



Medicaid Section 1115 Demonstration Monitoring Report (Template Version 1.0)

Note: All cells of the monitoring report contain text to ensure digital accessibility and to comply with section 508 of the Rehabilitation Act; this text should not be removed or modified by the state.

The monitoring report is made up of the following tabs. Instructions for completing each tab can be found below:

- 1. Overview:** The state should complete Table 1 (below), titled Demonstration Information.
- 2. Executive Summary:** The state should provide an executive summary of the content of the monitoring report, including specific topics identified in the tab.
- 3. Implementation Updates:** To track demonstration progress, the state should respond to the narrative prompts for each Reporting Topic, including policy-specific prompts that are relevant to the demonstration, or note "The state has no update to report."
- 4. Metrics:** The workbook has one tab for Base metrics, one tab for each possible demonstration policy and a tab for state-specific metrics. The state should enter monitoring metric data for each metric. The state should explain metrics trends in the "Metric Trends and Explanation" column. The state is only expected to complete metrics tabs relevant to the demonstration.
- 5. Metrics Context:** The state should use the Metrics Context tab to document reporting issues (such as delays in data availability), methodology information (such as state-specific codes the state used to calculate a metric), deviations from the technical specifications, and/or plans to phase in metrics, as applicable.

Table 1. Demonstration Information

State	Minnesota
Demonstration Name	Substance Use Disorder System Reform
Demonstration Year (DY)	6
Calendar Dates for DY	07/01/2024 to 06/30/2025

Note: Paperwork Reduction Act Disclosure Statement to be added here

Executive Summary

Overview: Each state with an approved section 1115 demonstration is expected to utilize a monitoring report workbook to complete its monitoring reports, per the demonstration's STCs. In the monitoring report, the state will submit information on monitoring metrics, qualitative summaries of metrics trends, and implementation updates associated with waivers and expenditure authorities approved in its section 1115 demonstration. The state should contact its CMS demonstration team with any questions on the use of this workbook or submitting monitoring reports.

Executive Summary

This Executive Summary should provide a brief overview of the key achievements, highlights, challenges, and/or risks identified during the current reporting period. This section should also identify key changes since the last monitoring report, including the implementation of new program components; programmatic improvements (e.g., increased outreach or any beneficiary or provider education efforts); and/or any unexpected issues or changes (e.g., unexpected increases or decreases in demonstration eligibility and participation or beneficiary complaints, such as appeals and grievances, etc.). The recommended word count for this section is 1000 words or less.

Key achievements and highlights

- The number of substance use disorder (SUD) providers in the state continues to increase and the process for demonstrating level of care requirements and ASAM compliance is proving successful.
- The DHS-contracted ASAM training vendor conducted 14 trainings virtually or in-person. Topics include skill building, harm reduction, and treatment planning. All enrolled SUD providers are eligible for the trainings without charge.
- All DHS-licensed SUD programs certified their ASAM level of care, as required in state law, demonstrating compliance to ASAM requirements.

Key challenges and/or risks

- DHS identified a systems error that led to excess federal financial participation in tribally-licensed IMDs. DHS identified all tribally licensed SUD programs that should be designated as IMDs and a standard operating procedure was implemented to ensure IMD status is determined for any new tribally-licensed programs. An expenditure correction was submitted in August 2025 and was reported on the state's September 2025 CMS 64 report.
- DHS submitted a request to CMS to include an AI/AN Medicaid Expenditure Group in the waiver extension.

Key changes since the last monitoring report

- On January 10, 2025, CMS approved new state-specific metrics to replace the FastTracker data that is no longer available: Metric #S2 (Number of new Buprenorphine prescriptions, monthly) and Metric #S3 (Prescription Monitoring Program search tool use, monthly).
- The process for new SUD providers to demonstrate ASAM compliance was streamlined utilizing a new ASAM-focused website (<https://mn.gov/dhs/partners-and-providers/policies-procedures/alcohol-drug-other-addictions/asam-resources-for-minnesota-sud-treatment-providers/asam-resources.jsp>) and is now being overseen by the SUD policy team. It was previously overseen by the Reform and Redesign team.

CMS = Centers for Medicare & Medicaid Services; STC = special terms and conditions.

Implementation Updates

Prompt Number	Reporting Topic and Prompt	State Response
<p><i>EXAMPLE:</i> 1.3</p>	<p><i>EXAMPLE:</i> Summarize other contextual factors (e.g., emergencies or disasters), initiatives (e.g., notable innovations), or state activity (e.g., system-wide Medicaid enrollment changes, stakeholder communications, and/or unexpected achievements or outcomes) that may accelerate or create delays in achieving the goals and objectives of the overall demonstration and its individual authorities. [The recommended word count is 200-300 words.]</p>	<p><i>EXAMPLE:</i> The state experienced a three-day delay when launching the demonstration website due to IT issues. This delay limited the number of enrollees that could apply for demonstration benefits using the online application during the initial launch of the website. The state worked with its IT vendor to correct the IT issues and has added in additional quality assurance days into future demonstration website update release schedules to mitigate future delays in website update launches. Additionally, since the website and application will remain active during future updates, the state does not anticipate additional delays related to this issue in the</p>
<p>1</p> <p>1.1</p> <p>1.2</p> <p>1.2.1</p> <p>1.2.2</p> <p>1.2.3</p> <p>1.2.4</p> <p>1.2.5</p> <p>1.3</p>	<p>Demonstration Operations and Policy. Using the subsection prompts below, highlight critical demonstration implementation, operations, or policy considerations that might have affected (positively or negatively) eligibility and participation in demonstration programs, access to services, timely provision of services, or any other areas affecting beneficiaries. Summarize any related state activity that may have either a positive or negative effect on achieving the demonstration’s approved goals or objectives.</p> <p>Summarize implementation, operations, or policy considerations that may affect the demonstration or its beneficiaries, including eligibility and participation in the demonstration. [The recommended word count is 500 words.]</p> <p>Describe activities under the below topics as they pertain to the demonstration:</p> <p>Organizational, administrative, or service delivery changes. [The recommended word count is 200-300 words.]</p> <p>Legislative activities. [The recommended word count is 150-200 words.]</p> <p>Fiscal changes and related processes or definitions that would result in changes in access, benefits, populations, enrollment, etc. [The recommended word count is 150-200 words.]</p> <p>Audit or investigation activity, including findings. [The recommended word count is 150-200 words.]</p> <p>Litigation activities. [The recommended word count is 200-300 words].</p> <p>Summarize other contextual factors (e.g., emergencies or disasters), initiatives (e.g., notable innovations), or state activity (e.g., system-wide Medicaid enrollment changes, stakeholder communications, and/or unexpected achievements or outcomes) that may accelerate or create delays in achieving the goals and objectives of the overall demonstration and its individual authorities. [The recommended word count is 200-300 words.]</p>	<p>No implementation, operations, or policy considerations during this reporting period.</p> <p>The Behavioral Health Administration hired a new Assistant Commissioner.</p> <p>The 2023 Minnesota state legislature authorized coverage of partial hospitalization and intensive outpatient services consistent with ASAM 2.5 and 2.1, effective January 1, 2025. This completes the full continuum of SUD treatment options compliant with the ASAM criteria.</p> <p>The 2024 Minnesota state legislature authorized an increase in residential rates and treatment coordination, effective January 1, 2026, or upon federal approval, whichever is later. See Minnesota Statutes, section 254B.0509, Subd. 1 (https://www.revisor.mn.gov/statutes/cite/254B.0509).</p> <p>Additionally, the 2024 Minnesota state legislature authorized annual adjustments of SUD treatment services rates, effective January 1, 2027. See Minnesota Statutes, section 254B.0509, Subd. 2 (https://www.revisor.mn.gov/statutes/cite/254B.0509).</p> <p>No changes during this reporting period.</p> <p>The DHS Licensing Division completed five maltreatment investigations related to IMDs that provide SUD treatment. Maltreatment was substantiated in four cases, and found to be inconclusive in one case. Additionally, following routine licensing audits, two programs were placed on a conditional license.</p> <p>No litigation activities during this reporting period.</p> <p>No other factors during this reporting period.</p>

