



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	[Enter State Name]
Demonstration Name	[Enter Demonstration Name]
Demonstration Year (DY)	[Enter Demonstration Year]
Calendar Dates for DY	[Enter Calendar Dates for Demonstration Year, Format MM/DD/YYYY]

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.
<div>[Enter executive summary here]</div>

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

Implementation Updates

Prompt Number	Reporting Topic and Prompt
<p><i>EXAMPLE:</i></p> <p>1.3</p>	<p><i>EXAMPLE:</i></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>
1	<p>Demonstration Operations and Policy.</p> <p>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>1.1 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>1.2 Describe activities under the below topics as they pertain to the demonstration:</p> <p>1.2.1 Organizational, administrative, or service delivery changes. [The recommended word count is 200-300 words.]</p> <p>1.2.2 Legislative activities. [The recommended word count is 150-200 words.]</p> <p>1.2.3 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>1.2.4 Audit or investigation activity, including findings. [The recommended word count is 150-200 words.]</p> <p>1.2.5 Litigation activities. [The recommended word count is 200-300 words.]</p> <p>1.3 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>
2	<p>Data Infrastructure and Health IT.</p> <p>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>
3	<p>Demonstration Evaluation.</p> <p>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>
4	<p>Post-Award Public Forum.</p> <p>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>

Implementation Updates

Prompt Number	Reporting Topic and Prompt
Policy-Specific Prompts	
<i>[The following prompt is applicable to a demonstration with a DSHP and/or SDOH/HRSN policy.]</i>	
5	<p>Provider Payment Rate Increase.</p> <p>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>
<i>[The following prompt is applicable to a demonstration with a continuous eligibility policy.]</i>	
6	<p>Collecting and Providing Eligibility Information for Beneficiaries who Qualify for Continuous Eligibility.</p> <p>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>
<i>[The following prompts are applicable to a demonstration with an SMI/SED policy and any other relevant authorities per the STCs.]</i>	
7	<p>SMI/SED MOE Funding Outpatient Community-Based Mental Health Services.</p> <p>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.</p> <p>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>
9	<p>Activities to Support Crisis Stabilization Services.</p> <p>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>
<i>[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.]</i>	
10	<p>Case Management and Care Coordination.</p> <p>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>
<i>[The following prompt is applicable to a demonstration with a reentry, SDOH/HRSN, and/or THCP^b policy.]</i>	
11	<p>Implementation Planning and Capacity Building Expenditures.</p> <p>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>
<i>[The following prompts are applicable to demonstrations with a reentry and/or SDOH/HRSN policy, and any other relevant authorities per the STCs.]</i>	
12	<p>Partnerships with Providers and Other Key Entities.</p> <p>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>

Implementation Updates

Prompt Number	Reporting Topic and Prompt
13	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.]
14	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.]
<i>[The following prompts are applicable to a demonstration with an SDOH/HRSN policy.]</i>	
15	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.]
16	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.]
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; SMI/SED = serious mental illness/serious emotional disturbance; STCs = special terms and conditions; SUD = substance use disorder

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 services. 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.”

^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. The state must establish a plan and timeline in the implementation plan, then provide updates in the monitoring report, including being accessed by beneficiaries as planned. Once the state’s plan is fully implemented, the state may conclude its status updates.

State Response

EXAMPLE:

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 future.

State Response

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State Response

rmation System; MOE = maintenance of effort; SDOH/HRSN = social
r; THCP = traditional health care practices.

mployment, and housing supports, as indicated in the State Medicaid
nunity.

/ider Qualifications” or the Protocol for SDOH/HRSN Infrastructure.

edicaid funded housing and nutrition supports, if available, upon the
luding whether and to what extent the non-Medicaid funded supports are

Base Metrics Data and Trends

Technical specifications manual version: [Enter Technical Specifications Manual Version Number]

Metric Number	Metric Name	Metric Description	Data Source	Desired Directionality
EXAMPLE: BA_1 (Do not delete or edit this row)	EXAMPLE: Total Eligibility for the Demonstration	EXAMPLE: 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.	EXAMPLE: Administrative records	EXAMPLE: Consistent
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	
BA_2	Appeals, Eligibility	Number of appeals filed by demonstration beneficiaries during the measurement period regarding Medicaid eligibility.	Administrative records	
BA_3	Appeals, Benefits	Number of appeals filed by demonstration beneficiaries during the measurement period regarding benefits.	Administrative records	
BA_4	Grievances	Number of grievances filed by demonstration beneficiaries during the measurement period.	Administrative records	

