

Substance Use Disorder (SUD)

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 18.5 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.

Serious Mental Illness and Serious Emotional Disturbance (SMI/SED)

Note: PRA Disclosure Statement to be added here

Medicaid Section 1115 SUD Demonstrations Monitoring Protocol (Part A) - Planned Metrics (Version 6.0)

State [State Name - automatically populated]

Demonstration Name [Demonstration Name - automatically populated]

Table: Substance Use Disorder Demonstration Planned Metrics

| Standard information on CMS-provided metrics | | | | |
|---|---|--|--|------------------------------------|
| # | Metric name | Metric description | Milestone or reporting topic ^a | Metric type |
| <i>EXAMPLE:</i> 1 (Do not delete or edit this row) | <i>EXAMPLE:</i> Assessed for SUD Treatment Needs Using a Standardized Screening Tool | <i>EXAMPLE:</i> Number of beneficiaries screened for SUD treatment needs using a standardized screening tool during the measurement period | <i>EXAMPLE:</i> Assessment of need and qualification for SUD treatment services | <i>EXAMPLE:</i> CMS-constructed |
| 1 | Assessed for SUD Treatment Needs Using a Standardized Screening Tool | Number of beneficiaries screened for SUD treatment needs using a standardized screening tool during the measurement period | Assessment of need and qualification for SUD treatment services | CMS-constructed |
| 2 | Medicaid Beneficiaries with Newly Initiated SUD Treatment/Diagnosis | Number of beneficiaries who receive MAT or a SUD-related treatment service with an associated SUD diagnosis during the measurement period but not in the three months before the measurement period | Assessment of need and qualification for SUD treatment services | CMS-constructed |
| 3 | Medicaid Beneficiaries with SUD Diagnosis (monthly) | Number of beneficiaries who receive MAT or a SUD-related treatment service with an associated SUD diagnosis during the measurement period and/or in the 11 months before the measurement period | Assessment of need and qualification for SUD treatment services | CMS-constructed |
| 4 | Medicaid Beneficiaries with SUD Diagnosis (annually) | Number of beneficiaries who receive MAT or a SUD-related treatment service with an associated SUD diagnosis during the measurement period and/or in the 12 months before the measurement period | Assessment of need and qualification for SUD treatment services | CMS-constructed |
| 5 | Medicaid Beneficiaries Treated in an IMD for SUD | Number of beneficiaries with a claim for inpatient/residential treatment for SUD in an IMD during the measurement period. | Milestone 2 | CMS-constructed |
| 6 | Any SUD Treatment | Number of beneficiaries enrolled in the measurement period receiving any SUD treatment service, facility claim, or pharmacy claim during the measurement period | Milestone 1 | CMS-constructed |
| 7 | Early Intervention | Number of beneficiaries who used early intervention services (such as procedure codes associated with SBIRT) during the measurement period | Milestone 1 | CMS-constructed |
| 8 | Outpatient Services | 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 | Milestone 1 | CMS-constructed |
| 9 | Intensive Outpatient and Partial Hospitalization Services | Number of 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 | Milestone 1 | CMS-constructed |
| 10 | Residential and Inpatient Services | Number of beneficiaries who use residential and/or inpatient services for SUD during the measurement period | Milestone 1 | CMS-constructed |
| 11 | Withdrawal Management | Number of beneficiaries who use withdrawal management services (such as outpatient, inpatient, or residential) during the measurement period | Milestone 1 | CMS-constructed |

Table: Substance Use Disorder Demonstration Planned Metrics

| Standard information on CMS-provided metrics | | | | |
|--|---|---|-------------|-----------------------------|
| 12 | Medication-Assisted Treatment | Number of beneficiaries who have a claim for MAT for SUD during the measurement period | Milestone 1 | CMS-constructed |
| 13 | SUD Provider Availability | The number of providers who were enrolled in Medicaid and qualified to deliver SUD services during the measurement period | Milestone 4 | CMS-constructed |
| 14 | SUD Provider Availability - MAT | 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 | Milestone 4 | CMS-constructed |
| 15 | Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD) [NCQA; NQF #0004; Medicaid Adult Core Set; Adjusted HEDIS measure] | <p>Percentage of beneficiaries age 18 and older with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following:</p> <ul style="list-style-type: none"> • Initiation of AOD Treatment—percentage of beneficiaries who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis • Engagement of AOD Treatment—percentage of beneficiaries who initiated treatment and who were engaged in ongoing AOD treatment within 34 days of the initiation visit <p>The following diagnosis cohorts are reported for each rate: (1) Alcohol abuse or dependence, (2) Opioid abuse or dependence, (3) Other drug abuse or dependence, and (4) Total AOD abuse or dependence. A total of 8 separate rates are reported for this measure.</p> | Milestone 6 | Established quality measure |
| 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] | <p>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.</p> <p>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.</p> | Milestone 6 | Established quality measure |
| 17(1) | Follow-up after Emergency Department Visit for Alcohol or Other Drug Dependence (FUA-AD) [NCQA; NQF #3488; Medicaid Adult Core Set; Adjusted HEDIS measure] ^d | <p>Percentage of ED visits for beneficiaries age 18 and older with a principal diagnosis of AOD abuse or dependence who had a follow-up visit for AOD abuse or dependence. Two rates are reported:</p> <ul style="list-style-type: none"> - Percentage of ED visits for which the beneficiary received follow-up within 30 days of the ED visit (31 total days). - Percentage of ED visits for which the beneficiary received follow-up within 7 days of the ED visit (8 total days). | Milestone 6 | Established quality measure |