Implementation Updates

Prompt Number	Reporting Topic and Prompt	State Response
2	<p>Data Infrastructure and Health IT. Provide updates to data infrastructure, IT, or any other system changes or enhancements relevant to the demonstration, including any activities since the state's last update. Include information on system changes affecting demonstration eligibility and enrollment processing, MMIS, how IT is being used to support demonstration initiatives to identify and effectively treat and serve individuals in the demonstration, etc. In addition, include details on adoption and enhancement of IT systems to support data sharing between state Medicaid agencies, participating service providers and facilities, or partner entities assisting in the administration of the demonstration. Describe activities, challenges, and any remediation steps to establishing or maintaining the state's capacity for reporting key demographic data. [The recommended word count is 500 words.]</p>	<p>Effective February 27, 2025, DHS implemented a systems change to decouple the Drug and Alcohol Abuse Normative Evaluation System (DAANES) from the Medicaid Management Information System (MMIS). This change allowed the demographic data and billing processes to function independently which simplified operational procedures for SUD providers. Licensing processes were established to ensure ongoing provider compliance with DAANES.</p>
3	<p>Demonstration Evaluation. Provide an update on evaluation efforts. The state should also provide CMS with any information on challenges related to executing the evaluation, such as independent evaluator procurement and data availability, completeness, and quality. The state should include similar updates, as applicable, for any other post-approval assessments (e.g., mid-point assessments or annual availability assessments). If applicable, the state should include an attachment to report the results of beneficiary satisfaction surveys conducted during the year. [The recommended word count is 400 words, not including any applicable attachment.]</p>	<p>DHS is revising the contract with its independent evaluator, NORC at the University of Chicago, to update the deliverable schedule to address the period covered by the temporary extensions. DHS will amend and extend the evaluation contract when the waiver extension is approved.</p>
4	<p>Post-Award Public Forum. Provide a summary of the most recent annual post-award public forum indicating any resulting action items or issues. Include a summary of the public comments for the period during which the forum was held. [The recommended word count is 300 words.]</p>	<p>In accordance with item 34 of the STCs dated June 25, 2025, DHS holds public forums to provide the public with an opportunity to comment on the progress of the SUD demonstration.</p> <p>The public forum was held on January 29, 2025. Notice was published in the State Register on December 30, 2024 and sent via GovDelivery (an official state government notification system) on December 23, 2024. Concurrently, DHS' webpage was updated to inform the public of the date and time of the forum and instructions on how to participate. Both in-person and remote participation was supported. Six people attended remotely. There were no in-person attendees. There was one question regarding the demonstration's impact on the number of SUD providers in the state. DHS responded that the number of providers is not negatively affected by the demonstration and that access to SUD services overall has increased.</p>
<p>Policy Specific Prompts [The following prompt is applicable to a demonstration with a DSHP and/or SDOH/HRSN policy.]</p>		
5	<p>Provider Payment Rate Increase. Attest that any required FFS and managed care provider rate increases for primary care services, obstetric care services, and behavioral health services, subject to the STCs, were at least sustained from, if not higher than, the previous year. [The recommended word count is 150 words.]</p>	
<p>[The following prompt is applicable to a demonstration with a continuous eligibility policy.]</p>		
6	<p>Collecting and Providing Eligibility Information for Beneficiaries who Qualify for Continuous Eligibility. Describe successes and challenges related to activities to annually update beneficiary contact information, provide beneficiaries reminder of continued eligibility, verify beneficiary residency, and confirm that the beneficiary is not deceased, for all beneficiaries who qualify for a continuous eligibility period that exceeds 12 months. [The recommended word count for this section is 250 words.]</p>	
<p>[The following prompts are applicable to a demonstration with an SMI/SED policy and any other relevant authorities per the STCs.]</p>		
7	<p>SMI/SED MOE Funding Outpatient Community-Based Mental Health Services. Provide the dollar amount, including the level of state appropriations and local funding for outpatient community-based mental health services, for the most recently completed state fiscal year (specify the start and end dates as MM/DD/YYYY).</p>	
7.1	<p>Describe and explain any reductions in the MOE dollar amount below the amount provided in the state's application materials. If true, the state should confirm that it did not move resources to increase access to treatment in inpatient or residential settings at the expense of community-based services. [The recommended word count is 250 words.]</p>	
8	<p>Activities to Support Early Intervention in SMI/SED. Describe activities to promote the availability and use of early intervention services such as screenings, structured assessments, and brief initial interventions. Discuss any challenges encountered and changes in the approach outlined in past monitoring reports, if applicable. [The recommended word count for this section is 250 words.]</p>	