Metric Number	Metric Name	Metric Description	Data Source	Desired Directionality
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	
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	
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
BA_7.1	Plan all-cause readmissions - index hospital stays	1. Count of Index Hospital Stays (IHS)		n.a
BA_7.2	Plan all-cause readmissions - observed 30 day readmissions	2. Count of Observed 30-Day Readmissions		n.a
BA_7.3	Plan all-cause readmissions - expected 30 day readmissions	3. Count of Expected 30-Day Readmissions		n.a
BA_7.4	Plan all-cause readmissions - beneficiaries in demonstration population	4. Count of beneficiaries in demonstration population		n.a
BA_7.5	Plan-all cause readmissions - number of outliers	5. Number of outliers		n.a
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		n.a
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		n.a
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)		n.a
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		n.a

Metric Number	Metric Name	Metric Description	Data Source	Desired Directionality
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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

Metric Trends and Explanation	Measurement Period	Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator	Demonstration Rate/Percentage
<i>EXAMPLE: 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>	<i>EXAMPLE: Month 1</i>	<i>EXAMPLE: 01/01/2024-01/31/2024</i>	<i>EXAMPLE: 650</i>	<i>EXAMPLE: n.a.</i>	<i>EXAMPLE: n.a.</i>
[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.]		
[Insert response here.]	Demonstration Year	[Insert dates here.]	[Insert value here.]		
[Insert response here.]	Demonstration Year	[Insert dates here.]	[Insert value here.]		
[Insert response here.]	Demonstration Year	[Insert dates here.]	[Insert value here.]		

Metric Trends and Explanation	Measurement Period	Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator	Demonstration Rate/Percentage
[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!
[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!
[Insert response here.]	Calendar Year				
n.a.		[Insert dates here.]	[Insert value here.]		
n.a.		[Insert dates here.]	[Insert value here.]		
n.a.		[Insert dates here.]	[Insert value here.]		
n.a.		[Insert dates here.]	[Insert value here.]		
n.a.		[Insert dates here.]	[Insert value here.]		
n.a.		blank	[Calculated Value.]	[Calculated Value.]	#VALUE!
n.a.		blank	[Calculated Value.]	[Calculated Value.]	#VALUE!
n.a.		blank	[Calculated Value.]	[Calculated Value.]	#VALUE!
n.a.		blank	[Calculated Value.]	[Calculated Value.]	#VALUE!

Metric Trends and Explanation	Measurement Period	Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator	Demonstration Rate/Percentage
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SMI/SED Metrics Data and Trends

Technical
specifications manual [Enter Technical Specifications Manual Version Number]
version:

Metric Number	Metric Name	Metric Description	Data Source	Desired Directionality
<i>EXAMPLE:</i> SMI_20 (Do not delete or edit this row)	<i>EXAMPLE:</i> Beneficiaries With SMI/SED Treated in an IMD (IMDs Receiving FFP Only) for Mental Health	<i>EXAMPLE:</i> Number of beneficiaries in the demonstration population who have a claim for inpatient or residential treatment for mental health in an IMD during the reporting year	<i>EXAMPLE:</i> Claims	<i>EXAMPLE:</i> Decrease
SMI_2	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH) [NCQA; CMIT #743; Medicaid Child Core Set; Adjusted HEDIS specifications]	Percentage of children and adolescents ages 1 to 17 who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment	Claims	
SMI_4	30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (IPF) [CMIT #3]	The rate of unplanned, 30-day, readmission for demonstration beneficiaries with a primary discharge diagnosis of a psychiatric disorder or dementia/Alzheimer's disease. The measurement period used to identify cases in the measure population is 12 months from January 1 through December 31.	Claims	Decrease
SMI_6	Medication Continuation Following Inpatient Psychiatric Discharge [CMIT #438]	This measure assesses whether psychiatric patients admitted to an inpatient psychiatric facility (IPF) for major depressive disorder (MDD), schizophrenia, or bipolar disorder filled a prescription for evidence-based medication within 2 days prior to discharge and 30 days post-discharge.	Claims	Increase
SMI_7	Follow-up After Hospitalization for Mental Illness: Ages 6 to 17 (FUH-CH) [NCQA; CMIT #268; Medicaid Child Core Set; Adjusted HEDIS specifications]	Percentage of discharges for children ages 6 to 17 who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider. Two rates are reported:	Claims	Increase
SMI_7.1	30-Day FUH-CH	Percentage of discharges for which the child received follow-up within 30 days after discharge		
SMI_7.2	7-Day FUH-CH	Percentage of discharges for which the child received follow-up within 7 days after discharge		

