**Medicaid Section 1115 Substance Use Disorder Demonstrations**
**Monitoring Report Template**

*Once approved by the Centers for Medicare and Medicaid Services, this report will be made publicly available on the website of the California Department of Health Care Services.*

1. **Title page for the state's substance use disorder (SUD) demonstration or the SUD component of the broader demonstration.**

*The title page is a brief form that the state completed as part of its monitoring protocol. The title page will be  populated with the information from the state's approved monitoring protocol. The state should complete the remaining two rows. Definitions for certain rows are below the table.*

| State | California |
|---|---|
| Demonstration name | CalAIM |
| Approval period for section 1115 demonstration | *Automatically populated with the current approval period for the section 1115 demonstration as listed in the current special terms and conditions (STC), including the start date and end date (MM/DD/YYYY – MM/DD/YYYY).*<br>Start Date: 01/01/2022        End Date: 12/31/2026 |
| SUD demonstration start date[a] | *Automatically populated with the start date for the section 1115 SUD demonstration or SUD component if part of a broader demonstration (MM/DD/YYYY).*<br>01/01/2022 |
| Implementation date of SUD demonstration, if different from SUD demonstration start date[b] | *Automatically populated with the SUD demonstration implementation date (MM/DD/YYYY).*<br>01/01/2022 |
| SUD (or if broader demonstration, then SUD - related) demonstration goals and objectives | *Automatically populated with the summary of the SUD (or if broader demonstration, then SUD- related) demonstration goals and objectives.* |
| SUD demonstration year and quarter | *Enter the SUD demonstration year and quarter associated with this monitoring report (e.g., SUD DY1Q3 monitoring report). This should align with the reporting schedule in the state's approved monitoring protocol.*<br>DY8 Q4 |
| Reporting period | *Enter calendar dates for the current reporting period (i.e., for the quarter or year) (MM/DD/YYYY – MM/DD/YYYY). This should align with the reporting schedule in the state's approved monitoring protocol.*<br>Start Date: 04/01/2023        End Date: 06/30/2023 |

[a] **SUD demonstration start date:** For monitoring purposes, CMS defines the start date of the demonstration as the *effective date* listed in the state's STCs at time of SUD demonstration approval. For example, if the state's STCs at the time of SUD demonstration approval note that the SUD demonstration is effective January 1, 2020 – December 31, 2025, the state should consider January 1, 2020, to be the start date of the SUD demonstration. Note that the effective date is considered to be the first day the state may begin its SUD demonstration. In many cases, the effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example, CMS may approve an extension request on December 15, 2020, with an effective date of January 1, 2021, for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

[b] **Implementation date of SUD demonstration:** The date the state began claiming or will begin claiming federal financial participation for services provided to individuals in institutions for mental disease.

## 2. Executive summary

*The executive summary should be reported in the fillable box below. It is intended for summary-level information only. The recommended word count is 500 words or less.*

On June 30, 2021, California submitted a renewal request for the California Advancing and Innovating Medi-Cal (CalAIM) Section 1115 demonstration to the Centers for Medicare & Medicaid Services (CMS). This Section 1115 demonstration requested a five-year renewal of components of the Medi-Cal 2020 Section 1115 demonstration to continue improving health outcomes and reducing health disparities for individuals enrolled in Medi-Cal and other low-income populations in the state. In tandem, the Department of Health Care Services (DHCS) requested authority through a renewal of the Specialty Mental Health Services Section 1915(b) waiver for California. This request would transition nearly all Medi-Cal managed care delivery systems to a single authority, streamlining managed care programs of California and applying statewide lessons learned from previous Section 1115 demonstrations, as described below.

On December 29, 2021, CMS approved the Section 1115(a) CalAIM demonstration for California (Project No: 11-W-00193/9), effective through December 31, 2026. This approval is a part of the larger CalAIM initiative of California which includes the transition of the Medi-Cal managed care from the demonstration into 1915(b) waiver authority. The demonstration aims to assist the state in improving health outcomes and advancing health equity for Medi-Cal beneficiaries and other low-income people in the state.