Table: Substance Use Disorder Demonstration Planned Metrics

| Standard information on CMS-provided metrics | | | | |
|--|--|---|---------------------------|-----------------------------|
| 17(2) | Follow-up after Emergency Department Visit for Mental Illness (FUM-AD) [NCQA; NQF #3489; Medicaid Adult Core Set; Adjusted HEDIS measure] ^e | Percentage of ED visits for beneficiaries age 18 and older with a principal diagnosis of mental illness or intentional self-harm and who had a follow-up visit for mental illness. Two rates are reported: - 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 of ED visits for mental illness for which the beneficiary received follow-up within 7 days of the ED visit (8 total days). | Milestone 6 | Established quality measure |
| 18 | Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD) [PQA, NQF #2940; Medicaid Adult Core Set] | Percentage of beneficiaries age 18 and older who received prescriptions for opioids with an average daily dosage greater than or equal to 90 morphine milligram equivalents (MME) over a period of 90 days or more. Beneficiaries with a cancer diagnosis, sickle cell disease diagnosis, or in hospice are excluded. | Milestone 5 | Established quality measure |
| 19 | Use of Opioids from Multiple Providers in Persons without Cancer (OMP) [PQA; NQF #2950] | The percentage of individuals ≥18 years of age who received prescriptions for opioids from ≥4 prescribers AND ≥4 pharmacies within ≤180 days. | Milestone 5 | Established quality measure |
| 20 | Use of Opioids at High Dosage and from Multiple Providers in Persons Without Cancer (OHDMP) [PQA, NQF #2951] | The percentage of individuals ≥18 years of age who received prescriptions for opioids with an average daily dosage of ≥90 morphine milligram equivalents (MME) AND who received prescriptions for opioids from ≥4 prescribers AND ≥4 pharmacies. | Milestone 5 | Established quality measure |
| 21 | Concurrent Use of Opioids and Benzodiazepines (COB-AD) [PQA, NQF #3389; Medicaid Adult Core Set] | Percentage of beneficiaries age 18 and older with concurrent use of prescription opioids and benzodiazepines. Beneficiaries with a cancer diagnosis, sickle cell disease diagnosis, or in hospice are excluded. | Milestone 5 | Established quality measure |
| 22 | Continuity of Pharmacotherapy for Opioid Use Disorder [USC; NQF #3175] | Percentage of adults 18 years of age and older with pharmacotherapy for OUD who have at least 180 days of continuous treatment | Milestone 1 | Established quality measure |
| 23 | Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries | Total number of ED visits for SUD per 1,000 beneficiaries in the measurement period | Milestone 5 | CMS-constructed |
| 24 | Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries | Total number of inpatient stays per 1,000 beneficiaries in the measurement period | Other SUD-related metrics | CMS-constructed |
| 25 | Readmissions Among Beneficiaries with SUD | The rate of all-cause readmissions during the measurement period among beneficiaries with SUD | Milestone 6 | CMS-constructed |
| 26 | Overdose Deaths (count) | Number of overdose deaths during the measurement period among Medicaid beneficiaries living in a geographic area covered by the demonstration. The state is encouraged to report the cause of overdose death as specifically as possible (for example, prescription vs. illicit opioid). | Other SUD-related metrics | CMS-constructed |

Table: Substance Use Disorder Demonstration Planned Metrics

| Standard information on CMS-provided metrics | | | | |
|---|---|--|---------------------------|-----------------------------|
| 27 | Overdose Deaths (rate) | Rate of overdose deaths during the measurement period among adult Medicaid beneficiaries living in a geographic area covered by the demonstration. The state is encouraged to report the cause of overdose death as specifically as possible (for example, prescription vs. illicit opioid). | Milestone 5 | CMS-constructed |
| 28 | SUD Spending | Total Medicaid SUD spending during the measurement period. | Other SUD-related metrics | CMS-constructed |
| 29 | SUD Spending Within IMDs | Total Medicaid SUD spending on inpatient/residential treatment within IMDs during the measurement period. | Other SUD-related metrics | CMS-constructed |
| 30 | Per Capita SUD Spending | Per capita SUD spending during the measurement period | Other SUD-related metrics | CMS-constructed |
| 31 | Per Capita SUD Spending Within IMDs | Per capita SUD spending within IMDs during the measurement period | Other SUD-related metrics | CMS-constructed |
| 32 | Access to Preventive/ Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD [Adjusted HEDIS measure] | The percentage of Medicaid beneficiaries with SUD who had an ambulatory or preventive care visit during the measurement period. | Other SUD-related metrics | Established quality measure |
| 33 | Grievances Related to SUD Treatment Services | Number of grievances filed during the measurement period that are related to SUD treatment services | Other SUD-related metrics | CMS-constructed |
| 34 | Appeals Related to SUD Treatment Services | Number of appeals filed during the measurement period that are related to SUD treatment services | Other SUD-related metrics | CMS-constructed |
| 35 | Critical Incidents Related to SUD Treatment Services | Number of critical incidents filed during the measurement period that are related to SUD treatment services | Other SUD-related metrics | CMS-constructed |
| 36 | Average Length of Stay in IMDs | The average length of stay for beneficiaries discharged from IMD inpatient/residential treatment for SUD. | Milestone 2 | CMS-constructed |
| Q1 | <i>[Insert selected metric(s) for health IT question 1]</i> | | Health IT | State-specific |
| Q2 | <i>[Insert selected metric(s) for health IT question 2]</i> | | Health IT | State-specific |
| Q3 | <i>[Insert selected metric(s) for health IT question 3]</i> | | Health IT | State-specific |
| State-specific metrics | | | | |
| <i>[Insert row(s) for any additional state-specific metrics by right-clicking on row 51 and selecting "Insert"]</i> | | | | |