Metric Number	Metric Name	Metric Description	Data Source	Desired Directionality
SMI_8	Follow-up After Hospitalization for Mental Illness: Age 18 and Older (FUH-AD) [NCQA; CMIT #268; Medicaid Adult Core Set; Adjusted HEDIS specifications]	Percentage of discharges for beneficiaries age 18 and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider. Two rates are reported:	Claims	Increase
SMI_8.1	30-Day FUH-AD	Percentage of discharges for which the beneficiary received follow-up within 30 days after discharge		
SMI_8.2	7-Day FUH-AD	Percentage of discharges for which the beneficiary received follow-up within 7 days after discharge		
SMI_10	Follow-Up After Emergency Department Visit for Mental Illness: Age 18 and Older (FUM-AD) [NCQA; CMIT #265; Medicaid Adult Core Set; Adjusted HEDIS specifications]	Percentage of emergency department (ED) visits for beneficiaries age 18 and older with a primary diagnosis of mental illness or intentional self-harm and who had a follow-up visit for mental illness. Two rates are reported:	Claims	Increase
SMI_10.1	30-Day FUM-AD	Percentage of ED visits for mental illness for which the beneficiary received follow-up within 30 days of the ED visit		
SMI_10.2	7-Day FUM-AD	Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 7 days of the ED visit		
SMI_13	Mental Health Services Utilization - Inpatient	Number of beneficiaries in the demonstration population who use inpatient services related to mental health during the measurement period	Claims	
SMI_14	Mental Health Services Utilization - Intensive Outpatient and Partial Hospitalization	Number of beneficiaries in the demonstration population who use intensive outpatient and/or partial hospitalization services related to	Claims	

Metric Number	Metric Name	Metric Description	Data Source	Desired Directionality
SMI_15	Mental Health Services Utilization - Outpatient	Number of beneficiaries in the demonstration population who used outpatient services related to mental health during the measurement	Claims	
SMI_16	Mental Health Services Utilization - ED	Number of beneficiaries in the demonstration population who use emergency department services for mental health during the	Claims	

Metric Number	Metric Name	Metric Description	Data Source	Desired Directionality
SMI_18	Mental Health Services Utilization - Any Services	Number of beneficiaries in the demonstration population who used any services related to mental health during the measurement period	Claims	
SMI_19b	Average Length of Stay in IMDs (IMDs receiving FFP only)	ALOS for beneficiaries with SMI discharged from an inpatient or residential stay in an IMD receiving FFP. Three rates are reported:	Claims; State-specific IMD database	No more than 30 days
SMI_19b.1	Average Length of Stay in IMDs Receiving FFP (overall)	ALOS for all IMDs and populations		
SMI_19b.2	Average Length of Stay in IMDs Receiving FFP (short-term stays: ≤ 60 days)	ALOS among short-term stays (less than or equal to 60 days)		
SMI_19b.3	Average Length of Stay in IMDs Receiving FFP (long-term stays: > 60 days)	ALOS among long-term stays (greater than 60 days)		
SMI_19c	Average Length of Stay in IMDs (IMDs receiving FFP only) that are QRTPs	ALOS for beneficiaries with SMI discharged from an inpatient or residential stay in an IMD that is a QRTP.	Claims; State-specific IMD database	No more than 30 days
SMI_19c.1	Average Length of Stay in IMDs Receiving FFP that are QRTPs (overall)	ALOS for all IMDs that are QRTPs and populations		
SMI_19c.2	Average Length of Stay in IMDs Receiving FFP that are QRTPs (short-term stays: ≤ 60 days)	ALOS among short-term stays (less than or equal to 60 days)		
SMI_19c.3	Average Length of Stay in IMDs Receiving FFP that are QRTPs (long-term stays: > 60 days)	ALOS among long-term stays (greater than 60 days)		

Metric Number	Metric Name	Metric Description	Data Source	Desired Directionality
SMI_20	Beneficiaries With SMI/SED Treated in an IMD (IMDs Receiving FFP Only) for Mental Health	Percentage of beneficiaries in the demonstration population who have a claim for inpatient or residential treatment for mental health in an IMD receiving FFP during the reporting year	Claims; State-specific IMD database	
SMI_21	Count of Beneficiaries With SMI/SED (monthly)	Number of beneficiaries in the demonstration population during the measurement period and/or in the 11 months before the measurement period	Claims	
SMI_29	Metabolic Monitoring for Children and Adolescents on Antipsychotics [NCQA; CMIT #448; Medicaid Child Core Set; Adjusted HEDIS specifications]	Percentage of children and adolescents ages 1 to 17 who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported:	Claims	Increase
SMI_29.1	Blood Glucose Testing	Percentage of children and adolescents on antipsychotics who received blood glucose testing		
SMI_29.2	Cholesterol Testing	Percentage of children and adolescents on antipsychotics who received cholesterol testing		
SMI_29.3	Blood Glucose and Cholesterol Testing	Percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing		
SMI_30	Follow-Up Care for Adult Medicaid Beneficiaries Who are Newly Prescribed an Antipsychotic Medication [CMIT #270]	Percentage of new antipsychotic prescriptions for Medicaid beneficiaries who meet the following criteria: • age 18 years and older, and • completed a follow-up visit with a provider with prescribing authority within four weeks (28 days) of prescription of an antipsychotic medication	Claims	Increase

