

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in program monitoring of Medicaid Section 1115 Substance Use Disorder Demonstrations. This mandatory information collection (42 CFR 431.428) will be used to support more efficient, timely and accurate review of states' SUD 1115 demonstrations monitoring reports submissions to support consistency of monitoring and evaluation of SUD 1115 Demonstrations, increase in reporting accuracy, and reduce timeframes required for monitoring and evaluation. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #57). Public reporting burden for this collection of information is estimated to average 20 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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.

Medicaid Section 1115 SUD Demonstration Monitoring Protocol

State [Enter State Name]
 Demonstration Name [Enter Demonstration Name]
 Submitted on [Enter Date] (Format: MM/DD/YYYY)

State will report (Y/N)	Reporting priority	#	Metric name
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Assessment of need and qualification for SUD treatment services

Recommended		1	Assessed for SUD Treatment Needs Using a Standardized Screening Tool
Recommended		2	Medicaid Beneficiaries with Newly Initiated SUD Treatment/Diagnosis
Required		3	Medicaid Beneficiaries with SUD Diagnosis (monthly)
Required		4	Medicaid Beneficiaries with SUD Diagnosis (annually)
Required		5	Medicaid Beneficiaries Treated in an IMD for SUD

Milestone 1: Access to critical levels of care for OUD and other SUDs

Required		6	Any SUD Treatment
Required		7	Early Intervention
Required		8	Outpatient Services
Required		9	Intensive Outpatient and Partial Hospitalization Services
Required		10	Residential and Inpatient Services
Required		11	Withdrawal Management
Required		12	Medication Assisted Treatment

Required 36 Average Length of Stay in IMDs

Milestone 2: Use of evidence-based, SUD-specific patient placement criteria

There are no CMS-provided metrics related to milestone 2.

Milestone 3: Use of nationally recognized SUD-specific program standards to set provider qualifications for resi

There are no CMS-provided metrics related to milestone 3.

Milestone 4: Sufficient provider capacity at critical levels of care including for medication assisted treatment for

Required 13 SUD Provider Availability

Required 14 SUD Provider Availability - MAT

Milestone 5: Implementation of comprehensive treatment and prevention strategies to address opioid abuse a

Required 15 Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence Treatment (IET)
[NCQA; NQF #0004; Medicaid Adult Core Set]

Required 18 Use of Opioids at High Dosage in Persons Without Cancer
[PQA, NQF #2940; Medicaid Adult Core Set]

Recommended 19 Use of Opioids from Multiple Providers in Persons Without Cancer
[PQA; NQF #2950]

Recommended 20 Use of Opioids at High Dosage from Multiple Providers in Persons Without Cancer [PQA, NQF #2951]

Required 21 Concurrent Use of Opioids and Benzodiazepines
[PQA]

Required 22 Continuity of Pharmacotherapy for Opioid Use Disorder
[RAND; NQF #3175]

Milestone 6: Improved care coordination and transitions between levels of care

Recommended	16	SUB-3 Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a Alcohol and Other Drug Use Disorder Treatment at Discharge [Joint Commission; NQF #1664]
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Required	17	Follow-up after Discharge from the Emergency Department for Mental Health or Alcohol or Other Drug Dependence [NCQA; NQF #2605; Medicaid Adult Core Set]
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SUD health information technology (SUD health IT) (Insert at least one selected metric per key health IT question)

Required	Q1	<i>[Insert selected metric(s) for health IT question 1]</i>
Required	Q2	<i>[Insert selected metric(s) for health IT question 2]</i>
Required	Q3	<i>[Insert selected metric(s) for health IT question 3]</i>

Other SUD-related metrics

Required	23	Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries
Required	24	Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries
Required	25	Readmissions Among Beneficiaries with SUD
Required	26	Overdose Deaths (count)
Required	27	Overdose Deaths (rate)
Recommended	28	SUD Spending
Recommended	29	SUD Spending Within IMDs
Recommended	30	Per Capita SUD Spending
Recommended	31	Per Capita SUD Spending Within IMDs

