Instructions for 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

PRA Disclosure Statement: *Planning grant states participating in the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act: Section 1003 Demonstration Project to Increase Substance Use Provider Capacity Demonstration Project do not currently submit specific Substance Use Disorder information necessary for the statutorily required reports (Section 1903(6)(B) of the Social Security Act) that CMS must submit to Congress. In order to meet the Congressionally mandated reporting requirements, CMS must collect this information, via a standardized template. Planning grant states are required to report this information as a condition of grant funding. The process for collecting information and completing the Quarterly Progress 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 Excel spreadsheets 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, and complete and review the information collection. All responses are public and will be made available on the CMS website. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 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.

Quarterly Report Workbook Tab 1 – "Quarterly Report Instructions"

In cell A3 type the name of the state. In cell A5, type the first and last name of the Project Director for the grantee team. If another party or individual is responsible for submission, then include that person's full name in the designated space. Otherwise, leave **Name of party submitting report if not Project Director** blank. Finally, include the date of submission in the designated space.

Please note, the current quarter for the purposes of this document, is the most recent quarter (three-month period) for which data is available, and the previous quarter is the quarter (three-month period) prior to the current quarter.

Section I: Milestones

This section is intended to assess the status of all the activities that are required to be completed as part of this grant, the date that activity was scheduled to be completed according to your Project Work Plan and your updated anticipated date of completion. Also, this section should include any potential risks or challenges.

The default selection from the drop-down menu for each activity is "Pull Down to Select." If the activity has not been initiated or conducted within the reporting period, then change the selection in the drop-down menu to "No." If the activity is "No," then move to the next activity.

However, if the activity is applicable and your answer is "Yes," then use the table provided in the corresponding tab, **Tab 2 – "Tables I-1-5."**, to detail the applicable activities.

>If the activity has been undertaken in the quarter, then use the first column to briefly describe the specific activity that the grantee team has engaged in, with one activity per row.

>In the second column, select the status of the activity from the drop-down menu. The default response is, "Pull Down to Select", so grantees are expected to assess the status of the activity. "In Progress" means an activity is started and the grantee is working to accomplish it by a known end date. "Completed" means the work for an activity has concluded.

>In the third column, insert the completion date as specified in the Project Work Plan.

>Fourth, provide an updated anticipated completion date for the activity. The anticipated completion date may be the same as the period of performance end date. Anticipated completion dates should be in the past if the activity is completed.

>Fifth, briefly describe any known risks or challenges as they relate to the activity.

Last, if additional rows are required to describe all activities, please copy and paste the table into a new tab in the Excel workbook and complete it as needed.

Section II: Enrollee Data

Quarterly Report Workbook Tab 3 – "Tables II-1-3."

This section is related to general Medicaid enrollee data for the current reporting period. The first table contains the target populations specified in the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act Section 1003 Demonstration Project to Increase Provider Capacity.

In Table II-1 Each subpopulation has a default response of "Yes" under 'Intention To Target'. Grantees must set all subpopulations that they identified as targeted by grant activities in their grant applications to "Yes" in the 'Intention To Target' column. Grantees must set all subpopulations that they did not indicate they would target with grant activities in their grant applications to "No" in the 'Intention To Target' column. Tables II-2 and II-3 in Section II will automatically default rows to "N/A" for all subpopulations with a "No" response in the 'Intention to Target' column of table II-1. Therefore, grantees are not required to report on those subpopulations.

The second table of Section II (Table II-2) is designed to collect information on the Medicaid beneficiaries who had a substance use disorder (SUD) diagnosis or treatment within the reporting period but not in the prior period. The last table in this section is a quarterly snapshot of all Medicaid beneficiaries with a SUD diagnosis, related treatment, or both.

For the second table in Section II (Table II-2), the denominator for the **All Medicaid enrollees'** row is the number of Medicaid enrollees in the state that quarter. The numerator for that row is the number of Medicaid enrollees in the state with a diagnosis or treatment for SUD in that quarter but not the previous quarter.

For the second table in Section II (Table II-2), the denominator for the **Opioid use disorder subpopulation** row is the number of Medicaid enrollees in the state that quarter. The numerator for that row is the number of Medicaid enrollees in the state with a diagnosis or treatment for opioid use disorder in that quarter but not the previous quarter.

For the second table in Section II (Table II-2), the denominator for the **Infants with neonatal abstinence syndrome** row is the number of Medicaid-enrolled infants born in the state that quarter. The numerator for that row is the number of Medicaid-enrolled infants born with neonatal abstinence syndrome in that quarter.