The SUD Monitoring Protocol is required by the Special Terms and Conditions (STCs), specifically, STC 6.5 of California's CalAIM demonstration, effective through December 31, 2026.

This report represents quarterly data for specific and agreed upon SUD performance measures for the measurement period of April through June 2023. California counties have up to six months to submit SUD claims data. Per CMS' guidance, DHCS has updated the SUD Monitoring Protocol to reflect the need for a two-quarter reporting lag. DY8 Q4 contains the following required SUD metrics:

- Metric 3: The number of Medicaid Beneficiaries with SUD diagnosis (Quarterly).
- Metric 6: Number of beneficiaries enrolled in the measurement period receiving any SUD treatment service, facility claim, or pharmacy claim during the measurement period.
- Metric 7: Number of beneficiaries who used early intervention services.
- Metric 8: Total Beneficiaries that received Outpatient Services.
- Metric 9: Total Beneficiaries receiving Intensive Outpatient and Partial Hospitalization Services.
- Metric 10: Total Beneficiaries who use residential and/or inpatient services for SUD.
- Metric 11: Total Beneficiaries who use withdrawal services.
- Metric 12: Number of beneficiaries who have a claim for Medication-Assisted Treatment (MAT) for SUD during the measurement period.
- Metric 23: Total number of Emergency Department (ED) visits for SUD per 1,000 beneficiaries

in the measurement period.

- Metric 24: Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries.

### 3. Narrative information on implementation, by milestone and reporting topic.

| Prompt | | State has no trends/update to report (place an X) | Related metric(s) (if any) | State response |
|---|---|---|---|---|
| 1. | **Assessment of need and qualification for SUD services** | | | |
| 1.1 | **Metric trends** | | | |
| 1.1.1 | The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to assessment of need and qualification for SUD services | | #3: Medicaid Beneficiaries with SUD Diagnosis | California will report on metric trends in future reports, including all changes (+ or -) greater than<br><br>Total Beneficiaries with SUD Diagnosis:<br>April 2023: 490,173<br>May 2023: 492,197<br>June 2023: 492,298 |
| 1.2 | **Implementation update** | | | |
| 1.2.1 | Compared to the demonstration design and operational details, the state expects to make the following changes to:<br>1.2.1.a　The target population(s) of the demonstration | X | | |
| | 1.2.1.b　The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration | | | Several policy updates were implemented effective January 1, 2022, to improve access to care consistent with the existing clinical criteria that qualify a beneficiary for the demonstration. Specifically, policy updates included clarifying coverage of Drug Medi-Cal Organized Delivery Systems (DMC-ODS) services for adults during the assessment period, before the determination of a diagnosis; expanding criteria for the delivery of DMC-ODS Recovery Services to individuals with a history of incarceration or re-entering the community from incarceration; and clarification that screening and early intervention services |

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|---|---|---|---|
| | | | are accessible to beneficiaries under the age of 21 at risk of developing an SUD, regardless of whether they meet diagnostic criteria for a behavioral health disorder. |
| 1.2.2 | The state expects to make other program changes that may affect metrics related to assessment of need and qualification for SUD services | X | |

| Prompt | | State has no trends/update to report (place an X) | Related metric(s) (if any) | State response |
|---|---|---|---|---|
| **2.** | **Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)** | | | |
| **2.1** | **Metric trends** | | | |
| 2.1.1 | The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1 | | | California will identify metric trends in future reports, including all changes (+ or -) greater than 2 percent. |
| | | | #6: Number of beneficiaries enrolled in the measurement period receiving any SUD treatment service, facility claim, or pharmacy claim during the measurement period. | #6: Month/Total Beneficiaries enrolled in the measurement period receiving any SUD treatment service, facility claim, or pharmacy claim:<br><br>April 2023: 123,728<br>May 2023:  129,496<br>June 2023:  119,170 |
| | | | #7: Early Intervention; Number of beneficiaries who used early intervention. | #7: Month/Total Beneficiaries who used early intervention services (such as procedure codes associated with Screening, Brief Intervention, and Referral to Treatment [SBIRT]):<br><br>April 2023: 590<br>May 2023:  728<br>June 2023:  838 |
| | | | #8: Outpatient Services | #8: Month/Total Beneficiaries that received Outpatient Services for the first quarter was as follows:<br><br>April 2023: 60,413<br>May 2023:  65,691<br>June 2023:  59,761 |