Metric Number	Metric Name	Metric Description	Data Source	Desired Directionality
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Note: Licensee and state must prominently display the following notice on any display of Measure rates:

The FUH-CH, FUH-AD, FUM-AD, and APM-CH measures (SMI_7, 8, 10, and 29) 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; 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; IPF = inpatient psychiatric facility; MDD = major depressive disorder; NCQA = National Committee for Quality Assurance; QRTP = Qualified Residential Treatment Programs; SMI/SED = serious mental illness/serious emotional disturbance.

Metric Trends and Explanation	Measurement Period	Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator	Demonstration Rate/Percentage
EXAMPLE: The number of beneficiaries with SMI/SED who were treated for mental health in an IMD decreased by 5% due to an increase in crisis stabilization services in the state.	EXAMPLE: Demonstration Year	EXAMPLE: 01/01/2024-12/31/2024	EXAMPLE: 1500	EXAMPLE: n.a.	EXAMPLE: n.a.
[Insert response here.]	Calendar Year	[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
[Insert response here.]	Calendar Year	[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
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Metric Trends and Explanation	Measurement Period	Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator	Demonstration Rate/Percentage
[Insert response here.]	Calendar Year				
		[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
		[Insert dates here.]	[Insert value here.]	[Insert value here.]	
[Insert response here.]	Calendar Year				
		[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
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[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.]		
[Insert response here.]	Demonstration month 1	[Insert dates here.]	[Insert value here.]		
	Demonstration month 2	[Insert dates here.]	[Insert value here.]		

Metric Trends and Explanation	Measurement Period	Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator	Demonstration Rate/Percentage
	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.]		
[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.]		
[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.]		

Metric Trends and Explanation	Measurement Period	Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator	Demonstration Rate/Percentage
	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.]		
[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.]		
[Insert response here.]	Demonstration Year				
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		[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
		[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
[Insert response here.]	Demonstration Year				
		[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
		[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
		[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!

Metric Trends and Explanation	Measurement Period	Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator	Demonstration Rate/Percentage
[Insert response here.]	Demonstration Year	[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
[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.]		
[Insert response here.]	Calendar Year				
		[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
		[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
		[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
[Insert response here.]	Calendar Year	[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!

Metric Trends and Explanation	Measurement Period	Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator	Demonstration Rate/Percentage

SUD Metrics Data and Trends

Technical

specifications manual [Enter Technical Specifications Manual Version Number]
version:

Metric Number	Metric Name	Metric Description	Data Source	Desired Directionality
<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
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	
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	
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	
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	

Metric Number	Metric Name	Metric Description	Data Source	Desired Directionality
SUD_7	Early Intervention	Number of beneficiaries who used early intervention services (such as procedure codes associated with SBIRT) during the measurement period	Claims	
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	
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	
SUD_10	Residential and Inpatient Services	Number of beneficiaries who use residential and/or inpatient services for SUD during the measurement period	Claims	

Metric Number	Metric Name	Metric Description	Data Source	Desired Directionality
SUD_11	Withdrawal Management	Number of beneficiaries who use withdrawal management services (such as outpatient, inpatient, or residential) during the measurement period	Claims	
SUD_12	Medication-Assisted Treatment	Number of beneficiaries who have a claim for MAT for SUD during the measurement period	Claims	
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