Implementation Updates

Prompt Number	Reporting Topic and Prompt	State Response
9	<p>Activities to Support Crisis Stabilization Services. Describe activities to increase access to and utilization of crisis stabilization services, specifically crisis stabilization services for mental health and substance use disorders, including mobile crisis units, crisis observation and assessment centers, crisis stabilization units, and coordinated community crisis response teams. Discuss any challenges encountered and changes in the approach outlined in past monitoring reports, if applicable. [The recommended word count is 250 words.]</p>	
[The following prompt is applicable to a demonstration with a reentry, SDOH/HRSN, SMI/SED, and/or SUD policy, and any other relevant authorities per the STCs.]		
10	<p>Case Management and Care Coordination. Describe activities to connect beneficiaries to services, including primary or behavioral health (specifically, mental health and substance use disorder) care or services to address health-related social needs, including for beneficiaries transitioning from institutional settings, if applicable.^a Discuss any challenges encountered, changes in the approach outlined in the implementation plan(s), and any changes to the timeline, if applicable. [The recommended word count is 400 words.]</p>	<p>SUD providers are required to have Provider Arrangement Agreements with other programs for each level of care in the required continuum that they do not provide. This is to facilitate access to all treatment levels and the continuum of care. Providers and beneficiaries are able to find treatment options using the MHCP Provider Search Tool (https://mhcpproviderdirectory.dhs.state.mn.us/Search).</p>
[The following prompt is applicable to a demonstration with a reentry, SDOH/HRSN, and/or THCP ^b policy.]		
11	<p>Implementation Planning and Capacity Building Expenditures. Describe activities undertaken, as well as any deviations from the STCs, post-approval protocols,^c and/or implementation plan, as may be applicable, regarding intended uses, amounts, and recipients of allowable implementation planning, capacity building, infrastructure, and transitional non-service expenditures, including any applicable changes to the timeline. In case of any deviation from previous reporting, include a discussion of corrective steps the state has implemented or will implement. [The recommended word count is 400 words.]</p>	
[The following prompts are applicable to demonstrations with a reentry and/or SDOH/HRSN policy, and any other relevant authorities per the STCs.]		
12	<p>Partnerships with Providers and Other Key Entities. Describe coordination among key entities participating in the demonstration, including activities to establish and sustain informal or formal partnerships (such as through a contract, memorandum of understanding, or letter of agreement). For example, for demonstrations with an SDOH/HRSN policy, describe partnerships with health care providers, health plans, and SDOH/HRSN providers, including details on enrolling qualified providers to provide SDOH/HRSN services in the demonstration. For demonstrations with a reentry policy, describe coordination and communication among corrections systems, including the probation and parole system, health care providers and provider organizations, the State Medicaid Agency, and supported employment and supported housing agencies or organizations. Discuss any challenges encountered and any changes to the key entities, approach, or timeline outlined in the implementation plan or other protocols required by the STCs. [The recommended word count is 400 words.]</p>	
13	<p>Beneficiary Engagement. Describe the activities that the state undertook to solicit input from Medicaid beneficiaries to identify barriers to participation and inform decisions about implementation, monitoring, and evaluation of the SDOH/HRSN and/or reentry demonstration(s). [The recommended word count is 300 words.]</p>	
14	<p>Phasing-In of Services. Describe any changes to the state's plan for phasing-in of services, regions, or facilities, if applicable. Discuss any challenges encountered, changes in the approach outlined in the implementation plan, and any changes to the timeline, if applicable. [The recommended word count is 250 words.]</p>	
[The following prompts are applicable to a demonstration with an SDOH/HRSN policy.]		
15	<p>SDOH/HRSN Activities to Assist Beneficiaries in Obtaining Non-Medicaid Funded Housing and Nutrition Supports. Describe the activities the state has undertaken to assist beneficiaries in obtaining non-Medicaid funded housing and nutrition supports, including progress made since the state's last reporting. The state should describe whether and to what extent beneficiaries are accessing the non-Medicaid funded supports. Include discussion of any deviations from the Implementation Plan or the Protocol for SDOH/HRSN Services,^d including any changes to the timeline, if applicable, and information about mitigation steps the state has implemented or will implement to address any such deviation.^e [The recommended word count is 250 words.]</p>	
16	<p>SDOH/HRSN MOE Funding Housing and/or Nutrition Programs. Provide the dollar amount of state funding for social service programs related to housing supports and/or nutrition supports for the most recently completed state fiscal year (specify the start and end dates as MM/DD/YYYY). For annual reporting, the state should use the same methodology used in the baseline MOE report whenever possible. Otherwise, the state should provide an explanation for the deviation from the baseline methodology. [The recommended word count is 250 words.]</p>	

Implementation Updates

Prompt Number	Reporting Topic and Prompt	State Response
16.1	Describe and explain any reductions in the MOE dollar amount below the amount provided in the baseline spending submission. If accurate, the state should confirm that it did not move resources to increase access to approved Medicaid section 1115 housing supports and/or nutrition supports that address SDOH/HRSN at the expense of pre-existing social services in those categories. This may involve explaining any deviations from the methodology used in the baseline MOE report. [The recommended word count is 250 words.]	

CMS = Centers for Medicare & Medicaid Services; DSHP = designated state health program; FFS = fee-for-service; IT = information technology; MMIS = Medicaid Management Information System; MOE = maintenance of effort; SDOH/HRSN = social determinants of health/health-related social needs; SMI/SED = serious mental illness/serious emotional disturbance; STCs = special terms and conditions; SUD = substance use disorder; THCP = traditional health care practices.

Note: The policy-specific prompts 5 through 16, including any sub-prompts, may apply to additional section 1115 demonstration initiatives in accordance with demonstration STCs.

^a For demonstrations with a reentry policy, services can include case management to address primary or behavioral health needs and access to nutrition opportunities, education and/or employment, and housing supports, as indicated in the State Medicaid Director's Letter. Include any details on systems or processes for monitoring health and SDOH/HRSNs, for example, scheduled contact with beneficiaries after transitioning to the community.

^b Applicable if the THCP authority in the demonstration includes implementation expenditures.

^c For some states, this information for the HRSN policy is included in the protocol titled "Protocol for Assessment of Beneficiary Eligibility and Needs, Infrastructure Planning, and Provider Qualifications" or the Protocol for SDOH/HRSN Infrastructure.

^d For some states, this information is included in the protocol titled "Protocol for Assessment of Beneficiary Eligibility and Needs, Infrastructure Planning, and Provider Qualifications."

^e See the STC regarding Partnerships with State and Local Entities. The state must have in place partnerships with other state and local entities to assist beneficiaries in obtaining non-Medicaid funded housing and nutrition supports, if available, upon the conclusion of temporary Medicaid payment for such supports. The state must establish a plan and timeline in the implementation plan, then provide updates in the monitoring report, including whether and to what extent the non-Medicaid funded supports are being accessed by beneficiaries as planned. Once the state's plan is fully implemented, the state may conclude its status updates.