For the second table in Section II (Table II-2), the denominator for the **Aged 12–21 years** row is the number of Medicaid enrollees aged 12–21 years in the state that quarter. The numerator for that row is the number of Medicaid enrollees aged 12–21 years in the state with a diagnosis or treatment for SUD in that quarter but not the previous quarter.

For the second table in Section II (Table II-2), the denominator for the **Pregnant** row is the number of Medicaid enrollees with an identified pregnancy in the state that quarter. The numerator for that row is the number of Medicaid enrollees with an identified pregnancy in the state with a diagnosis or treatment for SUD in that quarter but not the previous quarter.

For the second table in Section II (Table II-2), the denominator for the **Postpartum** row is the number of Medicaid enrollees with an identified delivery claim in the state that quarter. The numerator for that row is the number of Medicaid enrollees with an identified delivery in the state with a diagnosis or treatment for SUD in that quarter but not the previous quarter.

For the second table in Section II (Table II-2), the denominator for the **Dual eligible under Medicare and Medicaid** row is the number of Medicaid enrollees who were enrolled in both Medicare and Medicaid benefits that quarter. The numerator for that row is the number of Medicaid enrollees who were enrolled in both Medicare and Medicaid benefits that quarter with a diagnosis or treatment for SUD in that quarter but not the previous quarter.

For the second table in Section II (Table II-2), the denominator for the **American Indian/Alaska Native** row is the number of Medicaid enrollees identified as American Indian or Alaska Native in the state that quarter. The numerator for that row is the number of Medicaid enrollees identified as American Indian or Alaska Native in the state with a diagnosis or treatment for SUD in that quarter but not the previous quarter.

For the second table in Section II (Table II-2), the **Rate/Percentage** column is always calculated as the numerator for that row divided by the denominator. Describe any issues with calculating or reporting counts for these populations in the last column: **Are there any known reporting issues? If yes, please describe.**

For the last table in Section II (Table II-3), the denominator for the **All Medicaid enrollees** row is the number of Medicaid enrollees in the state that quarter. The numerator for that row is the number of Medicaid enrollees in the state with a diagnosis or treatment for SUD in that quarter.

For the last table in Section II (Table II-3), the denominator for the **Opioid use disorder subpopulation** row is the number of Medicaid enrollees in the state that quarter. The numerator for that row is the number of Medicaid enrollees in the state with a diagnosis or treatment for opioid use disorder in that quarter.

For the last table in Section II (Table II-3), the denominator for the **Infants with neonatal abstinence syndrome** row is the number of Medicaid-enrolled infants born in the state that quarter. The numerator for that row is the number of Medicaid-enrolled infants born with neonatal abstinence syndrome in that quarter. This should be the same value as the row for neonatal abstinence syndrome in the second table of Section II.

For the last table in Section II (Table II-3), the denominator for the **Aged 12–21 years** row is the number of Medicaid enrollees aged 12–21 years in the state that quarter. The numerator for that row is the number of Medicaid enrollees aged 12–21 years in the state with a diagnosis or treatment for SUD in that quarter.

For the last table in Section II (Table II-3), the denominator for the **Pregnant** row is the number of Medicaid enrollees with an identified pregnancy in the state that quarter. The numerator for that row is the number of Medicaid enrollees with an identified pregnancy in the state with a diagnosis or treatment for SUD in that quarter.

For the last table in Section II (Table II-3), the denominator for the **Postpartum** row is the number of Medicaid enrollees with an identified delivery claim in the state that quarter. The numerator for that row is the number of Medicaid enrollees with an identified delivery in the state with a diagnosis or treatment for SUD in that quarter.

For the last table in Section II (Table II-3), the denominator for the **Dual eligible under Medicare and Medicaid** row is the number of Medicaid enrollees who were enrolled in both Medicare and Medicaid benefits that quarter. The numerator for that row is the

number of Medicaid enrollees who were enrolled in both Medicare and Medicaid benefits that quarter with a diagnosis or treatment for SUD in that quarter.

For the last table in Section II (Table II-3), the denominator for the **American Indian/Alaska Native** row is the number of Medicaid enrollees identified as American Indian or Alaska Native in the state that quarter. The numerator for that row is the number of Medicaid enrollees identified as American Indian or Alaska Native in the state with a diagnosis or treatment for SUD in that quarter.

For the last table in Section II (Table II-3), the **Rate/Percentage** column is always calculated as the numerator for that row divided by the denominator. Describe any issues with calculating or reporting counts for these populations in the last column: **Are there any known reporting issues? If yes, please describe.**

Section III: Substance Use Disorder Treatment or Recovery Services Data

Quarterly Report Workbook Tab 4 – "Table III."