Required	32	Access to Preventive/ Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD
Recommended	33	Grievances Related to SUD Treatment Services
Recommended	34	Appeals Related to SUD Treatment Services
Recommended	35	Critical Incidents Related to SUD Treatment Services



Metric description	Data source
Number of beneficiaries screened for SUD treatment needs using a standardized screening tool during the measurement period	Medical record review or claims
Number of beneficiaries with a SUD diagnosis and a SUD-related service during the measurement period but not in the three months before the measurement period	Claims
Number of beneficiaries with a SUD diagnosis and a SUD-related service during the measurement period and/or in the 11 months before the measurement period	Claims
Number of beneficiaries with a SUD diagnosis and a SUD-related service during the measurement period and/or in the 12 months before the measurement period	Claims
Number of beneficiaries with a claim for residential treatment for SUD in an IMD during the reporting year	Claims
Number of beneficiaries enrolled in the measurement period receiving any SUD treatment service, facility claim, or pharmacy claim during the measurement period	Claims
Number of beneficiaries who used early intervention services (such as procedure codes associated with SBIRT) during the measurement period	Claims
Number of beneficiaries who used outpatient services for SUD (such as outpatient recovery or motivational enhancement therapies, step down care, and monitoring for stable patients) during the measurement period	Claims
Number of unique beneficiaries who used intensive outpatient and/or partial hospitalization services for SUD (such as specialized outpatient SUD therapy or other clinical services) during the measurement period	Claims
Number of beneficiaries who use residential and/or inpatient services for SUD during the measurement period	Claims
Number of beneficiaries who use withdrawal management services (such as outpatient, inpatient, or residential) during the measurement period	Claims
Number of beneficiaries who have a claim for MAT for SUD during the measurement period	Claims

The average length of stay for beneficiaries discharged from IMD residential treatment for SUD

Claims; State-specific IMD database

Residential treatment facilities

Residential OUD

The number of providers who were enrolled in Medicaid and qualified to deliver SUD services during the measurement period

Provider enrollment database; Claims

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

Provider enrollment database; Claims; SAMHSA datasets

Residential OUD

1. Initiation of AOD Treatment—percentage of beneficiaries who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or MAT within 14 days of the diagnosis

2. Engagement of AOD Treatment—percentage of beneficiaries who initiated treatment and who had two or more additional AOD services or MAT within 34 days of the initiation visit

Claims

Rate per 1,000 beneficiaries age 18 and older included in the denominator without cancer who received prescriptions for opioids with a daily dosage greater than 120 morphine milligram equivalents for 90 consecutive days or longer. Patients in hospice are also excluded.

Claims

Rate per 1,000 beneficiaries included in the denominator without cancer who received prescriptions for opioids from four or more prescribers and four or more pharmacies.

Claims

Rate per 1,000 beneficiaries included in the denominator without cancer who received prescriptions for opioids greater than 120mg morphine equivalent dose (MED) for 90 consecutive days or longer, and from four or more prescribers and four or more pharmacies.

Claims

Percentage of beneficiaries age 18 and older with concurrent use of prescription opioids and benzodiazepines. Patients with a cancer diagnosis or in hospice are excluded.

Claims

Percentage of adults in the denominator with pharmacotherapy for OUD who have at least 180 days of continuous treatment

Claims

SUB-3 rate: Patients who are identified with alcohol or drug use disorder who receive or refuse at discharge a prescription for FDA-approved medications for alcohol or drug use disorder, OR who receive or refuse a referral for addictions treatment.

SUB-3a rate: Patients who are identified with alcohol or drug disorder who receive a prescription for FDA-approved medications for alcohol or drug use disorder OR a referral for addictions treatment.

Medical record review or claims

Percentage of ED visits for beneficiaries who have a principal diagnosis of mental illness or AOD abuse or dependence and who had a follow-up visit for mental illness or AOD. Four rates are reported:

Percentage 1. Percentage of ED visits for mental illness for which the beneficiary received follow-up within 7 days of the ED visit (8 total days).