Base Metrics Data and Trends

Technical specifications manual version: 1

Metric Number	Metric Name	Metric Description	Data Source	Desired Directionality	Metric Trends and Explanation	Measurement Period	Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator	Demonstration Rate/Percentage
<i>EXAMPLE:</i> BA_1 <i>(Do not delete or edit this row)</i>	<i>EXAMPLE:</i> Total Eligibility for the Demonstration	<i>EXAMPLE:</i> The unduplicated number of beneficiaries eligible for the demonstration and not suspended at any time during the measurement period. This indicator is the total number of unduplicated individuals in the overall demonstration. It includes those newly eligible for the demonstration during the measurement period and those whose eligibility continues from a prior period. This indicator is not a point-in-time count. It captures beneficiaries who were eligible for the demonstration for at least one day during the measurement period. For certain demonstration programs, this metric may capture the count of total program participation instead of count of individuals eligible for the program.	<i>EXAMPLE:</i> Administrative records	<i>EXAMPLE:</i> Consistent	<i>EXAMPLE:</i> This metric decreased by 5 percent due to an increase in eligibility redeterminations during Unwinding of continuous eligibility, resulting in more people being disenrolled from Medicaid and finding coverage in the Marketplace.	<i>EXAMPLE:</i> Month 1	<i>EXAMPLE:</i> 01/01/2024-01/31/2024	<i>EXAMPLE:</i> 650	<i>EXAMPLE:</i> n.a.	<i>EXAMPLE:</i> n.a.
BA_1	Total Eligibility for the Demonstration	The unduplicated number of beneficiaries eligible for the demonstration and not suspended at any time during the measurement period. This indicator is the total number of unduplicated individuals in the overall demonstration. It includes those newly eligible for the demonstration during the measurement period and those whose eligibility continues from a prior period. This indicator is not a point-in-time count. It captures beneficiaries who were eligible for the demonstration for at least one day during the measurement period. For certain demonstration programs, this metric may capture the count of total program participation instead of count of individuals eligible for the program.	Administrative records		[Insert response here.]	Demonstration month 1	[Insert dates here.]	[Insert value here.]		
						Demonstration month 2	[Insert dates here.]	[Insert value here.]		
						Demonstration month 3	[Insert dates here.]	[Insert value here.]		
						Demonstration month 4	[Insert dates here.]	[Insert value here.]		
						Demonstration month 5	[Insert dates here.]	[Insert value here.]		
						Demonstration month 6	[Insert dates here.]	[Insert value here.]		
						Demonstration month 7	[Insert dates here.]	[Insert value here.]		
						Demonstration month 8	[Insert dates here.]	[Insert value here.]		
						Demonstration month 9	[Insert dates here.]	[Insert value here.]		
						Demonstration month 10	[Insert dates here.]	[Insert value here.]		
						Demonstration month 11	[Insert dates here.]	[Insert value here.]		
						Demonstration month 12	[Insert dates here.]	[Insert value here.]		
BA_2	Appeals, Eligibility	Number of appeals filed by demonstration beneficiaries during the measurement period regarding Medicaid eligibility.	Administrative records	Consistent	X	Demonstration Year	07/01/2024 - 06/30/2025	0		
BA_3	Appeals, Benefits	Number of appeals filed by demonstration beneficiaries during the measurement period regarding benefits.	Administrative records	Consistent	X	Demonstration Year	07/01/2024 - 06/30/2025	206		
BA_4	Grievances	Number of grievances filed by demonstration beneficiaries during the measurement period.	Administrative records	Consistent	X	Demonstration Year	07/01/2024 - 06/30/2025	33		
BA_5	Emergency Department Utilization, All Use	Total number of ED visits per 1,000 demonstration beneficiary months during the measurement period.	Claims and encounters; other administrative records		[Insert response here.]	Demonstration quarter 1	[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
						Demonstration quarter 2	[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
						Demonstration quarter 3	[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
						Demonstration quarter 4	[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
BA_6	Inpatient Admissions	Total number of inpatient admissions per 1,000 demonstration beneficiary months during the measurement period.	Claims and encounters and other administrative records		[Insert response here.]	Demonstration quarter 1	[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
						Demonstration quarter 2	[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
						Demonstration quarter 3	[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
						Demonstration quarter 4	[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
BA_7	Plan All-Cause Readmissions (PCR-AD) [NCQA; CMIT# 561; Medicaid Adult Core Set; Adjusted HEDIS specifications]	For beneficiaries aged 18 to 64, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. Data are reported in the following categories:	Claims and encounters	Decrease	[Insert response here.]	Calendar Year				
BA_7.1	Plan all-cause readmissions - index hospital stays	1. Count of Index Hospital Stays (IHS)					[Insert dates here.]	[Insert value here.]		
BA_7.2	Plan all-cause readmissions - observed 30 day readmissions	2. Count of Observed 30-Day Readmissions					[Insert dates here.]	[Insert value here.]		
BA_7.3	Plan all-cause readmissions - expected 30 day readmissions	3. Count of Expected 30-Day Readmissions					[Insert dates here.]	[Insert value here.]		
BA_7.4	Plan all-cause readmissions - beneficiaries in demonstration population	4. Count of beneficiaries in demonstration population					[Insert dates here.]	[Insert value here.]		
BA_7.5	Plan-all cause readmissions - number of outliers	5. Number of outliers					[Insert dates here.]	[Insert value here.]		
BA_c_7a	Plan all-cause readmissions - observed 30-day readmission rate <<This Rate is Autocalculated>>	c_7a. Count of observed 30-day readmissions divided by the count of index hospital stays (BA_7.2 / BA_7.1)*100						[Calculated Value.]	[Calculated Value.]	#VALUE!
BA_c_7b	Plan all-cause readmissions - expected readmission rate <<This Rate is Autocalculated>>	c_7b. Count of expected 30-day readmissions divided by the count of index hospital stays (BA_7.3 / BA_7.1)*100						[Calculated Value.]	[Calculated Value.]	#VALUE!
BA_c_7c	Plan all-cause readmissions - observed-to-expected ratio <<This Rate is Autocalculated>>	c_7c. Count of observed 30-day readmissions divided by count of expected 30-day readmissions (BA_7.2 / BA_7.3)						[Calculated Value.]	[Calculated Value.]	#VALUE!
BA_c_7d	Plan all-cause readmissions - outlier rate <<This Rate is Autocalculated>>	c_7d. Number of outliers divided by count of beneficiaries in demonstration population (BA_7.5 / BA_7.4)*1,000						[Calculated Value.]	[Calculated Value.]	#VALUE!

Metric Number	Metric Name	Metric Description	Data Source	Desired Directionality	Metric Trends and Explanation	Measurement Period	Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator	Demonstration Rate/Percentage
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Note: Licensee and state must prominently display the following notice on any display of Measure rates:

The PCR-AD measure (BA_7) is a Healthcare Effectiveness Data and Information Set (HEDIS®) measure that is owned and copyrighted by the National Committee for Quality Assurance (NCQA). HEDIS measures and specifications are not clinical guidelines, do not establish a standard of medical care and have not been tested for all potential applications. The measures and specifications are provided "as is" without warranty of any kind. NCQA makes no representations, warranties, or endorsements about the quality of any product, test or protocol identified as numerator compliant or otherwise identified as meeting the requirements of a HEDIS measure or specification. NCQA makes no representations, warranties, or endorsement about the quality of any organization or clinician who uses or reports performance measures and NCQA has no liability to anyone who relies on HEDIS measures or specifications or data reflective of performance under such measures and specifications.

The measure specification methodology used by CMS is different from NCQA's methodology. NCQA has not validated the adjusted measure specifications but has granted CMS permission to adjust. A calculated measure result (a "rate") from a HEDIS measure that has not been certified via NCQA's Measure Certification Program, and is based on adjusted HEDIS specifications, may not be called a "HEDIS rate" until it is audited and designated reportable by an NCQA-Certified HEDIS Compliance Auditor. Until such time, such measure rates shall be designated or referred to as "Adjusted, Uncertified, Unaudited HEDIS rates."