This section is related to services administered during the reporting period. This section corresponds to the Centers for Medicare & Medicaid Services (CMS) Form CMS-64, the statement of expenditures for which states are entitled to Federal reimbursement under Title XIX categories. The table in this section is strictly interested in the number of beneficiaries receiving SUD treatment by each service category for the current reporting period and the number of Medicaid providers furnishing these services.

The first column in Table III is organized by all potential service categories in a state under which services to address substance use disorders would be reimbursed under Medicaid. Grantees should follow CMS 64 reporting for service categories (See https://www.medicaid.gov/medicaid/finance/downloads/cms-649-base-category-of-services-definition-2-14.pdf) and how each state covers and claims for these services.

The second column in Table III is for Medicaid enrollees with SUD receiving care in each service category under fee for service.

The third column in Table III is for Medicaid enrollees with SUD receiving care in each service category under managed care. Grantees should use their state-specific fee for service reporting logic to stratify managed care encounter data into the listed service categories.

The fourth column in Table III is designed to retrieve the number of new Medicaid enrollees receiving care by each category. Please provide the number of Medicaid enrollees receiving care in each category who did not receive care in the same category in the previous quarter.

The fifth and sixth columns in Table III focus on the number of Medicaid providers for each service category.

The fifth column in Table III measures the number of providers who were enrolled in Medicaid and qualified to deliver SUD services during the measurement period. Please enter the number of providers in each service category offering service to Medicaid enrollees with SUD during that period.

The sixth column in Table III measures the number 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 during the measurement period. Please enter the number of providers in each service category offering service to Medicaid enrollees in the row corresponding to the service to enrollees with SUD during that period.

The final row in Table III, Row 18, "Total" should be the total number of unique enrollees or providers in the corresponding column. In many instances it will not be the same as the sum of the rows above because an individual may receive or provide services in more than one of the Service Categories in Column A.

In cell 'A34' of Section III on the 'Quarterly Report Instructions' tab, please describe any known reporting issues for any of the service category metrics. Enter "None" in this table if there are no known issues. However, if known issues exist, include the affected column name(s) and/or service category(ies).

Please note that this report does not provide definitions for service categories because these may differ among grantees depending on how a state Medicaid program covers services and seeks reimbursement for these services through CMS 64 reporting requirements.

Section IV: Barrier Data

Quarterly Report Workbook Tab 5 – "Table IV."

This section is related to barriers encountered in state efforts under SUPPORT Act section 1003. Grantees identified known and potential barriers to Medicaid-covered SUD treatment and recovery services identified for focus in their assessments. This section allows grantees to detail their experiences and their work to overcome these barriers in Table IV.

In the first column, 'Barriers Addressed by Grant Funds', select the applicable barriers addressed by grant funds from the drop-down menu(s). If no barriers were addressed during the reporting period, then select "N/A," or not applicable, from the drop-down menu for each row.

In the second column, 'Type of Barrier', describe the type of barrier. Barriers should be consistent with those identified in grant applications. This column will automatically default to "N/A" if the first column is "N/A".

In the third column 'Activities and Results', briefly describe the activities involved to address the barrier. If there are any known results, then please include those as well. This column will automatically default to "N/A" if the first column is "N/A".

In cell 'A38' on the, 'Quarterly Report Instructions' tab grantees should briefly describe any activities started or completed in the past quarter to address barriers and to encourage providers to enroll in Medicaid.

Section V: Additional Information

Quarterly Report Workbook Tab 6 – "Table V."

In Table V of this section there is an opportunity for grantees to detail and provide CMS with any additional information relevant to their efforts to increase SUD provider capacity under SUPPORT Act section 1003.

In the first column, 'Changes', select from the drop-down any applicable change information as it pertains to staffing, contracting, or other important changes. The default response is, "[Pull Down to Select]". If none of the changes are relevant, then please select "N/A" for each row."

In the second column, 'Describe', briefly describe the change and actions or activities involved with the change. If a 'Change' is, "N/A", then the 'Describe' field will automatically populate "N/A". If a change other than "N/A" is selected and does not have information in the '**Describe'** column, then the response will be considered incomplete.

Finally, grantees may detail any other information they would like to share with CMS in cell 'A42' on the, 'Quarterly Report Instructions' tab. This space is optional but provides an opportunity for grantees to describe any efforts or activities related to SUPPORT Act section 1003 that are not captured in another section of the report. Grantees should not use this cell as additional space to detail activities from another section. If no additional information is needed, then enter "N/A." If the table is left blank, the response will be considered incomplete.