| | | |
|---|---|---|
| | #9: Intensive Outpatient and Partial Hospitalization Services | #9: Month/Total Beneficiaries receiving Intensive Outpatient and Partial Hospitalization Services for the first quarter was as follows:<br><br>April 2023:  1,585<br>May 2023:  1,770<br>June 2023:  948 |
| | #10: Number of beneficiaries who use residential and/or inpatient services for SUD during the reporting period. | #10: Month/Total Beneficiaries who use residential and/or inpatient services for SUD:<br><br>April 2023:  8,089<br>May 2023:  8,613<br>June 2023:  6,152 |
| | #11: Number of beneficiaries who use withdrawal management services (such as outpatient, inpatient, or residential) during the reporting period. | #11: Month/Total Beneficiaries who use withdrawal services:<br><br>April 2023:  1,530<br>May 2023:  1,699<br>June 2023:  1,460 |
| | #12: Medication-Assisted Treatment (MAT) | #12: Monthly/Total Number of beneficiaries who have a claim for MAT for SUD during the measurement period:<br><br>April 2023:  46,902<br>May 2023:  49,938<br>June 2023:  46,176 |

| 2.2 | Implementation update |
|---|---|

| 2.2.1 | Compared to the demonstration design and operational details, the state expects to make the following changes to:<br><br>2.2.1.a Planned activities to improve access to SUD treatment services across the continuum of care for Medicaid beneficiaries (e.g., outpatient services, intensive outpatient services, medication-assisted treatment, services in intensive residential and inpatient settings, medically supervised withdrawal management) | | | In addition to the 1115 demonstration and to support improved access to SUD treatment services within the 1115 SUD demonstration, California continues to administer federal behavioral health grants that are awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA), including the Substance Abuse Prevention and Treatment Block Grant; the Community Mental Health Services Block Grant; the Behavioral Health Response and Rescue Project grants; State Opioid Response I, II, and III grants; and the Projects for Assistance in Transition from Homelessness grant. These grants complement or support member access to DMC-ODS services.<br><br>1. Opioid Settlement Funds (OSF) as of June 30, 2023:<br>• California will receive and administer approximately $2.2B over the next 18 years from these settlements to be used for opioid abatement activities.<br>• For State Fiscal Year 2022-23 (July 1, 2022, through June 30, 2023), California has allotted $127,829,000 of OSF in the Governor's Budget as shown below:<br>• OSF Oversight - $2,716,000<br>• SUD Provider Workforce Training - $51,113,000<br>• Shatterproof Addiction Treatment Locator, Assessment, and Standards (ATLAS) platform Operations, Outreach; Shatterproof Unshame California anti-stigma campaign - $9,200,000<br>• Naloxone Distribution Project Augmentation - $15,000,000<br>• Youth Opioid & Fentanyl Education Campaign - $40,800,000<br>• Opioid Overdose Data Collection - $5,000,000<br>• Employment in Recovery Pilot – cross-departmental collaborate with California Department of Rehabilitation to provide employment supports and services in SUD provider settings - $4,000,000<br><br>2. Behavioral Health Response and Rescue Project |

(BHRRP)

The BHRRP is supported by funding made available through the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) and the American Rescue Plan Act (ARPA). It is currently supporting 22 separate statewide projects, in addition to funding allocated to county-specific projects.

