Medicaid Section 1115 Demonstrations
Monitoring Report Instructions

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1. Overview of Medicaid Section 1115 Demonstration Monitoring Report

The Monitoring Report is best viewed on a standard monitor or large screen. The table header rows display column names and some also contain tooltips that provide instructions for completing the column. The Monitoring Report consists of several tabs:

- Overview
- Executive Summary
- Implementation Updates
- Reentry Reinvestments
- Base Metrics
- Policy-specific metrics[1]
- State-Specific Metrics
- Metrics Context

1.1. Using the Monitoring Report

The state should retain the structure and format of the Monitoring Report. Specifically, the state should:

- *Retain cell shading and font colors*. Cells that contain grey hashed shading indicate no data entry is necessary. Other shading is used to indicate sections of the monitoring report. The state should not modify any shading, fonts, or text colors within the monitoring report to maintain compliance with section 508 of the Rehabilitation Act.
- *Refrain from altering tabs, rows, columns, and cells.* If the state inserts rows (other than those inserted for state-specific metrics or metrics context entries) as it completes the Monitoring Report, the state should remove them prior to submitting to the Centers for Medicare & Medicaid Services (CMS). If the state hides any rows or columns as it completes the monitoring report, the state should unhide them before submission. The state should also refrain from: 1) merging cells, 2) adding deleting, hiding, or modifying tabs, and 3) altering tab names.
- *Refrain from altering or removing pre-populated text.* All cells in the Monitoring Report contain text to ensure digital accessibility and comply with section 508 of the Rehabilitation Act, even if not apparent to sighted users. Any pre-populated text in the Monitoring Report, including formulas and placeholder text, should be retained as is.

[1] There are multiple policy-specific metrics tabs. However, the state should only complete metrics tabs associated with policies included in the demonstration.

2. Instructions for Completing a Monitoring Report

Every demonstration should complete the Overview, Executive Summary, Implementation Updates, and Base Metrics tabs following the directions outlined in the tooltips. In addition, as applicable for each demonstration, the state should complete the policy-specific metrics, the State-Specific Metrics, and the Metrics Context tabs.[1] Additional information about completing the Monitoring Report is provided below. When completing the Overview and Executive Summary tabs, the state should include the information requested in the instruction boxes.

2.1. Monitoring Report Versions

CMS has new and updated versions of the Monitoring Report Instructions to align with new and updated versions of the Monitoring Report and associated changes to reporting requirements. **Table 1** below outlines which version of the Monitoring Instructions the state should use depending on the version of the Monitoring Report. The state should not use Versions 1.0, 1.1, or 2.0 of the Monitoring Report.

Table 1. Monitoring Tools Version Mapping

Monitoring Report Version	Monitoring Report Instructions Version
2.1	2.0
2.2	2.2

2.2. Implementation Updates Tab

Respond in column C to implementation update prompts in column B. Prompts 1 through 4, including any sub-prompts, are applicable to all demonstrations and prompts 5 through 16, including any sub-prompts, are policy specific. Some policy-specific prompts are applicable to more than one policy as described in **Table 2** below as well as in the grey rows of the Implementation Updates tab of the Monitoring Report. In addition, per the demonstration's special terms and conditions (STCs), the policy-specific prompts may apply to other authorities in the demonstration in addition to those explicitly listed in **Table 2** and the grey rows in the Monitoring Report. The state should respond to all applicable policy-specific prompts based on the demonstration's STCs. If a state has no update to report for a prompt the state should enter "The state has no update to report." in column C. If a prompt is not applicable to a state, the state should skip the prompt and retain the placeholder text in Column C.

CMS is available for one-on-one technical assistance with the state to clarify all policies where a prompt may apply and document that information through follow-up written communication with the state. On an ongoing basis, with any new amendment and extension to a demonstration, CMS will assess applicability of prompts, and document/confirm with the state via monitoring calls, follow-up written communications, and/or CMS feedback to state's monitoring reports, as appropriate.