Percentage 2. Percentage of ED visits for mental illness for which the beneficiary received follow-up within 30 days of the ED visit (31 total days)

Percentage 3. Percentage of ED visits for which the beneficiary received a follow-up visit for mental illness or AOD within 30 days of the ED visit (31 total days)

Percentage 4. Percentage of ED visits for which the beneficiary received a follow-up visit for mental illness or AOD within 7 days of the ED visit (8 total days)

Claims

in 1-3. See instructions document for further guidance.)

Total number of ED visits for SUD per 1,000 beneficiaries in the measurement period

Claims

Total number of inpatient stays per 1,000 beneficiaries in the measurement period

Claims

The number of acute inpatient stays among beneficiaries with SUD during the measurement period followed by an acute readmission within 30 days.

Claims

Number of overdose deaths during the measurement period among Medicaid beneficiaries living in a geographic area covered by the demonstration. States are encouraged to report the cause of overdose death as specifically as possible (for example, prescription vs. illicit opioid).

State data on cause of death

Rate of overdose deaths during the measurement period among adult Medicaid beneficiaries living in a geographic area covered by the demonstration. States are encouraged to report the cause of overdose death as specifically as possible (for example, prescription vs. illicit opioid).

State data on cause of death

Total Medicaid SUD spending during the measurement period.

Claims

Total Medicaid SUD spending on residential treatment within IMDs during the measurement period

Claims

Per capita SUD spending during the measurement period

Claims

Per capita SUD spending within IMDs during the measurement period

Claims

The percentage of Medicaid beneficiaries with SUD who had an ambulatory or preventive care visit during the measurement period.

	Claims
Number of grievances filed during the measurement period that are related to SUD treatment services	Administrative records
Number of appeals filed during the measurement period that are related to SUD treatment services	Administrative records
Number of critical incidents filed during the measurement period that are related to SUD treatment services	Administrative records



Measurement period	Reporting frequency	Baseline Reporting Period (MM/DD/YYYY--MM/DD/YYYY)	Annual goal
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Month Quarterly

Month Quarterly

Month Quarterly

Year Annually

Year Annually

Month Quarterly

Month Quarterly

Month Quarterly

Month Quarterly

Month Quarterly

Month Quarterly

Month Quarterly

Year Annually



Year Annually

Year Annually



Year Annually

Year Annually

Year Annually

Year Annually

Year Annually

Year Annually



Year Annually

Year Annually



Month Quarterly

Month Quarterly

Year Annually

Year Annually

Year Annually

Year Annually

Year Annually

Year Annually

Year Annually

Year Annually

Quarter Quarterly

Quarter Quarterly

Quarter Quarterly



Overall demonstration target

Attest that planned reporting matches the CMS-provided specification (Y/N)



Explanation of any deviations from the CMS-provided specifications
(different data source, definition, codes, target population, etc.)

Demonstration Year (DY) and
Quarter(Q) in which reporting
will begin (Format: DY1Q3)



Explanation of any plans to phase in reporting over time

Medicaid Section 1115 SUD Demonstration Monitoring Report

State [Enter State Name]

Demonstration Name [Enter Demonstration Name]

Demonstration Year [Enter Demonstration Year] (Format: [

Calendar Dates for Demonstration Year [Enter Calendar Dates for Demonstrati

Reporting Period [Enter Reporting Period] (Format: Q1,

Calendar Dates for Reporting Period [Enter Calendar Dates for Reporting Pe

Submitted on [Enter Date] (Format: MM/DD/YYYY)

Substance Use Disorder (SUD) Metrics^a

#	Metric name
Assessment of need and qualification for SUD treatment services	
1	Assessed for SUD Treatment Needs Using a Standardized Screening Tool
2	Medicaid Beneficiaries with Newly Initiated SUD Treatment/Diagnosis
3	Medicaid Beneficiaries with SUD Diagnosis (monthly)
4	Medicaid Beneficiaries with SUD Diagnosis (annually)
5	Medicaid Beneficiaries Treated in an IMD for SUD
Milestone 1: Access to critical levels of care for OUD and other SUDs	
6	Any SUD Treatment
7	Early Intervention
8	Outpatient Services
o	Intensive Outpatient and Partial