Grant award summary and individuals receiving services as of June 30, 2023:

- Crisis Care Mobile Units - $157,700,000; individuals receiving services - 26,556
- Behavioral Health Justice Intervention Services - $14.100,000; individuals receiving services - 4,355
- Peer Workforce Investment - $20,800,000; participants served - 57,900
- Expanding Peer Organization Capacity - $2,600,000; participants served - 18,404
- Mentored Internship Program - $51,000,000; participants served - 214,654
- Telehealth Expansion - $27,500,000 awarded

3. DHCS State Opioid Response (SOR) (formerly California MAT Expansion Projects).

- In May 2023, DHCS rebranded projects that directly address California's opioid crisis. This group of projects will now be referred to as "DHCS Opioid Response," and will replace the name "California MAT Expansion Projects." This change reflects DHCS' comprehensive approach to addressing the opioid crisis, which involves projects beyond medication assisted treatment (MAT) and aligns with recent recommendations to use the term medications for opioid use disorder (MOUD) instead of MAT. DHCS will also update and rename the California MAT Expansion website (CaliforniaMAT.org) as "DHCS Opioid Response" (CaliforniaOpioidResponse.org) in

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|---|---|---|---|---|---|
| | | | | | September 2023. These projects are funded by grants from SAMHSA, OSF, and State General Funds.<br><br>Project Outcomes reported in June 2023:<br><br>• 152,007 new patients treated for opioid use disorder<br>• 20,570 new patients treated for stimulant use disorder<br>• 283,878 individuals referred to or received recovery support services<br>• 55,504 individuals received harm reduction services (excluding naloxone)<br>• 12,649 trainings held |
| | 2.2.1.b | SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential treatment, medically supervised withdrawal management, and medication-assisted treatment services provided to individual IMDs | X | | |
| 2.2.2 | | The state expects to make other program changes that may affect metrics related to Milestone 1 | X | | |

| Prompt | | State has no trends/update to report (place an X) | Related metric(s) (if any) | State response |
|---|---|---|---|---|
| **3.** | **Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)** | | | |
| **3.1** | **Metric trends** | | | |
| 3.1.1 | The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2 | X | | |
| **3.2.** | **Implementation update** | | | |
| 3.2.1 | Compared to the demonstration design and operational details, the state expects to make the following changes to: <br> 3.2.1.a    Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria | X | | |
| | 3.2.1.b    Implementation of a utilization management approach to ensure (a) beneficiaries have access to SUD services at the appropriate level of care, (b) interventions are appropriate for the diagnosis and level of care, or (c) use of independent process for reviewing placement in residential treatment settings | X | | |
| 3.2.2 | The state expects to make other program changes that may affect metrics related to Milestone 2 | X | | |

| Prompt | | State has no trends/update to report (place an X) | Related metric(s) (if any) | State response |
|---|---|---|---|---|
| **4.** | **Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)** | | | |
| **4.1** | **Metric trends** | | | |
| 4.1.1 | The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3

Note: There are no CMS-provided metrics related to Milestone 3.  If the state did not identify any metrics for reporting this milestone, the state should indicate it has no update to report. | X | | |
| **4.2** | **Implementation update** | | | |
| 4.2.1 | Compared to the demonstration design and operational details, the state expects to make the following changes to:
4.2.1.a    Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards | X | | |
| | 4.2.1.b    Review process for residential treatment providers' compliance with qualifications | X | | |
| | 4.2.1.c    Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site | X | | |
| 4.2.2 | The state expects to make other program changes that may affect metrics related to Milestone 3 | X | | |

| Prompt | | State has no trends/update to report (place an X) | Related metric(s) (if any) | State response |
|---|---|---|---|---|
| 5. | **Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)** | | | |
| **5.1** | **Metric trends** | | | |
| 5.1.1 | The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4 | X | | |
| **5.2** | **Implementation update** | | | |
| 5.2.1 | Compared to the demonstration design and operational details, the state expects to make the following changes to: Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care | X | | |
| 5.2.2 | The state expects to make other program changes that may affect metrics related to Milestone 4 | X | | |