Table 2. Implementation Update Prompts and Applicable Section 1115 Demonstration Policies

Prompt	Applicable Section 1115 Demonstration Policy
1. Demonstration Operations and Policy 2. Data Infrastructure and Health IT 3. Demonstration Evaluation 4. Post-Award Public Forum	All section 1115 demonstrations
5. Provider Payment Rate Increase	DSHP SDOH/HRSN
6. Collecting and Providing Eligibility Information for Beneficiaries who Qualify for Continuous Eligibility	Continuous Eligibility
7. SMI/SED MOE Funding Outpatient Community-Based Mental Health Services 8. Activities to Support Early Intervention in SMI/SED 9. Activities to Support SMI Services Availability	SMI/SED Any other relevant authorities per the STCs
10. Case Management and Care Coordination	Reentry SDOH/HRSN SMI/SED SUD Any other relevant authorities per the STCs
11. Implementation Planning and Capacity Building Expenditure	Reentry SDOH/HRSN THCP[a]
12. Partnerships with Providers and Other Key Entities 13. Beneficiary Engagement 14. Phasing-In of Services	Reentry SDOH/HRSN Any other relevant authorities per the STCs
15. SDOH/HRSN Activities to Assist Beneficiaries in Obtaining Non-Medicaid Funded Housing and Nutrition Supports 16. SDOH/HRSN MOE Funding Housing and/or Nutrition Programs	SDOH/HRSN

DSHP = designated state health program; IT = information technology; MOE = maintenance of effort; SDOH/HRSN = social determinants of health/health-related social needs; SMI/SED = serious mental illness/serious emotional disturbance; STC = 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] Applicable if the THCP authority in the demonstration includes implementation expenditures.

2.3. Reentry Reinvestments

States with a reentry policy should complete all prompts on this tab. Respond in column C to reinvestment prompts in column B.

- Prompts 1.1.1 through 1.1.5 are dollar amounts.
    - Prompt 1.1.1 is automatically calculated after values for prompts 1.1.2 and 1.1.3 are entered. The state should not overwrite the formula used to calculate the value for 1.1.1.
    - For prompt 1.1.4, the state should report the cumulative total federal financial participation amount for existing services through the reporting period, all of which a state must reinvest by the end of the demonstration.
    - For prompt 1.1.5, the state should report the cumulative total reinvestment amount that has been expended through the current reporting period.
- For prompts 1.2-1.4, the state should indicate variances, plan progress by activity, and plan changes respectively, indicating "no significant variances," "not applicable," or "no changes" as appropriate, per the instructions in column B; no cells in the state response column should be left blank.

An example submission is included in Appendix A.

2.4. Base and Policy-Specific Metrics Tabs

The state should report all metrics contained on the Base Metrics tab and each applicable policy-specific metrics tab unless otherwise directed by the CMS demonstration team. If the state is not reporting a metric or policy-specific metrics tab, the state should skip the metric or tab and retain all placeholder text. The state should not delete, hide, or remove tabs or metric information for metrics that are not applicable to the demonstration.

The state should enter the version of the technical specifications manual used to calculate metrics at the top of each applicable metrics tab. To determine the appropriate manual version, the state should refer to the manual version section of the applicable technical specifications manual. A state with monitoring reports due in September–December will report calendar year metrics for the previous calendar year (e.g., if the state submits a report in September–December 2027, it will report calendar year metrics from 2026). A state with reports due January–August will report calendar year metrics for two calendar years prior (e.g., if the state submits a report in January–August 2027, it will report calendar year metrics from 2025).

Metrics are organized in ascending order by metric number, have rows for each measurement period, and columns for data entry. The state should enter the date range and value(s) corresponding to the measurement period (demonstration month, demonstration quarter, demonstration year, or calendar year) for each metric it is reporting.[2] Some metrics are counts, while others are rates. Metrics with rates include separate columns to report numerators and denominators. The monitoring report contains formulas in some cells to automatically calculate

[2] For more information related to determining measurement periods, refer to Appendix B.

values once necessary data are entered in other cells. Cells that are automatically calculated display "Awaiting data" until the necessary data are entered. The state should not delete, overwrite, or modify the formulas in any cells when completing the workbook. When CMS posts the monitoring reports to Medicaid.gov, CMS will align, as applicable, with guidance available in the CMS Cell Size Suppression Policy.[3]

Desired directionality is the anticipated change in metric value from baseline to the end of the demonstration based on demonstration activities. CMS has defined directionality for metrics that have a clear desired directionality and prefilled these values in column E. The state should enter the state-defined directionality for the remaining metrics in column E based on the demonstration design. Generally, the state-defined directionality should be increase, decrease, or consistent. The desired directionality cells are shaded grey for three reentry metrics (RE_2, RE_3 and RE_4) for which desired directionality is not applicable.