7	Hospitalization Services
10	Residential and Inpatient Services
11	Withdrawal Management
12	Medication Assisted Treatment (MAT)
36	Average Length of Stay in IMDs

Milestone 2: Use of evidence-based, SUD-specific patient placement criteria

There are no CMS-provided metrics related to milestone 2.

Milestone 3: Use of nationally recognized SUD-specific program standards to set

There are no CMS-provided metrics related to milestone 3.

Milestone 4: Sufficient provider capacity at critical levels of care including for me

13	SUD Provider Availability
14	SUD Provider Availability - MAT

Milestone 5: Implementation of comprehensive treatment and prevention strate

15	Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence Treatment (IET) [NCQA; NQF #0004; Medicaid Adult Core Set]
18	Use of Opioids at High Dosage and from Multiple Providers in Persons Without Cancer [PQA; NQF #2951]

- 19 Use of Opioids from Multiple Providers in Persons Without Cancer [PQA; NQF #2950]
- 20 Use of Opioids at High Dosage from Multiple Providers in Persons Without Cancer [PQA, NQF #2951]
- 21 Concurrent Use of Opioids and Benzodiazepines [PQA]
- 22 Continuity of Pharmacotherapy for Opioid Use Disorder [RAND; NQF #3175]

Milestone 6: Improved care coordination and transitions between levels of care

- 16 SUB-3 Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge, SUB-3a Alcohol and Other Drug Use Disorder Treatment at Discharge [Joint Commission; NQF #1664]

- 17 Follow-up after Discharge from the Emergency Department for Mental Health or Alcohol or Other Drug Dependence [NCQA; NQF #2605; Medicaid Adult Core Set]

SUD health information technology (SUD health IT)

- Insert selected metric(s) related to key health IT question 1*
- Insert selected metric(s) related to key health IT question 2*
- Insert selected metric(s) related to key health IT question 3*

Other SUD-related metrics

23	Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries
24	Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries
25	Readmissions Among Beneficiaries with SUD
26	Overdose Deaths (count)
27	Overdose Deaths (rate)
28	SUD Spending
29	SUD Spending within IMDs
30	Per Capita SUD Spending
31	Per Capita SUD Spending within IMDs
32	Access to Preventive/ Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD
33	Grievances Related to SUD Treatment Services
34	Appeals Related to SUD Treatment Services
35	Critical Incidents Related to SUD Treatment Services

^a States should create a new metrics report for each reporting quarter

^b Report metrics that are one annual value for a demonstration year only in the annual report

^c If applicable. See CMS-provided technical specifications.

^d Enter any new models that will be reported after column AR; create new columns

Checks:

Numerator in #27 should equal the nu

Denominator in #30 should equal the i

Numerator in #30 should equal the nu

Denominator in #31 should equal the i

Numerator in #31 should equal the nu

Counts for a subpopulation (e.g. pregn

)Y1, DY2, DY3, etc.)
 ion Year] (Format: MM/DD/YYYY - MM/DD/YYYY)
 Q2, Q3, Q4)
 ethod (Format: MM/DD/YYYY - MM/DD/YYYY)

