during the measurement period and who meet the standards to provide buprenorphine or methadone as part of MAT
Physicians' services	[Please enter text]	[Please enter text]	[Please enter text]	[Please enter text]	[Please enter text]
Services provided by other licensed practitioners	[Please enter text]	[Please enter text]	[Please enter text]	[Please enter text]	[Please enter text]
Diagnostic and rehabilitative services	[Please enter text]	[Please enter text]	[Please enter text]	[Please enter text]	[Please enter text]
Inpatient services	[Please enter text]	[Please enter text]	[Please enter text]	[Please enter text]	[Please enter text]
Outpatient hospital services (including emergency department services)	[Please enter text]	[Please enter text]	[Please enter text]	[Please enter text]	[Please enter text]
Prescription drugs	[Please enter text]	[Please enter text]	[Please enter text]	[Please enter text]	[Please enter text]
Targeted case management for individuals with SUD	[Please enter text]	[Please enter text]	[Please enter text]	[Please enter text]	[Please enter text]
Targeted case management for individuals with mental disorder and SUD	[Please enter text]	[Please enter text]	[Please enter text]	[Please enter text]	[Please enter text]
Nurse practitioner services	[Please enter text]	[Please enter text]	[Please enter text]	[Please enter text]	[Please enter text]
Nurse midwife services	[Please enter text]	[Please enter text]	[Please enter text]	[Please enter text]	[Please enter text]
Preventive services	[Please enter text]	[Please enter text]	[Please enter text]	[Please enter text]	[Please enter text]
Clinic services	[Please enter text]	[Please enter text]	[Please enter text]	[Please enter text]	[Please enter text]
Certified Community Behavioral Health Center services	[Please enter text]	[Please enter text]	[Please enter text]	[Please enter text]	[Please enter text]
Home health services	[Please enter text]	[Please enter text]	[Please enter text]	[Please enter text]	[Please enter text]
Private duty nursing services	[Please enter text]	[Please enter text]	[Please enter text]	[Please enter text]	[Please enter text]
Total	[Please enter text]	[Please enter text]	[Please enter text]	[Please enter text]	[Please enter text]

Table IV. Activities to Address Barriers

Barriers Addressed by Grant Funds	Type of Barrier (e.g., provider, Medicaid-eligible beneficiary, Medicaid system)	Activities and Results
Provider Capacity	[Please enter text]	[Please enter text]
Provider Willingness	[Please enter text]	[Please enter text]
Financial	[Please enter text]	[Please enter text]
Access	[Please enter text]	[Please enter text]
Care Provision	[Please enter text]	[Please enter text]
Other	[Please enter text]	[Please enter text]
Other	[Please enter text]	[Please enter text]

Lookup Table 1. Drop Down Options
Dropdown Options

[Pull Down to Select]

Yes
No

Lookup Table 2. Activity Status
Activity Status

[Pull Down to Select]

In Progress
Completed

Lookup Table 3. Barriers
Barriers

[Pull Down to Select]

Provider Capacity
Provider Willingness
Financial
Access
Care Provision
Other
N/A

Lookup Table 4. Resource Changes
Changes

[Pull Down to Select]

New Staff
Loss of Key Staff
New Contracts for IT Infrastructure
Relevant Partnerships
Other
N/A