CMS = Centers for Medicare & Medicaid Services; CMIT = CMS Measures Inventory Tool; ED = emergency department; HEDIS = Healthcare Effectiveness Data and Information Set; NCQA = National Committee for Quality Assurance.
end of worksheet

SUD Metrics Data and Trends

Technical specifications manual version:

Metric Number	Metric Name	Metric Description	Data Source	Desired Directionality	Metric Trends and Explanation	Measurement Period	Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator	Demonstration Rate/Percentage
<i>EXAMPLE:</i> SUD_3 (Do not delete or edit this row)	<i>EXAMPLE:</i> Medicaid Beneficiaries with SUD Diagnosis (monthly)	<i>EXAMPLE:</i> 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	<i>EXAMPLE:</i> Claims	<i>EXAMPLE:</i> Consistent	<i>EXAMPLE:</i> The number of beneficiaries with a SUD diagnosis increased by 8%. This may be because the state implemented use of a standardized screening process for all individuals that are being seen by an emergency department where there is	<i>EXAMPLE:</i> Month 1	<i>EXAMPLE:</i> 01/01/2024-1/31/2024	<i>EXAMPLE:</i> 650	<i>EXAMPLE:</i> n.a.	<i>EXAMPLE:</i> n.a.
SUD_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	Claims	Increase	There is an 8.73% decrease in the number of beneficiaries with an SUD diagnosis and SUD service. This parallels the decrease in SUD treatment during this time period. This could be due to measures normalizing after the COVID-19 PHE.	Demonstration month 1	07/01/2024 - 07/31/2024	98846		
						Demonstration month 2	08/01/2024 - 08/31/2024	98531		
						Demonstration month 3	09/01/2024 - 09/30/2024	99082		
						Demonstration month 4	10/01/2024 - 10/31/2024	98972		
						Demonstration month 5	11/01/2024 - 11/30/2024	99199		
						Demonstration month 6	12/01/2024 - 12/31/2024	99090		
						Demonstration month 7	01/01/2025 - 01/31/2025	98269		
						Demonstration month 8	02/01/2025 - 02/28/2025	98737		
						Demonstration month 9	03/01/2025 - 03/31/2025	98469		
						Demonstration month 10	04/01/2025 - 04/30/2025	98318		
						Demonstration month 11	05/01/2025 - 05/31/2025	98231		
						Demonstration month 12	06/01/2025 - 06/30/2025	97918		
SUD_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	Claims	Increase	There is a 7.01% decrease in the number of beneficiaries receiving MAT/MOUD. This metric is subject to updated technical specifications, and several value sets are no longer included.	Demonstration year	07/01/2024 - 06/30/2025	131351		
SUD_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	Claims; State-specific IMD Database	Consistent	There is a 4.42% decrease in the number of beneficiaries receiving treatment in an IMD. This may be due to beneficiaries seeking treatment in smaller residential facilities or electing to begin treatment at the outpatient level of care.	Demonstration year	07/01/2024 - 06/30/2025	17413		
SUD_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	Claims	Increase	There is a 13.51% decrease in the number of beneficiaries receiving SUD treatment. With the updated technical specifications, the measure now captures only claims where SUD is the primary diagnosis and not as a secondary or tertiary diagnosis.	Demonstration month 1	07/01/2024 - 07/31/2024	30000		
						Demonstration month 2	08/01/2024 - 08/31/2024	29300		
						Demonstration month 3	09/01/2024 - 09/30/2024	28808		
						Demonstration month 4	10/01/2024 - 10/31/2024	29518		
						Demonstration month 5	11/01/2024 - 11/30/2024	28814		
						Demonstration month 6	12/01/2024 - 12/31/2024	29257		
						Demonstration month 7	01/01/2025 - 01/31/2025	30120		
						Demonstration month 8	02/01/2025 - 02/28/2025	29162		
						Demonstration month 9	03/01/2025 - 03/31/2025	29995		
						Demonstration month 10	04/01/2025 - 04/30/2025	30399		
						Demonstration month 11	05/01/2025 - 05/31/2025	30013		
						Demonstration month 12	06/01/2025 - 06/30/2025	29674		
SUD_7	Early Intervention	Number of beneficiaries who used early intervention services (such as procedure codes associated with SBIRT) during the measurement period	Claims	Increase	There is a 17.99% increase in the number of beneficiaries receiving early intervention. There are so few claims for this metric that the increase (which is fewer than five instances) has a large statistical impact.	Demonstration month 1	07/01/2024 - 07/31/2024	7		
						Demonstration month 2	08/01/2024 - 08/31/2024	11		
						Demonstration month 3	09/01/2024 - 09/30/2024	4		
						Demonstration month 4	10/01/2024 - 10/31/2024	14		
						Demonstration month 5	11/01/2024 - 11/30/2024	8		
						Demonstration month 6	12/01/2024 - 12/31/2024	8		
						Demonstration month 7	01/01/2025 - 01/31/2025	6		
						Demonstration month 8	02/01/2025 - 02/28/2025	9		
						Demonstration month 9	03/01/2025 - 03/31/2025	6		
						Demonstration month 10	04/01/2025 - 04/30/2025	5		
						Demonstration month 11	05/01/2025 - 05/31/2025	6		
						Demonstration month 12	06/01/2025 - 06/30/2025	3		
SUD_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	Claims	Increase	There is a 27.73% decrease in the number of beneficiaries receiving outpatient SUD services. Metric #9 is being reported for the first time and the updated technical specifications direct states to prioritize some claims under metric #9 rather than metric #8.	Demonstration month 1	07/01/2024 - 07/31/2024	15009		
						Demonstration month 2	08/01/2024 - 08/31/2024	14495		
						Demonstration month 3	09/01/2024 - 09/30/2024	13657		
						Demonstration month 4	10/01/2024 - 10/31/2024	14443		
						Demonstration month 5	11/01/2024 - 11/30/2024	13696		
						Demonstration month 6	12/01/2024 - 12/31/2024	14219		
						Demonstration month 7	01/01/2025 - 01/31/2025	14798		
						Demonstration month 8	02/01/2025 - 02/28/2025	14058		
						Demonstration month 9	03/01/2025 - 03/31/2025	14319		
						Demonstration month 10	04/01/2025 - 04/30/2025	14581		
						Demonstration month 11	05/01/2025 - 05/31/2025	14237		
						Demonstration month 12	06/01/2025 - 06/30/2025	13790		
SUD_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	Claims	Increase	X	Demonstration month 1	07/01/2024 - 07/31/2024	5316		
						Demonstration month 2	08/01/2024 - 08/31/2024	4937		
						Demonstration month 3	09/01/2024 - 09/30/2024	5079		
						Demonstration month 4	10/01/2024 - 10/31/2024	5259		
						Demonstration month 5	11/01/2024 - 11/30/2024	5021		
						Demonstration month 6	12/01/2024 - 12/31/2024	5074		
						Demonstration month 7	01/01/2025 - 01/31/2025	5456		
						Demonstration month 8	02/01/2025 - 02/28/2025	5375		
						Demonstration month 9	03/01/2025 - 03/31/2025	5242		
						Demonstration month 10	04/01/2025 - 04/30/2025	5186		
						Demonstration month 11	05/01/2025 - 05/31/2025	4942		
						Demonstration month 12	06/01/2025 - 06/30/2025	4806		