Metric description	Data source
Number of beneficiaries screened for SUD treatment needs using a standardized screening tool during the measurement period	Medical record review or claims
Number of beneficiaries with a SUD diagnosis and a SUD-related service during the measurement period but not in the three months before the measurement period	Claims
Number of beneficiaries with a SUD diagnosis and a SUD-related service during the measurement period and/or in the 11 months before the measurement period	Claims
Number of beneficiaries with a SUD diagnosis and a SUD-related service during the measurement period and/or in the 12 months before the measurement period	Claims
Number of beneficiaries with a claim for residential treatment for SUD in an IMD during the reporting year	Claims
Number of beneficiaries enrolled in the measurement period receiving any SUD treatment service, facility claim, or pharmacy claim during the measurement period	Claims
Number of beneficiaries who used early intervention services (such as procedure codes associated with SBIRT) during the measurement period	Claims
Number of beneficiaries who used outpatient services for SUD (such as outpatient recovery or motivational enhancement therapies, step down care, and monitoring for stable patients) during the measurement period	Claims
Number of unique beneficiaries who used intensive outpatient and/or partial hospitalization services for SUD (such as specialized outpatient SUD	Claims

partial hospitalization services for SUD (such as specialized outpatient SUD therapy or other clinical services) during the measurement period

Claims

Number of beneficiaries who use residential and/or inpatient services for SUD during the measurement period

Claims

Number of beneficiaries who use withdrawal management services (such as outpatient, inpatient, or residential) during the measurement period

Claims

Number of beneficiaries who have a claim for MAT for SUD during the measurement period

Claims

The average length of stay for beneficiaries discharged from IMD residential treatment for SUD

Claims; State-specific IMD database

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provider qualifications for residential treatment facilities

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Education assisted treatment for OUD

The number of providers who were enrolled in Medicaid and qualified to deliver SUD services during the measurement period

Provider enrollment database; Claims

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

Provider enrollment database, SAMHSA datasets

Strategies to address opioid abuse and OUD

There are two percentages. Percentage of beneficiaries with a new episode of (AOD) abuse or dependence who received the following:

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Percentage 1. Initiation of AOD Treatment—percentage of beneficiaries who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or MAT within 14 days of the diagnosis

Claims

Percentage 2. Engagement of AOD Treatment—percentage of beneficiaries who initiated treatment and who had two or more additional AOD services or MAT within 34 days of the initiation visit

Claims

Rate per 1,000 beneficiaries age 18 and older included in the denominator without cancer who received prescriptions for opioids with a daily dosage greater than 120 morphine milligram equivalents for 90 consecutive days or longer. Patients in hospice are also excluded.

Claims

Rate per 1,000 beneficiaries included in the denominator without cancer who received prescriptions for opioids from four or more prescribers and four or more pharmacies.

Claims

Rate per 1,000 beneficiaries included in the denominator without cancer who received prescriptions for opioids greater than 120mg morphine equivalent dose (MED) for 90 consecutive days or longer, and from four or more prescribers and four or more pharmacies.

Claims

Percentage of beneficiaries age 18 and older with concurrent use of prescription opioids and benzodiazepines. Patients with a cancer diagnosis or in hospice are excluded.

Claims

Percentage of adults in the denominator with pharmacotherapy for OUD who have at least 180 days of continuous treatment

Claims

SUB-3: Patients who are identified with alcohol or drug use disorder who receive or refuse at discharge a prescription for FDA-approved medications for alcohol or drug use disorder, OR who receive or refuse a referral for addictions treatment.

Medical record review or claims

SUB-3a: Patients who are identified with alcohol or drug disorder who receive a prescription for FDA-approved medications for alcohol or drug use disorder OR a referral for addictions treatment.

Medical record review or claims

Percentage of ED visits for beneficiaries who have a principal diagnosis of mental illness or AOD abuse or dependence and who had a follow-up visit for mental illness or AOD. Four rates are reported:

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Percentage 1. Percentage of ED visits for mental illness for which the beneficiary received follow-up within 7 days of the ED visit (8 total days).

Claims

Percentage 2. Percentage of ED visits for mental illness for which the beneficiary received follow-up within 30 days of the ED visit (31 total days).