Table: Substance Use Disorder Demonst

| | | | | | | | | Baseline, an |
|--|--|---|---|---------------------------|-------------------------------|---------------------------------|-------------------------|---|
| # | Metric name | Reporting category | Data source | Measurement period | Reporting frequency | Reporting priority | State will report (Y/N) | Baseline reporting period (MM/DD/YYYY-MM/DD/YYYY) |
| <i>EXAMPLE: 1 (Do not delete or edit this row)</i> | <i>EXAMPLE: Assessed for SUD Treatment Needs Using a Standardized Screening Tool</i> | <i>EXAMPLE: Other monthly and quarterly metrics</i> | <i>EXAMPLE: Medical record review or claims</i> | <i>EXAMPLE: Month</i> | <i>EXAMPLE: Quarterly</i> | <i>EXAMPLE: Recommended</i> | <i>EXAMPLE: Y</i> | <i>EXAMPLE: 07/01/2018-06/30/2019</i> |
| 1 | Assessed for SUD Treatment Needs Using a Standardized Screening Tool | Other monthly and quarterly metrics | Medical record review or claims | Month | Quarterly | Recommended | | |
| 2 | Medicaid Beneficiaries with Newly Initiated SUD Treatment/Diagnosis | Other monthly and quarterly metrics | Claims | Month | Quarterly | Recommended | | |
| 3 | Medicaid Beneficiaries with SUD Diagnosis (monthly) | Other monthly and quarterly metrics | Claims | Month | Quarterly | Required | | |
| 4 | Medicaid Beneficiaries with SUD Diagnosis (annually) | Other annual metrics | Claims | Year | Annually | Required | | |
| 5 | Medicaid Beneficiaries Treated in an IMD for SUD | Other annual metrics | Claims | Year | Annually | Required | | |
| 6 | Any SUD Treatment | Other monthly and quarterly metrics | Claims | Month | Quarterly | Required | | |
| 7 | Early Intervention | Other monthly and quarterly metrics | Claims | Month | Quarterly | Required | | |
| 8 | Outpatient Services | Other monthly and quarterly metrics | Claims | Month | Quarterly | Required | | |
| 9 | Intensive Outpatient and Partial Hospitalization Services | Other monthly and quarterly metrics | Claims | Month | Quarterly | Required | | |
| 10 | Residential and Inpatient Services | Other monthly and quarterly metrics | Claims | Month | Quarterly | Required | | |
| 11 | Withdrawal Management | Other monthly and quarterly metrics | Claims | Month | Quarterly | Required | | |

Table: Substance Use Disorder Demonstrati

| | | | | | | | | Baseline, an |
|-------|---|--|---|-------|-----------|-------------|--|--------------|
| 12 | Medication-Assisted Treatment | Other monthly and quarterly metrics | Claims | Month | Quarterly | Required | | |
| 13 | SUD Provider Availability | Other annual metrics | Provider enrollment database; Claims | Year | Annually | Required | | |
| 14 | SUD Provider Availability - MAT | Other annual metrics | Provider enrollment database; Claims; SAMHSA datasets | Year | Annually | Required | | |
| 15 | Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD) [NCQA; NQF #0004; Medicaid Adult Core Set; Adjusted HEDIS measure] | Annual metrics that are established quality measures | Claims | Year | Annually | Required | | |
| 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] | Annual metrics that are established quality measures | Medical record review or claims | Year | Annually | Recommended | | |
| 17(1) | Follow-up after Emergency Department Visit for Alcohol or Other Drug Dependence (FUA-AD) [NCQA; NQF #3488; Medicaid Adult Core Set; Adjusted HEDIS measure] ^d | Annual metrics that are established quality measures | Claims | Year | Annually | Required | | |

Table: Substance Use Disorder Demonst

| | | | | | | | | Baseline, an |
|-------|--|--|------------------------------|-------|-----------|-------------|--|--------------|
| 17(2) | Follow-up after Emergency Department Visit for Mental Illness (FUM-AD) [NCQA; NQF #3489; Medicaid Adult Core Set; Adjusted HEDIS measure] ^e | Annual metrics that are established quality measures | Claims | Year | Annually | Required | | |
| 18 | Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD) [PQA, NQF #2940; Medicaid Adult Core Set] | Annual metrics that are established quality measures | Claims | Year | Annually | Required | | |
| 19 | Use of Opioids from Multiple Providers in Persons without Cancer (OMP) [PQA; NQF #2950] | Annual metrics that are established quality measures | Claims | Year | Annually | Recommended | | |
| 20 | Use of Opioids at High Dosage and from Multiple Providers in Persons Without Cancer (OHDMP) [PQA, NQF #2951] | Annual metrics that are established quality measures | Claims | Year | Annually | Recommended | | |
| 21 | Concurrent Use of Opioids and Benzodiazepines (COB-AD) [PQA, NQF #3389; Medicaid Adult Core Set] | Annual metrics that are established quality measures | Claims | Year | Annually | Required | | |
| 22 | Continuity of Pharmacotherapy for Opioid Use Disorder [USC; NQF #3175] | Annual metrics that are established quality measures | Claims | Year | Annually | Required | | |
| 23 | Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries | Other monthly and quarterly metrics | Claims | Month | Quarterly | Required | | |
| 24 | Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries | Other monthly and quarterly metrics | Claims | Month | Quarterly | Required | | |
| 25 | Readmissions Among Beneficiaries with SUD | Other annual metrics | Claims | Year | Annually | Required | | |
| 26 | Overdose Deaths (count) | Other annual metrics | State data on cause of death | Year | Annually | Required | | |