Metric Number	Metric Name	Metric Description	Data Source	Desired Directionality	Metric Trends and Explanation	Measurement Period	Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator	Demonstration Rate/Percentage
SUD_10	Residential and Inpatient Services	Number of beneficiaries who use residential and/or inpatient services for SUD during the measurement period	Claims	Increase	There is a 3.16% increase in the number of beneficiaries receiving residential or inpatient services. This shows beneficiaries are able to access the necessary level of care even outside of IMDs. The updated technical specifications for this metric now include detox services. H2036 is now being used to represent residential treatment and no longer requires a room and board counterpart code.	Demonstration month 1	07/01/2024 - 07/31/2024	3014		
						Demonstration month 2	08/01/2024 - 08/31/2024	3100		
						Demonstration month 3	09/01/2024 - 09/30/2024	3035		
						Demonstration month 4	10/01/2024 - 10/31/2024	3154		
						Demonstration month 5	11/01/2024 - 11/30/2024	2966		
						Demonstration month 6	12/01/2024 - 12/31/2024	2986		
						Demonstration month 7	01/01/2025 - 01/31/2025	3165		
						Demonstration month 8	02/01/2025 - 02/28/2025	2866		
						Demonstration month 9	03/01/2025 - 03/31/2025	3195		
						Demonstration month 10	04/01/2025 - 04/30/2025	3276		
						Demonstration month 11	05/01/2025 - 05/31/2025	3276		
						Demonstration month 12	06/01/2025 - 06/30/2025	3297		
SUD_11	Withdrawal Management	Number of beneficiaries who use withdrawal management services (such as outpatient, inpatient, or residential) during the measurement period	Claims	Increase	There is a 39% increase in the number of beneficiaries receiving withdrawal management. With the updated technical specifications, the measure now captures detox claims in addition to withdrawal management claims.	Demonstration month 1	07/01/2024 - 07/31/2024	619		
						Demonstration month 2	08/01/2024 - 08/31/2024	661		
						Demonstration month 3	09/01/2024 - 09/30/2024	669		
						Demonstration month 4	10/01/2024 - 10/31/2024	670		
						Demonstration month 5	11/01/2024 - 11/30/2024	680		
						Demonstration month 6	12/01/2024 - 12/31/2024	636		
						Demonstration month 7	01/01/2025 - 01/31/2025	787		
						Demonstration month 8	02/01/2025 - 02/28/2025	649		
						Demonstration month 9	03/01/2025 - 03/31/2025	807		
						Demonstration month 10	04/01/2025 - 04/30/2025	858		
						Demonstration month 11	05/01/2025 - 05/31/2025	908		
						Demonstration month 12	06/01/2025 - 06/30/2025	847		
SUD_12	Medication-Assisted Treatment	Number of beneficiaries who have a claim for MAT for SUD during the measurement period	Claims	Increase	There is a 4.74% decrease in the number of beneficiaries with a claim for MAT/MOUD. This aligns with the general decrease in SUD treatment stays and other MAT/MOUD measures. The updated technical specifications contain changes to G-codes and NDC-codes, which affect the claims count.	Demonstration month 1	07/01/2024 - 07/31/2024	14254		
						Demonstration month 2	08/01/2024 - 08/31/2024	13849		
						Demonstration month 3	09/01/2024 - 09/30/2024	13802		
						Demonstration month 4	10/01/2024 - 10/31/2024	14027		
						Demonstration month 5	11/01/2024 - 11/30/2024	13750		
						Demonstration month 6	12/01/2024 - 12/31/2024	14278		
						Demonstration month 7	01/01/2025 - 01/31/2025	14539		
						Demonstration month 8	02/01/2025 - 02/28/2025	14240		
						Demonstration month 9	03/01/2025 - 03/31/2025	14580		
						Demonstration month 10	04/01/2025 - 04/30/2025	14751		
						Demonstration month 11	05/01/2025 - 05/31/2025	14724		
						Demonstration month 12	06/01/2025 - 06/30/2025	14538		
SUD_13	SUD Provider Availability	The number of providers who were enrolled in Medicaid and qualified to deliver SUD services during the measurement period	Provider Enrollment Database; Claims (if necessary)	Increase	There is a 25.28% increase in the number of SUD providers as the continuum of care continues to fill out and there are more avenues to access SUD services, including OBOT.	Demonstration year	07/01/2024 - 06/30/2025	788		
SUD_15	Initiation and Engagement of Substance Use Disorder Treatment (IET-AD) [NCQA; CMIT #394; Medicaid Adult Core Set; Adjusted HEDIS specifications]	Percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement. Two rates are reported: •Initiation of SUD Treatment—the percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit, or medication treatment within 14 days •Engagement of SUD Treatment—the percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation The following diagnosis cohorts are reported for each rate: (1) Alcohol use disorder, (2) Opioid use disorder, (3) Other substance use disorder, and (4) Total (the total is the sum of the SUD diagnosis cohort stratifications). A total of 8 separate rates are reported for this measure.	Claims or Electronic Health Records	Increase	There is an average 7.7% increase in initiation of SUD treatment. Beneficiaries are able to access services in a growing continuum of care. There is an average 3.1% decrease in engagement in SUD treatment. This aligns with a general decrease in treatment services during the measurement period and may be due to normalization following the COVID-19 PHE.	Calendar year				
SUD_15.1	Initiation AUD	1. Initiation of SUD Treatment - Alcohol use disorder (rate 1, cohort 1)					01/01/2024 - 12/31/2024	7271	17225	42.21190131
SUD_15.2	Initiation OUD	2. Initiation of SUD Treatment - Opioid use disorder (rate 1, cohort 2)					01/01/2024 - 12/31/2024	3400	6105	55.69205569
SUD_15.3	Initiation Other SUD	3. Initiation of SUD Treatment - Other substance use disorder (rate 1, cohort 3)					01/01/2024 - 12/31/2024	8152	18812	43.3340421
SUD_15.4	Initiation Total	4. Initiation of SUD Treatment - Total (rate 1, cohort 4)					01/01/2024 - 12/31/2024	18823	42142	44.66565422
SUD_15.5	Engagement AUD	5. Engagement of SUD Treatment - Alcohol use disorder (rate 2, cohort 1)					01/01/2024 - 12/31/2024	2451	17225	14.22931785
SUD_15.6	Engagement OUD	6. Engagement of SUD Treatment - Opioid use disorder (rate 2, cohort 2)					01/01/2024 - 12/31/2024	1452	6105	23.78378378
SUD_15.7	Engagement Other SUD	7. Engagement of SUD Treatment - Other substance use disorder (rate 2, cohort 3)					01/01/2024 - 12/31/2024	2786	18812	14.80969594
SUD_15.8	Engagement Total	8. Engagement of SUD Treatment - Total (rate 2, cohort 4)					01/01/2024 - 12/31/2024	6689	42142	15.87252622
SUD_17(1)	Follow-Up After Emergency Department Visit for Substance Use: Age 18 and Older (FUA-AD) [NCQA; CMIT #264; Medicaid Adult Core Set; Adjusted HEDIS specifications]	Percentage of emergency department (ED) visits for beneficiaries age 18 and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose for which there was follow-up. Two rates are reported.	Claims	Increase	There was a 122.56% increase in follow up within 30 days, and a 155.87% increase in follow up within seven days. State Plan rate increases for SUD services may account for an increased initiative from providers to follow up after an ED visit. SUD placement types and timelines may be normalizing after the COVID-19 PHE into a trend of increased follow up after ED visits.	Calendar year				
SUD_17(1).1	Follow-Up After Emergency Department Visit for Substance Use - Age 18 and Older, 30 days	1. Percentage of ED visits for which the beneficiary received follow-up within 30 days of the ED visit (31 total days)					01/01/2024 - 12/31/2024	5102	9796	52.08248265
SUD_17(1).2	Follow-Up After Emergency Department Visit for Substance Use - Age 18 and Older, 7 days	2. Percentage of ED visits for which the beneficiary received follow-up within 7 days of the ED visit (8 total days)					01/01/2024 - 12/31/2024	3674	9796	37.50510412
SUD_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	Claims	Decrease	X	Demonstration month 1	07/01/2024 - 07/31/2024	3793	1308902	2.897848731
						Demonstration month 2	08/01/2024 - 08/31/2024	3653	1302224	2.805200949