Claims

Percentage 3. Percentage of ED visits for which the beneficiary received a follow-up visit for mental illness or AOD within 30 days of the ED visit (31 total days)

Claims

Percentage 4. Percentage of ED visits for which the beneficiary received a follow-up visit for mental illness or AOD within 7 days of the ED visit (8 total days)

Claims



Total number of ED visits for SUD per 1,000 beneficiaries in the measurement period	Claims
Total number of inpatient stays per 1,000 beneficiaries in the measurement period	Claims
The number of acute inpatient stays among beneficiaries with SUD during the measurement period followed by an acute readmission within 30 days.	Claims
Number of overdose deaths during the measurement period among Medicaid beneficiaries living in a geographic area covered by the demonstration. States are encouraged to report the cause of overdose death as specifically as possible (for example, prescription vs. illicit opioid).	State data on cause of death
Rate of overdose deaths during the measurement period among adult Medicaid beneficiaries living in a geographic area covered by the demonstration. States are encouraged to report the cause of overdose death as specifically as possible (for example, prescription vs. illicit opioid).	State data on cause of death
Total Medicaid SUD spending during the measurement period.	Claims
Total Medicaid SUD spending on residential treatment within IMDs during the measurement period	Claims
Per capita SUD spending during the measurement period	Claims
Per capita SUD spending within IMDs during the measurement period	Claims
The percentage of Medicaid beneficiaries with SUD who had an ambulatory or preventive care visit during the measurement period.	Claims
Number of grievances filed during the measurement period that are related to SUD treatment services	Administrative records
Number of appeals filed during the measurement period that are related to SUD treatment services	Administrative records
Number of critical incidents filed during the measurement period that are related to SUD treatment services	Administrative records



Annual report.

as needed

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numerator in #5.

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iant, not pregnant) should sum approximately to counts for the overall demonstration.

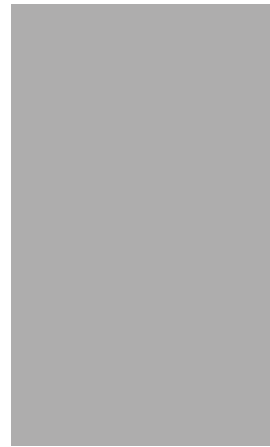
Attest that reporting matches CMS-
provided specification (Y/N)

Describe any deviations from CMS-
provided measure specifications



Reporting issue (Y/N) (further describe in data and reporting issues tab)	Measurement period (month, quarter, year ^b)	Denominator
	Month 1	
	Month 2	
	Month 3	
	Month 1	
	Month 2	
	Month 3	
	Month 1	
	Month 2	
	Month 3	
	Year	
	Year	
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	Month 2	
	Month 3	
	Month 1	
	Month 2	
	Month 3	
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Month 3
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Month 3



Year



Year



Year



Year

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Month 1
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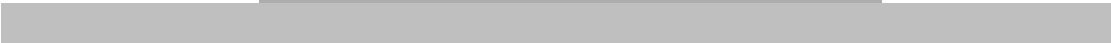


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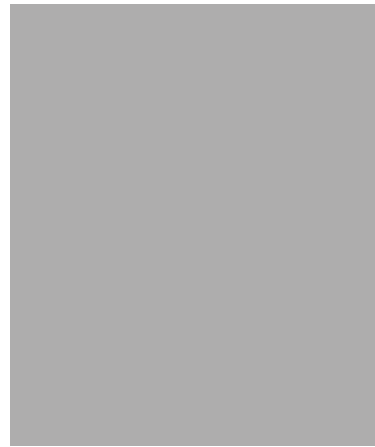


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	OUD subpopulation		
Rate/Percentage ^c	Denominator	Numerator or count	Rate/Percentage ^c



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Age < 18

Denominator

Numerator or
count

Rate/Percentage^c

Denominator

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Age 18-64		Age 65+	
Numerator or count	Rate/Percentage ^c	Denominator	Numerator or count
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Dual eligible (Medicare-Medicaid eligible)			
Rate/Percentage ^c	Denominator	Numerator or count	Rate/Percentage ^c