The state may identify metric trends using a variety of methods, such as identifying a percent change from measurement period to measurement period above a certain threshold or using run charts. The state should identify notable changes in metric values from one measurement period to the next, as well as relative to the baseline period. The state should explain any applicable metrics trends in column F with respect to the desired directionality of the metric (contained in column E). Additionally, column F should include qualitative and quantitative information relating to each identified metric trend including a description of the possible cause(s) of the trend. If the state has no trends to report, the state should enter "X" in column F. For metrics with multiple rates or measurement periods, the state should discuss metric trends identified in the first metric row. The state may also want to consider metric trends in the context of other metrics, such as utilization of specific services relative to overall service utilization or the overall demonstration population.

2.5. State-Specific Metrics Tab

A demonstration's STCs may include requirements for additional state-specific metrics reporting. In such instances, the state should use the State-Specific Metrics tab to report these metrics. Furthermore, a state may choose to report on, or CMS may request, additional state-specific metrics to monitor features of a policy that are not otherwise captured in the respective policy-specific monitoring metrics provided by CMS. The state should insert a new row for each state-specific metric. To insert additional rows into the metric table, the state should right click the cell in column A of the last metric entry, hover over "Insert", and select "Table row below." If a state-specific metric has multiple rates or counts, the state should treat each additional rate or count as a separate state-specific metric by adding additional rows. The state should enter information for each state-specific metric as directed in the tooltips in the header row. For state-

[3] CMS cell size suppression policy can be found on the CMS Research Data Assistance Center (ResDAC) website at https://resdac.org/articles/cms-cell-size-suppression-policy. The state should not redact or suppress any data in the monitoring reports when submitting to CMS. Upon CMS review, and as necessary, CMS will update to redact and suppress applicable data prior to posting on Medicaid.gov.

specific metrics, the state will need to input formulas for or manually enter rates, as applicable. If a value is a percentage, the state should report the percentage as a value in the rate/percentage without the percentage symbol or cell formatting (e.g., 23.7% should be reported as 23.7.)

For demonstration policies that do not have a policy-specific metric set, CMS requests that states provide information about the eligibility, enrollment, and/or beneficiary participation in those demonstration policies.[4] CMS suggests using the demonstration year as the measurement period for these metrics. To report this information the state should insert additional rows on the State-Specific Metrics tab for each policy. State-specific eligibility, enrollment, and participation metrics are intended to help support the state in identifying the total eligibility for the demonstration captured in BA_1. If the state is unable to calculate the number of beneficiaries eligible for certain policies due to external factors or data limitations, the state should report this information as a reporting issue for BA_1. Finally, if a policy does not directly enroll or serve beneficiaries, the state should define state-specific metrics that capture provider counts or other relevant participant data.

For a state that has begun implementing a social determinants of health (SDOH)/health-related social needs (HRSN) demonstration prior to CMS's release of SDOH/HRSN monitoring metrics, the state should use the State-Specific Metrics tab to provide quantitative utilization data for the period starting with implementation of the SDOH/HRSN demonstration. **Table 3** presents the data the state must report in its monitoring report for demonstrations with an SDOH/HRSN policy. For demonstrations with an SDOH/HRSN policy, the state should report utilization of SDOH/HRSN services overall and by SDOH/HRSN intervention category (**Table 4**). The state should use **Table 3** to support defining categories for reporting information listed in **Table 3** for SDOH/HRSN. The requirements in **Tables 3** and **4** are subject to change with the release of SDOH/HRSN-specific monitoring metrics.

[4] Additional instructions for defining eligibility, enrollment, and participation are included in the Technical Specifications for Base Monitoring Metrics for Medicaid Section 1115 Demonstrations Version 2.0.