| Prompt | | State has no trends/update to report (place an X) | Related metric(s) | State response |
|---|---|---|---|---|
| 6. | **Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)** | | | |
| 6.1 | **Metric trends** | | | |
| 6.1.1 | The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5 | | | Future reports will identify metric trends, including all changes (+ or -) greater than 2 percent for this milestone. |
| | | | #23: Total number of ED visits for SUD per 1,000 beneficiaries in the measurement period. | #23: Monthly/Total Number of ED visits for SUD per 1,000 beneficiaries in the measurement period.<br><br>April 2023:   2.08%<br>May 2023:    2.15%<br>June 2023:   2.07% |
| 6.2 | **Implementation update** | | | |
| 6.2.1 | Compared to the demonstration design and operational details, the state expects to make the following changes to:<br>6.2.1.a    Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD | X | | |
| | 6.2.1.b    Expansion of coverage for and access to naloxone | X | | |
| 6.2.2 | The state expects to make other program changes that may affect metrics related to Milestone 5 | X | | |

| Prompt | | State has no trends/update to report (place an X) | Related metric(s) (if any) | State response |
|---|---|---|---|---|
| **7.** | **Improved Care Coordination and Transitions between Levels of Care (Milestone 6)** | | | |
| **7.1** | **Metric trends** | | | |
| 7.1.1 | The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6 | X | | |
| **7.2** | **Implementation update** | | | |
| 7.2.1 | Compared to the demonstration design and operational details, the state expects to make the following changes to: Implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports | X | | |
| 7.2.2 | The state expects to make other program changes that may affect metrics related to Milestone 6 | X | | |

| Prompt | | State has no trends/update to report (place an X) | Related metric(s) (if any) | State response |
|---|---|---|---|---|
| **8.** | **SUD health information technology (health IT)** | | | |
| **8.1** | **Metric trends** | | | |
| 8.1.1 | The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics | X | | |
| **8.2** | **Implementation update** | | | |
| 8.2.1 | Compared to the demonstration design and operational details, the state expects to make the following changes to:<br>8.2.1.a    How health IT is being used to slow down the rate of growth of individuals identified with SUD | X | | |
| | 8.2.1.b    How health IT is being used to treat effectively individuals identified with SUD | X | | |
| | 8.2.1.c    How health IT is being used to effectively monitor "recovery" supports and services for individuals identified with SUD | X | | |
| | 8.2.1.d    Other aspects of the state's plan to develop the health IT infrastructure/capabilities at the state, delivery system, health plan/MCO, and individual provider levels | X | | |
| | 8.2.1.e    Other aspects of the state's health IT implementation milestones | X | | |
| | 8.2.1.f    The timeline for achieving health IT implementation milestones | X | | |

| Prompt | | State has no trends/update to report (place an X) | Related metric(s) (if any) | State response |
|---|---|---|---|---|
| | 8.2.1.g  Planned activities to increase use and functionality of the state's prescription drug monitoring program | X | | |
| 8.2.2 | The state expects to make other program changes that may affect metrics related to health IT | X | | |
| **9.** | **Other SUD-related metrics** | | | |
| **9.1** | **Metric trends** | | | |
| 9.1.1 | The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics | X | | Future reports will identify metric trends, including all changes (+ or -) greater than 2 percent for this milestone. |
| | | | #24: Inpatient Stays for SUD per 1,000 Medicaid | #24: Monthly/Quarterly: Total number of inpatient stays per 1,000 beneficiaries in the measurement period.<br><br>April 2023:  1.20%<br>May 2023:  1.24%<br>June 2023:  1.22% |
| **9.2** | **Implementation update** | | | |
| 9.2.1 | The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics | X | | |

## 4. Narrative information on other reporting topics

| Prompts | | State has no update to report (place an X) | State response |
|---|---|---|---|
| **10.** | **Budget neutrality** | | |
| **10.1** | **Current status and analysis** | | |
| 10.1.1 | If the SUD component is part of a broader demonstration, the state should provide an analysis of the SUD-related budget neutrality and an analysis of budget neutrality as a whole.  Describe the current status of budget neutrality and an analysis of the budget neutrality to date. | X | |
| **10.2** | **Implementation update** | | |
| 10.2.1 | The state expects to make other program changes that may affect budget neutrality | X | |