Table: Substance Use Disorder Demonst

| | | | | | | | | Baseline, an |
|---|---|--|-------------------------------------|---------|-----------|-------------|--|--------------|
| 27 | Overdose Deaths (rate) | Other annual metrics | State data on cause of death | Year | Annually | Required | | |
| 28 | SUD Spending | Other annual metrics | Claims | Year | Annually | Recommended | | |
| 29 | SUD Spending Within IMDs | Other annual metrics | Claims | Year | Annually | Recommended | | |
| 30 | Per Capita SUD Spending | Other annual metrics | Claims | Year | Annually | Recommended | | |
| 31 | Per Capita SUD Spending Within IMDs | Other annual metrics | Claims | Year | Annually | Recommended | | |
| 32 | Access to Preventive/ Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD [Adjusted HEDIS measure] | Annual metrics that are established quality measures | Claims | Year | Annually | Required | | |
| 33 | Grievances Related to SUD Treatment Services | Grievances and appeals ^f | Administrative records | Quarter | Quarterly | Recommended | | |
| 34 | Appeals Related to SUD Treatment Services | Grievances and appeals ^f | Administrative records | Quarter | Quarterly | Recommended | | |
| 35 | Critical Incidents Related to SUD Treatment Services | Grievances and appeals ^f | Administrative records | Quarter | Quarterly | Recommended | | |
| 36 | Average Length of Stay in IMDs | Other annual metrics | Claims; State-specific IMD database | Year | Annually | 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> | | | | | Required | | |
| State-specific metrics | | | | | | | | |
| <i>[Insert row(s) for any additional state-specific metrics by right-</i> | | | | | | | | |

Table: Substance Use Disorder Demonst

| Annual goals, and demonstration target | | | | Alignmen |
|--|--|------------------------------|------------------------------|--|
| # | Metric name | Annual goal | Overall demonstration target | Attest that planned reporting matches the CMS-provided technical specifications manual (Y/N) |
| <i>EXAMPLE: 1 (Do not delete or edit this row)</i> | <i>EXAMPLE: Assessed for SUD Treatment Needs Using a Standardized Screening Tool</i> | <i>EXAMPLE: Increase</i> | <i>EXAMPLE: Increase</i> | <i>EXAMPLE: N</i> |
| 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 | | | |
| 6 | Any SUD Treatment | | | |
| 7 | Early Intervention | | | |
| 8 | Outpatient Services | | | |
| 9 | Intensive Outpatient and Partial Hospitalization Services | | | |
| 10 | Residential and Inpatient Services | | | |
| 11 | Withdrawal Management | | | |

Table: Substance Use Disorder Demonst

| | | Annual goals, and demonstration target | | Alignment |
|-------|---|--|--|-----------|
| 12 | Medication-Assisted Treatment | | | |
| 13 | SUD Provider Availability | | | |
| 14 | SUD Provider Availability - MAT | | | |
| 15 | Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD) [NCQA; NQF #0004; Medicaid Adult Core Set; Adjusted HEDIS measure] | | | |
| 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] | | | |
| 17(1) | Follow-up after Emergency Department Visit for Alcohol or Other Drug Dependence (FUA-AD) [NCQA; NQF #3488; Medicaid Adult Core Set; Adjusted HEDIS measure] ^d | | | |

Table: Substance Use Disorder Demonst

| | | nual goals, and demonstration target | | Alignmen |
|-------|--|--------------------------------------|--|----------|
| 17(2) | Follow-up after Emergency Department Visit for Mental Illness (FUM-AD) [NCQA; NQF #3489; Medicaid Adult Core Set; Adjusted HEDIS measure] ^e | | | |
| 18 | Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD) [PQA, NQF #2940; Medicaid Adult Core Set] | | | |
| 19 | Use of Opioids from Multiple Providers in Persons without Cancer (OMP) [PQA; NQF #2950] | | | |
| 20 | Use of Opioids at High Dosage and from Multiple Providers in Persons Without Cancer (OHDMP) [PQA, NQF #2951] | | | |
| 21 | Concurrent Use of Opioids and Benzodiazepines (COB-AD) [PQA, NQF #3389; Medicaid Adult Core Set] | | | |
| 22 | Continuity of Pharmacotherapy for Opioid Use Disorder [USC; NQF #3175] | | | |
| 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) | | | |

Table: Substance Use Disorder Demonst

| | | nual goals, and demonstration target | | Alignmen |
|---|---|--------------------------------------|--|----------|
| 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 [Adjusted HEDIS measure] | | | |
| 33 | Grievances Related to SUD Treatment Services | | | |
| 34 | Appeals Related to SUD Treatment Services | | | |
| 35 | Critical Incidents Related to SUD Treatment Services | | | |
| 36 | Average Length of Stay in IMDs | | | |
| Q1 | <i>[Insert selected metric(s) for health IT question 1]</i> | | | |
| Q2 | <i>[Insert selected metric(s) for health IT question 2]</i> | | | |
| Q3 | <i>[Insert selected metric(s) for health IT question 3]</i> | | | |
| State-specific metrics | | | | |
| <i>[Insert row(s) for any additional state-specific metrics by right-</i> | | | | |

Table: Substance Use Disorder Demonst

| t with CMS-provided technical specifications manual | | | P | |
|---|---|--|---|---|
| # | Metric name | Explanation of any deviations from the CMS-provided technical specifications manual (different data source, definition, codes, target population, etc.) ^{b,c} | State plans to phase in reporting (Y/N) | SUD monitoring report in which metric will be phased in (Format DY#Q#; e.g., DY1Q3) |
| <i>EXAMPLE:</i> 1 <i>(Do not delete or edit this row)</i> | <i>EXAMPLE:</i> Assessed for SUD Treatment Needs Using a Standardized Screening Tool | <i>EXAMPLE:</i> The Department will use state-defined procedure codes (<u>list specific codes</u>) to calculate this metric. | <i>EXAMPLE:</i> Y | <i>EXAMPLE:</i> DY2Q1 |
| 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 | | | |
| 6 | Any SUD Treatment | | | |
| 7 | Early Intervention | | | |
| 8 | Outpatient Services | | | |
| 9 | Intensive Outpatient and Partial Hospitalization Services | | | |
| 10 | Residential and Inpatient Services | | | |
| 11 | Withdrawal Management | | | |