Table 3. Data for Reporting Before CMS Release of SDOH/HRSN Monitoring Metrics

Partnership and Collaboration
• Number of participating SDOH/HRSN providers
Utilization of Services
• Number of (deduplicated) beneficiaries who received at least one allowable SDOH/HRSN service
• Number of (deduplicated) beneficiaries who received any allowable case management services for access to housing and nutrition supports
• Number of (deduplicated) beneficiaries who received any allowable SDOH/HRSN service by housing/home environment intervention category: o Housing/home environment interventions without room and board o Housing interventions with room and board (episodic interventions with clinical services) o Housing interventions with room and board (rent-only interventions)
• Number of (deduplicated) beneficiaries who received any allowable SDOH/HRSN service by nutrition intervention category: o Nutrition interventions without provision of food o Nutrition interventions with provision of food
• Number of (deduplicated) beneficiaries who received any allowable non-medical transportation services for access to housing and nutrition supports

SDOH/HRSN = social determinants of health/health-related social needs.

Table 4. SDOH/HRSN Interventions by Category with Corresponding Examples of SDOH/HRSN Services[a, b]

SDOH/HRSN Intervention Category	Example SDOH/HRSN Services
Case management services for access to housing and nutrition supports	Outreach and education
	Linkages to other state and federal benefit programs, benefit program application assistance, and benefit program application fees
Housing/home environment interventions without room and board	Pre-tenancy navigation services
	One-time transition and moving costs other than rent
	Tenancy and sustaining services
	Caregiver respite without room and board
	Utility assistance
	Day habilitation programs
	Sobering centers (less than 24 hours stay)
	Medically necessary home remediations, including, e.g., air filtration, air conditioning, or ventilation improvements, refrigeration for medications, carpet replacement, mold and pest removal, housing safety inspections
	Home/environment accessibility modifications, including, e.g., wheelchair accessibility ramps, handrails, grab bars
Housing interventions with room and board (episodic interventions with clinical services)	Short-term pre-procedure housing
	Short-term recuperative care
	Short-term post-transition housing
	Caregiver respite with room and board
Housing interventions with room and board (rent-only interventions)	First month's rent, as a transitional service
	Short-term rental assistance
Nutrition interventions without provision of food	Nutrition counseling and instruction, e.g., guidance on selecting healthy food and healthy meal preparation
Nutrition interventions with provision of food	Home delivered meals or pantry stocking Medically tailored meals
	Fruit and vegetable prescriptions, protein boxes, food pharmacies, healthy food vouchers

SDOH/HRSN = social determinants of health/health-related social needs.

[a] SDOH/HRSN interventions describe the services included in a demonstration, such as medically necessary home remediations, or nutrition counseling and instruction. For calculation of metrics, CMS offers categories of SDOH/HRSN interventions.

[b] In the event CMS considers updating the description of the SDOH/HRSN interventions and services, CMS may make corresponding updates to the table.

2.6. Metrics Context Tab

Provide detailed information about deviations from technical specifications, methodology requested by CMS, plans for phasing in reporting, and data or reporting issues for applicable metrics.[5] The state should use a separate row for each item reported. To insert additional rows, the state should right click the cell in column A of the last table entry, hover over "Insert," and select "Table row below." Complete the information in columns A through D.

The type of information and appropriate status options that the state should include in the Metrics Context tab are defined in **Table 5**.

Table 5. Definitions of Metrics Context Types

Type	Description	Status Options
Deviation	Deviations are changes from the technical specifications manual. This includes adding or removing codes (such as adding state-specific codes) and using criteria that are more or less restrictive to identify the population of interest. Deviations should be reported in the first monitoring report in which the metric is reported, or the deviation is implemented. If the state updates the deviation in future report submissions, the deviation should be reported as an update.	The state should enter "New" if this is the first time reporting the deviation or methodology information. If the state needs to revise a deviation or methodology that was previously reported, the state should enter "Update," describe the revised deviation or methodology, and note when it was or will be implemented.
Methodology	Methodology is additional information CMS requests to clarify the state's approach used to calculate a metric. The information requested is contained in Appendix C. The state should also provide methodology for calculating state-specific metrics, if applicable. Methodology should be reported in the first monitoring report in which the metric is reported, unless the state updates the methodology in future report submissions.	