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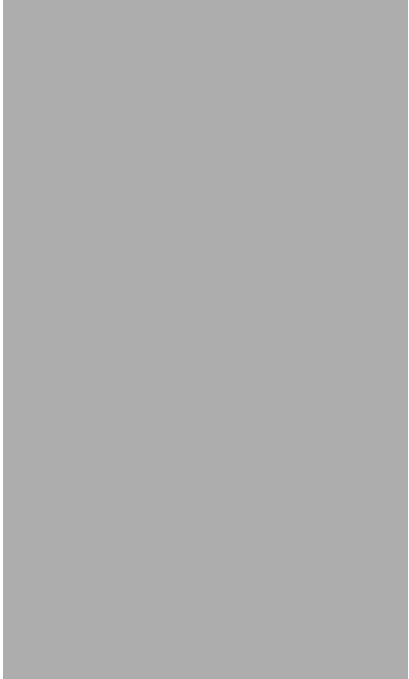
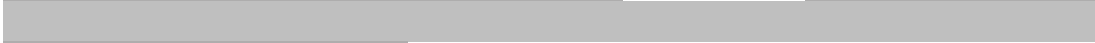
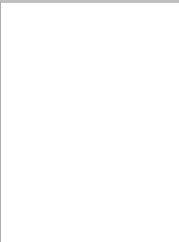
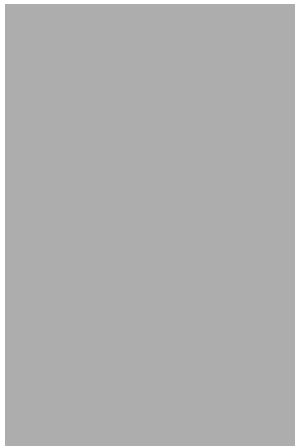
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Medicaid only			Pregnant	
Denominator	Numerator or count	Rate/Percentage ^c	Denominator	Numerator or count

	Not pregnant		
Rate/Percentage ^c	Denominator	Numerator or count	Rate/Percentage ^c

Criminally involved			Not criminally i	
Denominator	Numerator or count	Rate/Percentage ^c	Denominator	Numerator or count

Involved	New model ^d		
Rate/Percentage ^c	Denominator	Numerator or count	Rate/Percentage ^c



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Medicaid Section 1115 SUD Demonstration N
State
Demonstration Name
Demonstration Year
Calendar Dates for Demonstration Year
Reporting Period
Calendar Dates for Reporting Period
Submitted on

Metric(s) impacted

Assessment of need and qualification for SUD

EXAMPLE

1: Assessed for SUD treatment needs

[Add rows as needed]

The state does not have any data and reporti

Milestone 1: Access to critical levels of care

[Add rows as needed]

The state does not have any data and reporti

Milestone 2: Use of evidence-based, SUD-sp

[Add rows as needed]

The state does not have any data and reporti

Milestone 3: Use of nationally recognized SU

[Add rows as needed]

The state does not have any data and reporti

Milestone 4: Sufficient provider capacity at c

[Add rows as needed]

The state does not have any data and reporti

Milestone 5: Implementation of comprehen

[Add rows as needed]

The state does not have any data and reporti

Milestone 6: Improved care coordination an

[Add rows as needed]

The state does not have any data and reporti

SUD health information technology (SUD he

[Add rows as needed]

The state does not have any data and reporti

Other SUD-related metrics

[Add rows as needed]

The state does not have any data and reporti

^aThe state should also use this column to provide updat

Monitoring Report

[Enter State Name]

[Enter Demonstration Name]

[Enter Demonstration Year] (Format: DY1, DY2, DY3, etc.)

[Enter Calendar Dates for Demonstration Year] (Format: MM/DD/YYYY - MM/DD/YYYY)

[Enter Reporting Period] (Format: Q1, Q2, Q3, Q4)

[Enter Calendar Dates for Reporting Period (Format: MM/DD/YYYY - MM/DD/YYYY)

[Enter Date] (Format: MM/DD/YYYY)

Summary of issue	Date and report in which issue was first reported
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D services

EXAMPLE

Difficulty with collecting data for X metric (i.e., lack of EHR data or need for hybrid data)

EXAMPLE

9/1/17; DY 2 Qtr. 3

ing issues related to this section. All associated metrics are reported as outlined in monitoring protocol.

for OUD and other SUDs

ing issues related to this section. All associated metrics are reported as outlined in monitoring protocol.

specific patient placement criteria

ing issues related to this section. All associated metrics are reported as outlined in monitoring protocol.