Table: Substance Use Disorder Demonst

| | | t with CMS-provided technical specifications manual | | P | |
|-------|---|---|--|---|--|
| 12 | Medication-Assisted Treatment | | | | |
| 13 | SUD Provider Availability | | | | |
| 14 | SUD Provider Availability - MAT | | | | |
| 15 | <p>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD)</p> <p>[NCQA; NQF #0004; Medicaid Adult Core Set; Adjusted HEDIS measure]</p> | | | | |
| 16 | <p>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]</p> | | | | |
| 17(1) | <p>Follow-up after Emergency Department Visit for Alcohol or Other Drug Dependence (FUA-AD)</p> <p>[NCQA; NQF #3488; Medicaid Adult Core Set; Adjusted HEDIS measure]^d</p> | | | | |

Table: Substance Use Disorder Demonst

| t with CMS-provided technical specifications manual | | | P | |
|---|--|--|---|--|
| 17(2) | Follow-up after Emergency Department Visit for Mental Illness (FUM-AD) [NCQA; NQF #3489; Medicaid Adult Core Set; Adjusted HEDIS measure] ^e | | | |
| 18 | Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD) [PQA, NQF #2940; Medicaid Adult Core Set] | | | |
| 19 | Use of Opioids from Multiple Providers in Persons without Cancer (OMP) [PQA; NQF #2950] | | | |
| 20 | Use of Opioids at High Dosage and from Multiple Providers in Persons Without Cancer (OHDMP) [PQA, NQF #2951] | | | |
| 21 | Concurrent Use of Opioids and Benzodiazepines (COB-AD) [PQA, NQF #3389; Medicaid Adult Core Set] | | | |
| 22 | Continuity of Pharmacotherapy for Opioid Use Disorder [USC; NQF #3175] | | | |
| 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) | | | |

Table: Substance Use Disorder Demonst

| | | t with CMS-provided technical specifications manual | | P | |
|---|---|---|--|---|--|
| 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 [Adjusted HEDIS measure] | | | | |
| 33 | Grievances Related to SUD Treatment Services | | | | |
| 34 | Appeals Related to SUD Treatment Services | | | | |
| 35 | Critical Incidents Related to SUD Treatment Services | | | | |
| 36 | Average Length of Stay in IMDs | | | | |
| Q1 | <i>[Insert selected metric(s) for health IT question 1]</i> | | | | |
| Q2 | <i>[Insert selected metric(s) for health IT question 2]</i> | | | | |
| Q3 | <i>[Insert selected metric(s) for health IT question 3]</i> | | | | |
| State-specific metrics | | | | | |
| <i>[Insert row(s) for any additional state-specific metrics by right-</i> | | | | | |

Table: Substance Use Disorder Demonst

| Phased-in metrics reporting | | |
|---|---|--|
| # | Metric name | Explanation of any plans to phase in reporting over time |
| <i>EXAMPLE:</i> 1 (Do not delete or edit this row) | <i>EXAMPLE:</i> Assessed for SUD Treatment Needs Using a Standardized Screening Tool | <i>EXAMPLE:</i> This measure requires an update to the Adult Needs and Strengths Assessment tool that reflects an ASAM level of treatment. The work is in the testing phase with anticipated go live in mid to late 2021. |
| 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 | |
| 6 | Any SUD Treatment | |
| 7 | Early Intervention | |
| 8 | Outpatient Services | |
| 9 | Intensive Outpatient and Partial Hospitalization Services | |
| 10 | Residential and Inpatient Services | |
| 11 | Withdrawal Management | |

Table: Substance Use Disorder Demonst

| Phased-in metrics reporting | | |
|-----------------------------|---|--|
| 12 | Medication-Assisted Treatment | |
| 13 | SUD Provider Availability | |
| 14 | SUD Provider Availability - MAT | |
| 15 | <p>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD)</p> <p>[NCQA; NQF #0004; Medicaid Adult Core Set; Adjusted HEDIS measure]</p> | |
| 16 | <p>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]</p> | |
| 17(1) | <p>Follow-up after Emergency Department Visit for Alcohol or Other Drug Dependence (FUA-AD)</p> <p>[NCQA; NQF #3488; Medicaid Adult Core Set; Adjusted HEDIS measure]^d</p> | |

Table: Substance Use Disorder Demonst

| Phased-in metrics reporting | | |
|-----------------------------|---|--|
| 17(2) | Follow-up after Emergency Department Visit for Mental Illness (FUM-AD) [NCQA; NQF #3489; Medicaid Adult Core Set; Adjusted HEDIS measure] ^e | |
| 18 | Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD) [PQA, NQF #2940; Medicaid Adult Core Set] | |
| 19 | Use of Opioids from Multiple Providers in Persons without Cancer (OMP) [PQA; NQF #2950] | |
| 20 | Use of Opioids at High Dosage and from Multiple Providers in Persons Without Cancer (OHDMP) [PQA, NQF #2951] | |
| 21 | Concurrent Use of Opioids and Benzodiazepines (COB-AD) [PQA, NQF #3389; Medicaid Adult Core Set] | |
| 22 | Continuity of Pharmacotherapy for Opioid Use Disorder [USC; NQF #3175] | |
| 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) | |

Table: Substance Use Disorder Demonst

| Phased-in metrics reporting | | |
|---|---|--|
| 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 [Adjusted HEDIS measure] | |
| 33 | Grievances Related to SUD Treatment Services | |
| 34 | Appeals Related to SUD Treatment Services | |
| 35 | Critical Incidents Related to SUD Treatment Services | |
| 36 | Average Length of Stay in IMDs | |
| Q1 | <i>[Insert selected metric(s) for health IT question 1]</i> | |
| Q2 | <i>[Insert selected metric(s) for health IT question 2]</i> | |
| Q3 | <i>[Insert selected metric(s) for health IT question 3]</i> | |
| State-specific metrics | | |
| <i>[Insert row(s) for any additional state-specific metrics by right-</i> | | |

Table: Substance Use Disorder Demonstration Planned Metrics

Standard informati

^aThere are no CMS-provided metrics related to milestone 3

^bIf the state is not reporting a required metric (i.e., column K = “N”), enter explanation in corresponding row in column P.