[5] For more information related to requested methodology, refer to Appendix C.

Type	Description	Status Options
Phased-In Reporting	Phased-in reporting is when the state is unable to report a metric at the beginning of its demonstration approval period but has plans to report the metric in future reports. The state should document plans to phase in any metrics including a rationale and the anticipated date when the state plans to begin reporting the metric(s). Phased-in reporting should be included in all monitoring reports until the state begins reporting the metric(s).	The state should enter "New" if this is the first time reporting phased-in or reporting issue information. If any phased-in reporting or reporting issues are unresolved from a prior monitoring report, the state should enter "Ongoing" and include updates to the remediation plan and timeline, or any other new information the state deems relevant. When a state begins reporting the metric(s) being phased in or resolves a reporting issue, the state should enter "Resolved," and provide a summary of the resolution. After resolution, the state should remove this item from the reporting context tab in future reports.
Reporting Issue	Reporting issues are challenges that prevent the state from reporting a metric in accordance with the technical specifications manual or any data quality concerns the state has related to metrics in the report. For example, if the state experiences a delay in receiving ICD-10 cause of death data, it could include this information as a reporting issue noting why metrics that use this data source were not reported as expected. Reporting issues should be included as they are identified and until they are resolved.	

CMS = Centers for Medicare & Medicaid Services.

3. Submit the Monitoring Report to the CMS System

3.1. Name the File

After completing the monitoring report according to the instructions, name the file according to the following convention:

- StateAbbreviation_[DemonstrationName]_MR_DY# where:
  - *State abbreviation* is the two-letter abbreviation for the state name
  - *Demonstration Name* is the name of the demonstration. If the demonstration uses an acronym or shortened version of the full name, use that here. The state should use the same demonstration name in all report submissions.
  - *DY#* is the corresponding demonstration year of the monitoring report data.

- For example, a demonstration year 3 monitoring report would contain the file name: XX_DemonstrationName_MR_DY3, where XX stands for the state's two-letter abbreviation.

3.2. Upload the File to the CMS System

The state should upload its completed monitoring report for CMS's review to the appropriate CMS system based on CMS guidance. If the state needs additional technical assistance or information on using the system, the state should contact the CMS demonstration team.

Appendix A: Example Reentry Reinvestment Update State Responses

This appendix includes example state responses to the prompts in the Reentry Reinvestment Update tab. These examples are illustrative and intended to provide an example of the type of content and level of detail expected.

Table A.1 Example State Response: Reentry Demonstration Initiative Reinvestment Updates

Prompt Number	Reporting Topic and Prompt	Example State Response
1	**Reentry Reinvestment Plan Implementation.** Using the subsection prompts below, provide updates on implementation of the state's approved reentry reinvestment plan.	
1.1	**Reentry Health Care Services and Reinvestment Expenditures.** Report cumulative reentry health care services expenditures and reinvestment expenditures from the start of service delivery under the reentry demonstration through this reporting period. Unless otherwise specified, report actual (not budgeted) expenditures.	
1.1.1	Total cumulative reentry health care services expenditures through this reporting period <<This is auto-calculated as the sum of 1.1.2 and 1.1.3>>	*$ 2,000,000*
1.1.2	Reentry health care services expenditures for services newly available under the demonstration, cumulative through this reporting period	*$ 700,000*
1.1.3	Reentry health care services expenditures for existing services, previously funded with state/local dollars, cumulative through this reporting period	*$ 1,300,000*
1.1.4	Cumulative total federal financial participation (FFP) for existing services through this reporting period	*$ 650,000 (assumes a state with a hypothetical 50% FMAP)*
1.1.5	Cumulative total reinvestment amount expended through this reporting period	*$ 500,000*