Metric Number	Metric Name	Metric Description	Data Source	Desired Directionality
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
SUD_15.1	Initiation AUD	1. Initiation of SUD Treatment - Alcohol use disorder (rate 1, cohort 1)		
SUD_15.2	Initiation OUD	2. Initiation of SUD Treatment - Opioid use disorder (rate 1, cohort 2)		
SUD_15.3	Initiation Other SUD	3. Initiation of SUD Treatment - Other substance use disorder (rate 1, cohort 3)		
SUD_15.4	Initiation Total	4. Initiation of SUD Treatment - Total (rate 1, cohort 4)		
SUD_15.5	Engagement AUD	5. Engagement of SUD Treatment - Alcohol use disorder (rate 2, cohort 1)		
SUD_15.6	Engagement OUD	6. Engagement of SUD Treatment - Opioid use disorder (rate 2, cohort 2)		
SUD_15.7	Engagement Other SUD	7. Engagement of SUD Treatment - Other substance use disorder (rate 2, cohort 3)		
SUD_15.8	Engagement Total	8. Engagement of SUD Treatment - Total (rate 2, cohort 4)		
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
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)		
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)		
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

Metric Number	Metric Name	Metric Description	Data Source	Desired Directionality
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
SUD_25	Readmissions Among Beneficiaries with SUD	The rate of all-cause readmissions during the measurement period among beneficiaries with SUD	Claims	Decrease
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
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	No more than 30 days
SUD_37	Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)	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
SUD_37.1	[NCQA; Adjusted HEDIS specifications] 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.		
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.		

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.

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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

Metric Trends and Explanation	Measurement Period	Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator	Demonstration Rate/Percentage
EXAMPLE: 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	EXAMPLE: Month 1	EXAMPLE: 01/01/2024-1/31/2024	EXAMPLE: 650	EXAMPLE: n.a.	EXAMPLE: n.a.
[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.]		
[Insert response here.]	Demonstration year	[Insert dates here.]	[Insert value here.]		
[Insert response here.]	Demonstration year	[Insert dates here.]	[Insert value here.]		
[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.]		

Metric Trends and Explanation	Measurement Period	Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator	Demonstration Rate/Percentage
[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.]		
[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.]		
[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.]		
[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.]		

Metric Trends and Explanation		Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator	Demonstration Rate/Percentage
	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.]		
[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.]		
[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.]		
[Insert response here.]	Demonstration year	[Insert dates here.]	[Insert value here.]		

Metric Trends and Explanation		Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator	Demonstration Rate/Percentage
[Insert response here.]	Calendar year				
		[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
		[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
		[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
		[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
		[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
		[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
		[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
		[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
[Insert response here.]	Calendar year				
		[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
		[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
[Insert response here.]	Demonstration month 1	[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
	Demonstration month 2	[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
	Demonstration month 3	[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
	Demonstration month 4	[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
	Demonstration month 5	[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
	Demonstration month 6	[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
	Demonstration month 7	[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
	Demonstration month 8	[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
	Demonstration month 9	[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
	Demonstration month 10	[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
	Demonstration month 11	[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!

Metric Trends and Explanation		Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator	Demonstration Rate/Percentage
[Insert response here.]	Demonstration month 12	[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
	Demonstration month 1	[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
	Demonstration month 2	[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
	Demonstration month 3	[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
	Demonstration month 4	[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
	Demonstration month 5	[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
	Demonstration month 6	[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
	Demonstration month 7	[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
	Demonstration month 8	[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
	Demonstration month 9	[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
	Demonstration month 10	[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
	Demonstration month 11	[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
	Demonstration month 12	[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
[Insert response here.]	Demonstration year	[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
[Insert response here.]	Demonstration year	[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
[Insert response here.]	Demonstration year	[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
[Insert response here.]	Calendar year				
		[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!
		[Insert dates here.]	[Insert value here.]	[Insert value here.]	#VALUE!

State-Specific Metrics Data and Trends

Metric Number	Metric Name	Metric Description	Data Source	Desired Directionality
EXAMPLE: XX_S_1 (Do not delete or edit this row)	EXAMPLE: Peer Recovery Support Services	EXAMPLE: Number of members who receive peer recovery support services in conjunction with other SUD treatment during the measurement period.	EXAMPLE: Claims	EXAMPLE: Increase
[Insert response here.]	[Insert response here.]	[Insert response here.]	[Insert response here.]	[Insert response here.]

Metric Trends and Explanations			Demonstration Numerator or Count	Demonstration Denominator	Demonstration Rate/Percentage
EXAMPLE: 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.	EXAMPLE: Month 1	EXAMPLE: 01/01/2024-1/31/2024	EXAMPLE: 650	EXAMPLE: n.a.	EXAMPLE: n.a.
[Insert response here.]			[Insert value here.]	[Insert value here, if applicable.]	[Insert value here, if applicable.]

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
EXAMPLE: Reporting Issue (Do not delete or edit this row)	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.	EXAMPLE: BA_4	EXAMPLE: Resolved. Trending from demonstration years prior to the update with demonstration years after the update should be interpreted with caution.