^cThe state should use column P to outline calculation methods for specific metrics as explained in Version 4.0 of the Medicaid Section 1115 Substance Use Disorder Demonstrations Monitoring Protocol Instructions.

^dRates 1 and 2 reported for Metric #17(1) correspond to rates 2 and 3 for Metric #17 from Version 1.1 of the the Medicaid Section 1115 Substance Use Disorder Demonstrations: Technical Specifications for Monitoring Metrics

^eRates 1 and 2 reported for Metric #17(2) correspond to rates 1 and 2 for Metric #17 from Version 1.1 of the the Medicaid Section 1115 Substance Use Disorder Demonstrations: Technical Specifications for Monitoring Metrics

^fWhile grievances and appeals metrics are recommended for reporting, the state is required, per 42 CFR 431.428(a)5, to provide updates on the results of beneficiary satisfaction surveys, if conducted during the reporting year, including updates on grievances and appeals from beneficiaries, in in its annual (Q4) monitoring report.

Medicaid Section 1115 SUD Demonstrations Protocol (Part A) - Planned Subpopulations (Ver:

State [State Name - automatically populated]

Demonstration Name [Demonstration Name - automatically populated]

Table: Substance Use Disorder Demonstration Planned Subpopulations

| Planned subpopulation reporting | | | | |
|---|---|-----------------------------|---|---------------------------------|
| Subpopulation category | Subpopulations | Reporting priority | Relevant metrics | Subpopulation type |
| <i>EXAMPLE:</i> Age group (Do not delete or edit this row) | <i>EXAMPLE:</i> Children <18, adults 18–64, and older adults 65+ | <i>EXAMPLE:</i> Required | <i>EXAMPLE:</i> Metrics #1-3, 6-12, 23, 24, 26, 27 | <i>EXAMPLE:</i> CMS-provided |
| Age group | Children <18, adults 18–64, and older adults 65+ | Required | Metrics #1-3, 6-12, 23, 24, 26, 27 | CMS-provided |
| Dual-eligible status | Dual-eligible (Medicare-Medicaid eligible), Medicaid only | Required | Metrics #1-3, 6-12 | CMS-provided |
| Pregnancy status | Pregnant, Not pregnant | Required | Metrics #1-3, 6-12 | CMS-provided |
| Criminal justice status | Criminally involved, Not criminally involved | Required | Metrics #1-3, 6-12 | CMS-provided |
| OUD population | Opioid diagnosis | Recommended | Metrics #2-12, 23, 24, 26, 27, 36 | CMS-provided |
| <i>[Insert row(s) for any state-specific subpopulation(s)]</i> | | | | |

Table: Substance Use Diso

| | | Alignment with CMS-provided technical specifications manual | | |
|---|-------------------------|--|---|---|
| | | Subpopulations | | |
| Subpopulation category | State will report (Y/N) | Attest that planned subpopulation reporting within each category matches the description in the CMS-provided technical specifications manual (Y/N) | If the planned reporting of subpopulations does not match (i.e., column G = “N”), list the subpopulations state plans to report (Format comma separated) ^{a,b,c} | Attest that metrics reporting for subpopulation category matches CMS-provided technical specifications manual (Y/N) |
| <i>EXAMPLE:</i> Age group (Do not delete or edit this row) | <i>EXAMPLE:</i> Y | <i>EXAMPLE:</i> N | <i>EXAMPLE:</i> Children/Young adults 12-21, Adults 21-65 | <i>EXAMPLE:</i> N |
| Age group | | | | |
| Dual-eligible status | | | | |
| Pregnancy status | | | | |
| Criminal justice status | | | | |
| OUD population | | | | |
| <i>[Insert row(s) for any state-specific subpo</i> | | | | |

Table: Substance Use Diso

| Relevant metrics | |
|--|----------------------------|
| If the planned reporting of relevant metrics does not match (i.e., column I = "N"), list the metrics for which state plans to report for each subpopulation category (Format metric number, comma separated) | |
| Subpopulation category | |
| <i>EXAMPLE:</i> Age group (Do not delete or edit this row) | <i>EXAMPLE:</i> 1, 2, 3 |
| Age group | |
| Dual-eligible status | |
| Pregnancy status | |
| Criminal justice status | |
| OUD population | |
| <i>[Insert row(s) for any state-specific subpopulations]</i> | |

Table: Substance Use Disorder Demonstration Planned Subpopulations

Planned subpopulation reporting

^a If the state is not reporting a required subpopulation category (i.e., column F = “N”), enter explanation in corresponding row in column H.
If the state is reporting on the Dual-eligible status, pregnancy status, criminal justice status, and OOD population subpopulation categories, the state should use column H to outline its subpopulation identification approach as explained in Version 4.0 of the Medicaid Section 1115 Substance Use Disorder Demonstrations Monitoring Program Instructions.
If the state is planning to phase in the reporting of any of the subpopulation categories, the state should (1) select N in column G and (2) provide an explanation and the report (SUD DY and Q) in which it will begin reporting the subpopulation category in column H.

Medicaid Section 1115 SUD Demonstrations Monitoring Protocol (Part A) - Reporting Schedule (Version 6.0)

State [Enter State Name - automatically populated]

Demonstration Name [Enter Demonstration Name - automatically populated]

Instructions:

(1) In the reporting periods input table (Table 1), use the prompt in column A to enter the requested information in the corresponding row of column B. All monitoring report names and reporting periods should use the format DY#Q# or CY# and all dates should use the format MM/DD/YYYY with no spaces in the cell. The information entered in these cells will auto-populate the SUD demonstration reporting schedule in Table 2. All cells in the input table must be completed in entirety for the standard reporting schedule to be accurately auto-populated.