Prompt Number	Reporting Topic and Prompt	Example State Response
1.2	**Reentry Reinvestment Expenditures Variances.** Describe any significant variances from projected reinvestment expenditures at this point in the demonstration, if applicable. Include the reason(s) for the variance and any anticipated effect on implementation of approved reinvestment activities. If no significant variances, indicate "No significant variances." *[The recommended word count is 100-200 words.]*	*Required reinvestment was approximately $150,000 lower than projected as of this reporting period, and expended reinvestment was lower than anticipated. The state was delayed in implementing the reentry initiative in three participating facilities, resulting in less FFP received for existing services than initially projected and thus lower overall required reinvestment under the reentry demonstration. The state faced some operational and implementation delays at community-based organizations which delayed certain planned reinvestment activities. The state anticipates meeting or exceeding the required reinvestment amount by the end of the demonstration.*
1.3	**Reentry Reinvestment Plan Progress By Activity.** For each applicable reinvestment activity with expenditures to date, briefly describe implementation progress and report the cumulative reinvestment expenditures associated with the activity through this reporting period. For activities that are not applicable to the state's reinvestment plan, indicate "Not applicable." *[The recommended word count is 50-100 words per activity.]*	
1.3.1	State share of funding associated with new services covered under the reentry demonstration initiative	*The state has expended $350,000 as the state share of funding associated with services newly covered under the reentry demonstration.*
1.3.2	Improved access to behavioral/physical community-based health care access and capacity for addressing the needs of individuals who are incarcerated (including those who are soon-to-be released), those who have recently been released, and those who may be at higher risk of criminal justice involvement, particularly due to untreated behavioral health conditions	*The state has expended $50,000 cumulatively through this reporting period to support improved access to community-based behavioral and physical health care for individuals transitioning from incarceration. Reinvestment funds supported two contracted community-based organizations in establishing care coordination and referral processes, strengthening connections to behavioral health and primary care providers, and assisting individuals with accessing services following release. Staffing shortages at these two organizations delayed implementation of certain activities by approximately one month. To mitigate these delays, the state worked with contracted partners to revise implementation schedules and prioritize staff onboarding. The state expects implementation to continue during the next reporting period and does not anticipate a significant effect on overall reinvestment plan implementation.*

Prompt Number	Reporting Topic and Prompt	Example State Response
1.3.3	Improved access to or quality of carceral health care services, including by covering new, enhanced, or expanded pre-release services authorized via the reentry demonstration initiative opportunity	*Not Applicable*
1.3.4	Improved health information technology (IT) and data sharing subject to compliance with applicable federal, state, and local laws governing confidentiality, privacy, and security of the information that would be disclosed among parties	*The state has expended $50,000 cumulatively through this reporting period on health IT and data-sharing activities supporting continuity of care during reentry. Funds supported enhancements to processes and systems used to exchange information between correctional settings, community-based organizations, and health care providers. These activities are intended to improve the timely transfer of information needed to coordinate services for individuals receiving services during incarceration and as they transition into the community.*
1.3.5	Increased community-based provider capacity that is particularly attuned to the specific needs of, and able to serve, justice-involved individuals or individuals at risk of justice involvement	*The state has expended $50,000 cumulatively through this reporting period to strengthen the capacity of community-based providers serving justice-involved individuals. Reinvestment funds supported provider onboarding, workforce training, and implementation activities designed to increase participating organizations' ability to address the health and social needs of individuals returning to the community. Some activities progressed more slowly than anticipated due to procurement delays described in 1.5 below; however, the state continues to work with contracted organizations to advance implementation.*
1.3.6	Expanded or enhanced community-based services and supports, including services and supports to meet the needs of the justice-involved population	*Not Applicable*
1.3.7	Any other investments that aim to support reentry, smooth transitions into the community, divert individuals from incarceration or re-incarceration, or better the health of the justice-involved population, including investments that are aimed at interventions occurring both prior to and following release from incarceration into the community (briefly describe)	*Not Applicable*

Prompt Number	Reporting Topic and Prompt	Example State Response
1.4	**Reentry Reinvestment Plan Changes.** Describe any changes to approved reinvestment activities, implementation timelines, expenditure projections, or other aspects of the approved reinvestment plan during the reporting period. Include the reason for the change and any anticipated effect on implementation. If there are no changes and to confirm that reinvestment expenditures reported during the reporting period remain consistent with the state's approved reinvestment plan indicate "No changes." *[The recommended word count is 100-200 words.]*	*The state revised the implementation timeline for one approved reinvestment activity focused on workforce training and provider capacity building. Procurement activities required additional time to complete due to higher-than-anticipated vendor interest and the need for additional proposal review. As a result, implementation will begin approximately one quarter later than originally projected. No changes were made to the scope of the activity or the total reinvestment amount associated with the activity. The state does not anticipate a significant effect on overall implementation of the approved reinvestment plan.*

Appendix B: Instructions for Determining Measurement Periods

Determining Measurement Periods. The state should align its reporting to the demonstration year indicated in the state's Special Terms and Conditions (STCs). For technical assistance, the state should contact its Centers for Medicare & Medicaid Services (CMS) demonstration team.