Metric Number	Metric Name	Metric Description	Data Source	Desired Directionality	Metric Trends and Explanation	Measurement Period	Dates Covered by Measurement Period		Demonstration Numerator or Count	Demonstration Denominator	Demonstration Rate/Percentage
						Demonstration month 3	09/01/2024 - 09/30/2024	3408	1306610	2.608276379	
						Demonstration month 4	10/01/2024 - 10/31/2024	3371	1304053	2.585017633	
						Demonstration month 5	11/01/2024 - 11/30/2024	3326	1302503	2.553544982	
						Demonstration month 6	12/01/2024 - 12/31/2024	3250	1299804	2.50037698	
						Demonstration month 7	01/01/2025 - 01/31/2025	3171	1277321	2.482539628	
						Demonstration month 8	02/01/2025 - 02/28/2025	2809	1283901	2.187863394	
						Demonstration month 9	03/01/2025 - 03/31/2025	3293	1286336	2.559984328	
						Demonstration month 10	04/01/2025 - 04/30/2025	3262	1291826	2.525107871	
						Demonstration month 11	05/01/2025 - 05/31/2025	3350	1294719	2.58743403	
						Demonstration month 12	06/01/2025 - 06/30/2025	3196	1296465	2.465164891	
SUD_24	Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries	Total number of inpatient stays per 1,000 beneficiaries in the measurement period	Claims	Decrease	There is a 14.89% increase in the number of beneficiaries with inpatient stays. More beneficiaries may be accessing inpatient treatment, but IMD length of stay has decreased (metric #36) indicating beneficiaries are able to access other levels of care as they stabilize.	Demonstration month 1	07/01/2024 - 07/31/2024	2219	1308902	1.695314088	
						Demonstration month 2	08/01/2024 - 08/31/2024	2171	1302224	1.667147895	
						Demonstration month 3	09/01/2024 - 09/30/2024	2056	1306610	1.573537628	
						Demonstration month 4	10/01/2024 - 10/31/2024	2190	1304053	1.679379596	
						Demonstration month 5	11/01/2024 - 11/30/2024	2015	1302503	1.547021389	
						Demonstration month 6	12/01/2024 - 12/31/2024	2033	1299804	1.564081969	
						Demonstration month 7	01/01/2025 - 01/31/2025	2210	1277321	1.73018372	
						Demonstration month 8	02/01/2025 - 02/28/2025	1908	1283901	1.486095891	
						Demonstration month 9	03/01/2025 - 03/31/2025	2065	1286336	1.605334843	
						Demonstration month 10	04/01/2025 - 04/30/2025	2183	1291826	1.689856064	
						Demonstration month 11	05/01/2025 - 05/31/2025	2216	1294719	1.711568302	
						Demonstration month 12	06/01/2025 - 06/30/2025	2206	1296465	1.701549984	
SUD_25	Readmissions Among Beneficiaries with SUD	The rate of all-cause readmissions during the measurement period among beneficiaries with SUD	Claims	Decrease	There is a 7.69% increase in the number of beneficiaries readmitting, which is corroborated by the decrease in engagement measures. The increase also demonstrates the SUD system has sufficient capacity to provide SUD services to beneficiaries seeking it.	Demonstration year	07/01/2024 - 06/30/2025	1990	14577	0.13651643	
SUD_27	Overdose Deaths	The rate of overdose deaths during the measurement period among adult Medicaid beneficiaries living in a geographic area covered by the demonstration	State data on cause of death	Decrease	There is a 17.02% decrease in the rate of overdose deaths. This is seen in national averages and may be due to increased availability of MAT/MOUD and successful interventions to counter the opioid epidemic.	Demonstration year	07/01/2024 - 06/30/2025	606	1542795	0.392793599	
SUD_36	Average Length of Stay in IMDs	The average length of stay for beneficiaries discharged from IMD inpatient/residential treatment for SUD	Claims; State-specific IMD database	Consistent	There is a 22.39% decrease in the average length of stay in IMDs. IMD treatment is now more effective with the implementation of the ASAM criteria and beneficiaries are able to access other levels of care as they stabilize.	Demonstration year	07/01/2024 - 06/30/2025	788069	34933	22.55944236	
SUD_37	Follow-Up After High-Intensity Care for Substance Use Disorder (FUI) [NCQA; Adjusted HEDIS specifications]	The percentage of acute inpatient hospitalizations, residential treatment or withdrawal management visits for a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit or service for substance use disorder. Two rates are reported:	Claims	Increase	X	Calendar year					
SUD_37.1	Follow-Up After High-Intensity Care for Substance Use Disorder - Age 18 and Older, 30 days	1. Percentage of visits or discharges for which the member received follow-up for substance use disorder within the 30 days after the visit or discharge.					01/01/2024 - 12/31/2024	19724	28920	0.682019364	
SUD_37.2	Follow-Up After High-Intensity Care for Substance Use Disorder - Age 18 and Older, 7 days	2. Percentage of visits or discharges for which the member received follow-up for substance use disorder within the 7 days after the visit or discharge.					01/01/2024 - 12/31/2024	14107	28920	0.487793914	

Note: Licensee and state must prominently display the following notice on any display of Measure rates:
The IET-AD, FUA-AD, and FUI measures (SUD_15, 17(1), and 37) are Healthcare Effectiveness Data and Information Set (HEDIS®) measures that are owned and copyrighted by the National Committee for Quality Assurance (NCQA). HEDIS measures and specifications are not clinical guidelines, do not establish a standard of medical care and have not been tested for all potential applications. The measures and specifications are provided "as is" without warranty of any kind. NCQA makes no representations, warranties or endorsements about the quality of any product, test or protocol identified as numerator compliant or otherwise identified as meeting the requirements of a HEDIS measure or specification. NCQA makes no representations, warranties, or endorsement about the quality of any organization or clinician who uses or reports performance measures and NCQA has no liability to anyone who relies on HEDIS measures or specifications or data reflective of performance under such measures and specifications.