(2) Review the state's reporting schedule in the SUD demonstration reporting schedule table (Table 2). For each of the reporting categories listed in column F, select Y or N in column H, "Deviation from standard reporting schedule (Y/N)" to indicate whether the state plans to report according to the standard reporting schedule. If a state's planned reporting does not match the standard reporting schedule for any quarter and/or reporting category (i.e., column H="Y"), the state should describe these deviations in column I, "Explanation for deviations (if column H="Y")" and use column J, "Proposed deviations from standard reporting schedule," to indicate the SUD measurement periods with which it wishes to overwrite the standard schedule (column G). All other columns are locked for editing and should not be altered by the state.

Table 1. Substance Use Disorder Demonstration Reporting Periods Input Table

| | Demonstration reporting periods/dates |
|--|---------------------------------------|
| Dates of first SUD demonstration year | |
| Start date (MM/DD/YYYY) | |
| End date (MM/DD/YYYY) | |
| Dates of first quarter of the baseline reporting period for CMS-constructed metrics | |
| Reporting period (SUD DY and Q) (Format DX#Q# or CY#Q#; e.g., DY1Q1) | |
| Start date (MM/DD/YYYY) | |
| End date (MM/DD/YYYY) | |
| Broader section 1115 demonstration reporting period corresponding with the first SUD reporting quarter, if applicable. If there is no broader demonstration, fill in the first SUD reporting period. (Format DY#Q#; e.g., DY3Q1) | |
| First SUD monitoring report due date (per STCs) (MM/DD/YYYY) | |
| First SUD monitoring report in which the state plans to report annual metrics that are established quality measures (EQMs) | |
| Baseline period for EQMs (Format CY#; e.g., CY2019) | |
| SUD DY and Q associated with monitoring report (Format DY#Q#; e.g., DY1Q1) | |
| Start date (MM/DD/YYYY) | |

| SUD reporting period (Format DY#Q#; e.g., DY1Q3) | Reporting category | For each reporting category, measurement period for which information is captured in monitoring report per standard reporting schedule (Format DY#Q#; e.g., DY1Q3) ^p SUD | Deviation from standard reporting schedule (Y/N/n.a.) |
|---|--|--|--|
| | Narrative information | | |
| | Grievances and appeals | | |
| | Other monthly and quarterly metrics | | |
| | Annual metrics that are established quality measures | | |
| | Other annual metrics | | |
| | Narrative information | | |
| | Grievances and appeals | | |
| | Other monthly and quarterly metrics | | |
| | Annual metrics that are established quality measures | | |
| | Other annual metrics | | |
| | Narrative information | | |
| | Grievances and appeals | | |
| | Other monthly and quarterly metrics | | |
| | Annual metrics that are established quality measures | | |
| | Other annual metrics | | |
| | Narrative information | | |
| | Grievances and appeals | | |
| | Other monthly and quarterly metrics | | |
| | Annual metrics that are established quality measures | | |
| | Other annual metrics | | |
| | Narrative information | | |
| | Grievances and appeals | | |
| | Other monthly and quarterly metrics | | |
| | Annual metrics that are established quality measures | | |
| | Other annual metrics | | |
| | Narrative information | | |
| | Grievances and appeals | | |
| | Other monthly and quarterly metrics | | |

| SUD reporting quarter start date (MM/DD/YYYY) | SUD reporting quarter end date (MM/DD/YYYY) | Monitoring report due (per STCs) (MM/DD/YYYY) | Broader section 1115 reporting period, if applicable; else SUD reporting period (Format DY#Q#; e.g., DY1Q3) |
|--|--|---|--|
| | | | |
| | | | |

| SUD reporting period (Format DY#Q#; e.g., DY1Q3) | Reporting category | For each reporting category, measurement period for which information is captured in monitoring report per standard reporting schedule (Format DY#Q#; e.g., DY1Q3) ^b SUD | Deviation from standard reporting schedule (Y/N/n.a.) |
|---|--|--|--|
| | Annual metrics that are established quality measures | | |
| | Other annual metrics | | |
| | Narrative information | | |
| | Grievances and appeals | | |
| | Other monthly and quarterly metrics | | |
| | Annual metrics that are established quality measures | | |
| | Other annual metrics | | |

| Explanation for deviations (if column H="Y") | Proposed deviation in measurement period from standard reporting schedule in column G (Format DY#Q#; e.g., DY1Q3) |
|---|---|
| | |
| | |
| | |
| | |
| | |

| SUD reporting quarter start date (MM/DD/YYYY) | SUD reporting quarter end date (MM/DD/YYYY) | Monitoring report due (per STCs) (MM/DD/YYYY) | Broader section 1115 reporting period, if applicable; else SUD reporting period (Format DY#Q#; e.g., DY1Q3) |
|--|--|---|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| SUD reporting period (Format DY#Q#; e.g., DY1Q3) | Reporting category | For each reporting category, measurement period for which information is captured in monitoring report per standard reporting schedule (Format DY#Q#; e.g., DY1Q3) ^p SUD | Deviation from standard reporting schedule (Y/N/n.a.) |
|---|--|--|--|
| | Narrative information | | |
| | Grievances and appeals | | |
| | Other monthly and quarterly metrics | | |
| | Annual metrics that are established quality measures | | |
| | Other annual metrics | | |
| | Narrative information | | |
| | Grievances and appeals | | |
| | Other monthly and quarterly metrics | | |
| | Annual metrics that are established quality measures | | |
| | Other annual metrics | | |
| | Narrative information | | |
| | Grievances and appeals | | |
| | Other monthly and quarterly metrics | | |
| | Annual metrics that are established quality measures | | |
| | Other annual metrics | | |
| | Narrative information | | |
| | Grievances and appeals | | |
| | Other monthly and quarterly metrics | | |
| | Annual metrics that are established quality measures | | |
| | Other annual metrics | | |
| | Narrative information | | |
| | Grievances and appeals | | |
| | Other monthly and quarterly metrics | | |
| | Annual metrics that are established quality measures | | |
| | Other annual metrics | | |