The following instructions outline the steps for determining the measurement periods for each type of measurement period:

- ***Demonstration Month Metrics.*** For metrics where the measurement period is a month, the first measurement period aligns with the first calendar month of the demonstration year of the corresponding reporting period. The first monthly measurement period begins on the first day of the month irrespective of the day of the month the demonstration year began. For example, if the demonstration year began on January 15, the first monthly measurement period would be January 1–January 31.
- ***Demonstration Quarter Metrics.*** For metrics where the measurement period is a quarter, the first measurement period aligns with the first three calendar months of the demonstration year of the corresponding reporting period. The first quarterly measurement period begins on the first day of the month within the quarter irrespective of the day of the month the demonstration year began. For example, if the demonstration year began on January 15, the first quarterly measurement period would be January 1–March 31.
- ***Demonstration Year Metrics.*** For metrics where the measurement period is a DY, the measurement period aligns with the 12 calendar months beginning with the first day of the start month of the DY for the corresponding reporting period. For example, if the DY began on February 1 or on any other day in February (e.g., February 15), the measurement period is February 1 through January 31 of the following calendar year (CY).
- ***Calendar Year Metrics.*** For metrics where the measurement period is a CY, the measurement period is January – December, regardless of the DY start date.

Appendix C: Requested Methodology Information

Some metrics have state-specific data sources or utilize state-specific definitions in the calculation of metrics data. The Centers for Medicare & Medicaid Services (CMS) uses this information to understand the comparability of metrics across demonstrations. CMS requests that the state provide additional methodology information in the first monitoring report in which the metrics are reported for the demonstration, and updates as needed in future monitoring reports, if applicable. **Table C.1** below outlines the standard methodology information requested by metric. Some methodology information requested is the same for multiple metrics, including metrics for different policies. These relationships are outlined in the relevant metrics column of the table.

Table C.1 Requested Methodology Information by Metric

Methodology Information	Relevant Metrics
Provide the typology the state used for tracking appeals.	BA_2, BA_3
Provide any state-specific codes used to identify case management services.	RE_5
Provide any state-specific codes used to identify MAT.	RE_6, RE_9
Provide data source(s) used to identify whether demonstration participants had at least one medication prescribed for use after release (metric denominator). If the state used multiple data sources, estimate the proportion of the denominator population identified using each data source. These proportions may be reported as an average across all months in the demonstration year. The state should indicate whether the data sources used or estimated proportions differed by facility type.	RE_7
Provide any state-specific codes used to identify receipt of a care plan.	RE_8
Provide data source(s) (such as a published list of IMDs in the state) and any state-specific codes or criteria used to identify IMDs.[a]	SMI_19b, SMI_19c, SMI_20, SUD_5, and SUD_36
Provide methods, data source(s), and/or data elements the state used to identify SUD providers. Specifically, CMS would like to understand how the state is defining SUD providers (including MAT providers) and whether any provider types are excluded. The state should identify the types of providers (e.g., clinical psychologists, opioid treatment programs) included, the approach to identifying each type including any provider enrollment databases used (e.g., a state may use claims data and identify all providers who prescribed buprenorphine during the measurement period), and whether providers are identified at the individual or facility level. Finally, the state should provide the time period reflected in the provider counts.[b]	SUD_13

CMS = Centers for Medicare & Medicaid Services; IMD = institution for mental diseases; MAT = medication-assisted treatment; SMI = serious mental illness; SUD = substance use disorder.

[a] Additional instructions for identifying IMDs are provided in the SMI/SED and SUD demonstration technical specifications manuals.

[b] Additional instructions for identifying providers are provided in the SUD demonstration technical specifications manual.