The measure specification methodology used by CMS is different from NCQA's methodology. NCQA has not validated the adjusted measure specifications but has granted CMS permission to adjust. A calculated measure result (a "rate") from a HEDIS measure that has not been certified via NCQA's Measure Certification Program, and is based on adjusted HEDIS specifications, may not be called a "HEDIS rate" until it is audited and designated reportable by an NCQA-Certified HEDIS Compliance Auditor. Until such time, such measure rates shall be designated or referred to as "Adjusted, Uncertified, Unaudited HEDIS rates."

ALOS = average length of stay; AUD = alcohol use disorder; CMS = Centers for Medicare & Medicaid Services; CMIT = CMS Measures Inventory Tool; ED = emergency department; FFP = federal financial participation; HEDIS = Healthcare Effectiveness Data and Information Set; IMD = institutions for mental diseases; MAT = medication-assisted treatment; NCQA = National Committee for Quality Assurance; OUD = opioid use disorder; SBIRT = screening, brief intervention, and referral to treatment; SUD = substance use disorder.
end of worksheet

State-Specific Metrics Data and Trends

Metric Number	Metric Name	Metric Description	Data Source	Desired Directionality	Metric Trends and Explanations	Measurement Period	Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator	Demonstration Rate/Percentage
<i>EXAMPLE:</i> XX_S_1 <i>(Do not delete or edit this row)</i>	<i>EXAMPLE:</i> Peer Recovery Support Services	<i>EXAMPLE:</i> Number of members who receive peer recovery support services in conjunction with other SUD treatment during the measurement period.	<i>EXAMPLE:</i> Claims	<i>EXAMPLE:</i> Increase	<i>EXAMPLE:</i> There was an 10% increase in the use of peer recovery support services from December 2023 to January 2024 with the rollout of on-site peer specialists in emergency departments across the state. Peer specialists connections are required for all beneficiaries reporting to the emergency department with a chief complaint related to a substance use disorder.	<i>EXAMPLE:</i> Month 1	<i>EXAMPLE:</i> 01/01/2024-1/31/2024	<i>EXAMPLE:</i> 650	<i>EXAMPLE:</i> n.a.	<i>EXAMPLE:</i> n.a.
<i>[Insert response here.]</i>	<i>[Insert response here.]</i>	<i>[Insert response here.]</i>	<i>[Insert response here.]</i>	<i>[Insert response here.]</i>	<i>[Insert response here.]</i>	<i>[Insert dates here.]</i>	<i>[Insert value here.]</i>	<i>[Insert value here, if applicable.]</i>	<i>[Insert value here, if applicable.]</i>	<i>[Insert value here, if applicable.]</i>

Q1	Number of training sessions providers held on pain management through Project ECHO	Number of training sessions providers held on pain management through Project ECHO	Project ECHO data	Increase	There was a 45.45% increase in the number of pain management sessions. Providers benefit from these training sessions and improve prescribing practices.	Demonstration Year	07/01/2024 - 06/30/2025	11		
Q2	Number of training sessions providers held on OUD Treatment through Project ECHO	Number of training sessions providers held on OUD Treatment through Project ECHO	Project ECHO data	Increase	There was a 76.71% decrease in the number of OUD Treatment sessions. Session topics vary from year to year based on presenter availability and topic selection.	Demonstration Year	07/01/2024 - 06/30/2025	73		
S2	Number of new buprenorphine prescriptions, monthly	per month average of new prescriptions made by prescribers to Medicaid beneficiaries	Board of Pharmacy PMP data	Increase	This is the state's initial report of this metric, creating a baseline, from which a trend may be analyzed in the next monitoring report.	Demonstration Year	07/01/2024 - 06/30/2025	16,268		
S3	Prescription Monitoring Program search tool use, monthly	Per month average of search tool uses by prescribers and dispensers	Board of Pharmacy PMP data	Increase	This is the state's initial report of this metric, creating a baseline, from which a trend may be analyzed in the next monitoring report.	Demonstration Year	07/01/2024 - 06/30/2025	329,854		

Metrics Context

The state should use this tab to enter any additional metrics context as outlined in the Monitoring Report Instructions.

Note: Some metrics require the state to report additional methodology information. Please refer to Appendix B of the Medicaid Section 1115 Demonstration Monitoring Report Instructions for further information.

Type	Summary	Relevant Metric(s)	Status
<i>EXAMPLE: Reporting Issue (Do not delete or edit this row)</i>	<i>EXAMPLE: One large managed care plan updated its system for reporting its grievances in June 2023. This led to a significant increase in total number of grievances filed.</i>	<i>EXAMPLE: BA_4</i>	<i>EXAMPLE: Resolved. Trending from demonstration years prior to the update with demonstration years after the update should be interpreted with caution.</i>
Deviation	On Dec. 16, 2025, CMS provided the state instructions related to the base metrics tab: "Since your SUD demo is a standalone SUD demo, you only need to report the grievances and appeals (BA_2-4) metrics from the base metrics set because there are program specific-alternative metrics included in the SUD metrics tab. So no need to report BA_1, and BA_5-7."	BA_1, BA_5, BA_6 and BA_7	New
Phased-In Reporting	Data is provided by the Appeals Division, and is based on cross referencing eligible beneficiaries with appeals filed. Each appeal is counted once even if more than one appeal is filed by the same beneficiary. While we are able to determine if a demonstration beneficiary filed an appeal, we are not (at this time) able to determine if the appeal is related to Medicaid (BA_2) or benefit (BA_3) eligibility. The state is currently looking at utilizing a new reporting system beginning in the fall 2026. In the meantime, all appeal data is included in BA_3 (benefits).	BA_2 and BA_3	New
Reporting Issue	The state received grievance data from the Minnesota Managed Health Care Ombudsperson Office; however, the data is only for managed care beneficiaries and appears to need much refinement. We will work on refining the managed care grievance data, and continue exploring ways to get at the fee-for-service grievance data for this population.	BA_4	New