JD-specific program standards to set provider qualifications for residential treatment facilities

ing issues related to this section. All associated metrics are reported as outlined in monitoring protocol.

critical levels of care including for medication assisted treatment for OUD

ing issues related to this section. All associated metrics are reported as outlined in monitoring protocol.

diverse treatment and prevention strategies to address opioid abuse and OUD

ing issues related to this section. All associated metrics are reported as outlined in monitoring protocol.

d transitions between levels of care

ing issues related to this section. All associated metrics are reported as outlined in monitoring protocol.

alth IT)

ing issues related to this section. All associated metrics are reported as outlined in monitoring protocol.

ing issues related to this section. All associated metrics are reported as outlined in monitoring protocol.

tes on any data or reporting issues described in previous reports. When applicable, the state should note when issues are resolved. If an iss

Estimated number of impacted beneficiaries

Known or suspected cause(s) of issue (if applicable)

EXAMPLE
75000

EXAMPLE
Demonstration site in process of updating EHR, to be completed X date

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]



Issue was noted as resolved in the previous report, it should not be reported in the current report.

Remediation plan and timeline for resolution (if applicable)/status update if issue previously reported^a

EXAMPLE

Currently reporting X measure by deviating from current metric specifications in order to adhere to demonstration reporting requirement

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Version 2.0 does not change the metrics for reporting or substantively modify their content.

Version 2.0 updates the original metrics workbook in the following ways:

- Renumbers metrics using consecutive numbers
- Updates titles of metrics 5, 22 and 23
- Edits descriptions of metrics 2, 3, 4, 5, 6, 12, 17, 18, 19, 22, 23, 24, 25, 34
- Updates subpopulations for reporting under metrics 6, 7, 8, 9, 10, 11, 12 and 23
- Clarifies data source for metrics 1, 16, 34
- Adds footnote "d" of the Metrics Reporting tab, instructing users to add columns as necessary to
- Removes metrics formerly named 26 and 27, which are not yet included in reporting

Version 3.0 updates metrics workbook 2.0 in the following ways:

- Adds two recommended metrics for reporting: 'Use of Opioids from Multiple Providers in Person:
- Renumbers current metrics 21-36 to accommodate addition
- Edits description of metric 3, 'Medicaid Beneficiaries with SUD Diagnosis (monthly)', to reflect a l
- Reformats headers on all tabs so column A = label and column B = user entry
- Reformats Baseline Reporting Period to MM/DD/YYYY on monitoring protocol tab
- Updates column N title on monitoring protocol tab to 'Demonstration Year (DY) and Quarter(Q) i
- Edits footnote "a" of the metrics reporting tab, instructing users to create a new metrics report fo
- Edits footnote "d" of the metrics reporting tab, instructing users to enter any new models that wi
- Adds columns AS, AT, and AU for state-identified models on the metrics reporting tab
- Changes the name of the "metrics reporting" tab to the "metrics report" tab
- On the metrics report tab, edits "numerator" headers to "numerator or count"

Version 3.1 updates metrics workbook 3.0 in the following ways:

- Assigns metric IDs Q1, Q2, Q3 to the SUD health information technology (SUD health IT) section c
- Adds data validation checks to ensure numerator and denominator values are numeric values
- Locks down the Monitoring protocol, Metrics report and Data and reporting issues tabs

report on additional models

's Without Cancer' (metric 19) and 'Use of Opioids at High Dosage and from Multiple Providers in Persons Wit

lookback period of 11 months

on which reporting will begin (Format: DY1 Q3)

or each reporting quarter

will be reported after column AR

in the Monitoring protocol tab

thout Cancer' (metric 20)