| Prompts | State has no update to report (place an X) | State response |
|---|---|---|
| **11.**     **SUD-related demonstration operations and policy** | | |
| **11.1**     **Considerations** | | |
| 11.1.1     The state should highlight significant SUD (or if broader demonstration, then SUD-related) demonstration operations or policy considerations that could positively or negatively affect beneficiary enrollment, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the SUD demonstration's approved goals or objectives, if not already reported elsewhere in this document.  See Monitoring Report Instructions for more detail. | X | |
| **11.2**     **Implementation update** | | |
| 11.2.1     Compared to the demonstration design and operational details, the state expects to make the following changes to: <br> 11.2.1.a     How the delivery system operates under the demonstration (e.g., through the managed care system or fee for service) | X | |
| 11.2.1.b     Delivery models affecting demonstration participants (e.g., Accountable Care Organizations, Patient Centered Medical Homes) | X | |
| 11.2.1.c     Partners involved in service delivery | X | |

| Prompts | State has no update to report (place an X) | State response |
|---|---|---|
| 11.2.2 | The state experienced challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers) and/or noted any performance issues with contracted entities | X | |
| 11.2.3 | The state is working on other initiatives related to SUD or OUD | X | |
| 11.2.4 | The initiatives described above are related to the SUD or OUD demonstration (The state should note similarities and differences from the SUD demonstration) | X | |

| Prompts | | State has no update to report (place an X) | State response |
|---|---|---|---|
| **12.** | **SUD demonstration evaluation update** | | |
| **12.1** | **Narrative information** | | |
| 12.1.1 | Provide updates on SUD evaluation work and timeline.  The appropriate content will depend on when this monitoring report is due to CMS and the timing for the demonstration.  There are specific requirements per 42 Code of Federal Regulations (CFR) § 431.428a(10) for annual [monitoring] reports.  See Monitoring Report Instructions for more details. | X | |
| 12.1.2 | Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs | X | |
| 12.1.3 | List anticipated evaluation-related deliverables related to this demonstration and their due dates | X | |

| Prompts | | State has no update to report (place an X) | State response |
|---|---|---|---|
| **13.** | **Other SUD demonstration reporting** | | |
| **13.1** | **General reporting requirements** | | |
| 13.1.1 | The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol | X | |
| 13.1.2 | The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes | X | |
| 13.1.3 | Compared to the demonstration design and operational details, the state expects to make the following changes to:<br>13.1.3.a The schedule for completing and submitting monitoring reports | X | |
| | 13.1.3.b The content or completeness of submitted monitoring reports and/or future monitoring reports | X | |
| 13.1.4 | The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation | X | |
| 13.1.5 | Provide updates on the results of beneficiary satisfaction surveys, if conducted during the reporting year, including updates on grievances and appeals from beneficiaries, per 42 CFR § 431.428(a)5 | X | |

| Prompts | State has no update to report (place an X) | State response |
|---|---|---|
| **13.2**     **Post-award public forum** | | |
| 13.2.2    If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicating any resulting action items or issues.  A summary of the post-award public forum must be included here for the period during which the forum was held and in the annual monitoring report. | X | |

| Prompts | State has no update to report (place an X) | State response |
|---|---|---|
| **14.** **Notable state achievements and/or innovations** | | |
| **14.1** **Narrative information** | | |
| 14.1.1 Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SUD (or if broader demonstration, then SUD related) demonstration or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries. | | On February 15, 2023, DHCS' training and technical assistance contractor for the Recovery Incentives Program, the University of California, Los Angeles, launched the Recovery Incentives Program Implementation Training which is required for all contingency management (CM) coordinators and supervisors. Between February 15, 2023, and March 31, 2023, fourteen Implementation Trainings were delivered with 295 total participants.<br><br>On March 28, 2023, DHCS approved the first site to offer CM services as part of the Recovery Incentives Program. The site is located in Los Angeles County, which serves 30 percent of California's Medi-Cal population. Additional sites are being approved on a rolling basis as they complete the Implementation Training and Readiness Review process. |

*The state should remove all example text from the table prior to submission.

Note:      Licensee and states must prominently display the following notice on any display of Measure rates:

*Measures IET-AD, FUA-AD, FUM-AD, and AAP [Metrics #15, 17(1), 17(2), and 32] 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."*