| SUD reporting quarter start date (MM/DD/YYYY) | SUD reporting quarter end date (MM/DD/YYYY) | Monitoring report due (per STCs) (MM/DD/YYYY) | Broader section 1115 reporting period, if applicable; else SUD reporting period (Format DY#Q#; e.g., DY1Q3) |
|--|--|---|--|
| | | | |
| | | | |
| | | | |
| | | | |

| SUD reporting period (Format DY#Q#; e.g., DY1Q3) | Reporting category | For each reporting category, measurement period for which information is captured in monitoring report per standard reporting schedule (Format DY#Q#; e.g., DY1Q3) ^b SUD | Deviation from standard reporting schedule (Y/N/n.a.) |
|---|--|--|--|
| | Narrative information | | |
| | Grievances and appeals | | |
| | Other monthly and quarterly metrics | | |
| | Annual metrics that are established quality measures | | |
| | Other annual metrics | | |
| | Narrative information | | |
| | Grievances and appeals | | |
| | Other monthly and quarterly metrics | | |
| | Annual metrics that are established quality measures | | |
| | Other annual metrics | | |
| | Narrative information | | |
| | Grievances and appeals | | |
| | Other monthly and quarterly metrics | | |
| | Annual metrics that are established quality measures | | |
| | Other annual metrics | | |
| | Narrative information | | |
| | Grievances and appeals | | |
| | Other monthly and quarterly metrics | | |
| | Annual metrics that are established quality measures | | |
| | Other annual metrics | | |

| SUD reporting quarter start date (MM/DD/YYYY) | SUD reporting quarter end date (MM/DD/YYYY) | Monitoring report due (per STCs) (MM/DD/YYYY) | Broader section 1115 reporting period, if applicable; else SUD reporting period (Format DY#Q#; e.g., DY1Q3) |
|--|--|---|--|
| | | | |
| | | | |
| | | | |
| | | | |

[Add rows for all additional demonstration reporting quarters]

^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 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 demonstration on any day other than the first day of the month, the state should list its start date as the first day of the month in which the effective date occurs. For example, if the effective date is January 15, 2021, the start date should be January 1, 2021. For example, if the effective date is February 1, 2021, the start date should be January 1, 2021. For example, if the effective date is February 15, 2021, the start date should be February 1, 2021. For example, if the effective date is March 1, 2021, the start date should be February 1, 2021. For example, if the effective date is March 15, 2021, the start date should be March 1, 2021. For example, if the effective date is April 1, 2021, the start date should be March 1, 2021. For example, if the effective date is April 15, 2021, the start date should be April 1, 2021. For example, if the effective date is May 1, 2021, the start date should be April 1, 2021. For example, if the effective date is May 15, 2021, the start date should be May 1, 2021. For example, if the effective date is June 1, 2021, the start date should be May 1, 2021. For example, if the effective date is June 15, 2021, the start date should be June 1, 2021. For example, if the effective date is July 1, 2021, the start date should be June 1, 2021. For example, if the effective date is July 15, 2021, the start date should be July 1, 2021. For example, if the effective date is August 1, 2021, the start date should be July 1, 2021. For example, if the effective date is August 15, 2021, the start date should be August 1, 2021. For example, if the effective date is September 1, 2021, the start date should be August 1, 2021. For example, if the effective date is September 15, 2021, the start date should be September 1, 2021. For example, if the effective date is October 1, 2021, the start date should be September 1, 2021. For example, if the effective date is October 15, 2021, the start date should be October 1, 2021. For example, if the effective date is November 1, 2021, the start date should be October 1, 2021. For example, if the effective date is November 15, 2021, the start date should be November 1, 2021. For example, if the effective date is December 1, 2021, the start date should be November 1, 2021. For example, if the effective date is December 15, 2021, the start date should be December 1, 2021.

^b The auto-populated reporting schedule in Table 2 outlines the data the state is expected to report for each demonstration year and quarter. However, states are not expected to be approved.

| SUD reporting period (Format DY#Q#; e.g., DY1Q3) | Reporting category | For each reporting category, measurement period for which information is captured in monitoring report per standard reporting schedule (Format DY#Q#; e.g., DY1Q3) ^b SUD | Deviation from standard reporting schedule (Y/N/n.a.) |
|---|--|--|---|
| | Narrative information | | |
| | Grievances and appeals | | |
| | Other monthly and quarterly metrics | | |
| | Annual metrics that are established quality measures | | |
| | Other annual metrics | | |
| | Narrative information | | |
| | Grievances and appeals | | |
| | Other monthly and quarterly metrics | | |
| | Annual metrics that are established quality measures | | |
| | Other annual metrics | | |
| | Narrative information | | |
| | Grievances and appeals | | |
| | Other monthly and quarterly metrics | | |
| | Annual metrics that are established quality measures | | |
| | Other annual metrics | | |
| | Narrative information | | |
| | Grievances and appeals | | |
| | Other monthly and quarterly metrics | | |
| | Annual metrics that are established quality measures | | |
| | Other annual metrics | | |

Monitoring Report Instructions for States with SUD Demonstration Approval

stration approval. For example, if the state’s STCs at the time of SUD demonstration approval note that the demonstration is effective January 1, 2020 – December 31, 2025, the 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 ex- gins implementing its demonstration. To generate an accurate reporting schedule, the start date as listed in Table 1 of the “SUD reporting schedule tab” should align with the fir- ple, if a state’s effective date is listed as January 15, 2020, the state should indicate "01/01/2020" as the start date in Table 1 of the “SUD reporting schedule” tab. Please see App

egin reporting any metrics data until after monitoring protocol approval. The state should see Section B of the Monitoring Report Instructions for more information on retrospecti

