# 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.*

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| **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>DY9 Q3 |
| **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: 1/1/2024 End Date: 3/31/2024 |

[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 the 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 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 January through March 2024. This report also represents annual established quality measures for the period of January through December 2023. California counties have up to twelve months to submit SUD claims data. DY9 Q3 contains the following required quarterly SUD metrics and annual EQMs:

Quarterly SUD Metrics:

- Metric 3: The number of Medicaid Beneficiaries with SUD diagnosis
- 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.

Annual EQMs:

- Metric #15: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-AD)
- Metric #17(1): Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-AD)
- Metric #17(2): Follow-Up After Emergency Department Visit for Mental Illness (FUM-AD)
- Metric #18: Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)
- Metric #21: Concurrent Use of Opioids and Benzodiazepines (COB-AD)
- Metric #22: Continuity of Pharmacotherapy for Opioid Use Disorder
- Metric #32: Access to Preventive/Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD

## 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 |
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| **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 | #3: Total Beneficiaries with SUD Diagnosis:<br>January 2024: 518,741<br>February 2024: 520,691<br>March 2024: 519,991<br><br>This quarterly measure showed a 1.81 percent increase when compared with the data from the DY9 Q2 report. The data suggests a slight upward trend in the number of members accessing and receiving SUD services during the measurement period. |
| **1.2** | **Implementation update** | | | |
| 1.2.1 | Compared to the demonstration design and operational details, the state expects to make the following changes:<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 | X | | |

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| 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 |
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| **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 | | #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>January 2024: 123, 243<br>February 2024: 119,600<br>March 2024: 120,543<br><br>This quarterly measure decreased by 7.31 percent when compared with the data from the DY9 Q2 report. DHCS is conducting further data analysis to understand the slight decrease in total claims received. DHCS will continue collaborating with counties to ensure timely and accurate submissions of claims. |
| | | | #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>January 2024: 3,512<br>February 2024: 3,480<br>March 2024: 3,332<br><br>This quarterly measure showed a 25.26 percent increase when compared to the DY9 Q2 report. This particular measure |

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| | | | also showed an increase from DY9 Q1 to Q2 of 79.60 percent. Prior to the Payment Reform, SBIRT could not be billed with other assessment services on the same day. Since the implementation of the Payment Reform in July 2023, it is allowable to bill SBIRT and other assessment services (CPT codes) on the same day. This allows providers to bill for services that may have been previously, serving as a likely cause for the increase on this particular measure. DHCS is conducting further analysis of the data at a county level to identify other contributing variables that may explain the increase. |
| | | #8: Outpatient Services | #8: Month/Total Beneficiaries that received Outpatient Services were as follows:<br><br>January 2024: 76,114<br>February 2024: 72,664<br>March 2024: 72,441<br><br>This quarterly measure showed a 11.26 percent increase in members receiving outpatient services when compared with the data from the DY9 Q2 report. Overall, this metric count shows more members seeking and receiving outpatient services. |
| | | #9: Intensive Outpatient and Partial Hospitalization Services | #9: Month/Total Beneficiaries receiving Intensive Outpatient and Partial Hospitalization Services were as follows:<br><br>January 2024: 956<br>February 2024: 846<br>March 2024: 908 |

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| | | | This quarterly measure showed a 20.55 percent increase when compared with the data from the DY9 Q2 report. The increase is primarily attributed to a rise in the number of members aged 65 and older. DHCS will closely monitor this data and conduct further analysis if the trend continues to rise in the next quarter's reporting. |
| | | #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>January 2024: 9,039<br>February 2024: 8,951<br>March 2024: 9,318<br><br>The quarter measure showed a 5.0 percent increase when compared with the data from DY9 Q2 report for total beneficiaries who use residential and/or inpatient services for SUD. |
| | | #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>January 2024: 1,794<br>February 2024: 1,704<br>March 2024: 1,891<br><br>The quarter measure showed a 6.7 percent increase in a total number of beneficiaries who use withdrawal services. |

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| | | #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>January 2024: 56,609<br>February 2024: 56,274<br>March 2024: 56,972<br><br>The quarter measure showed a 4.1 percent increase in the number of beneficiaries who have MAT for SUD when compared to the previous DY9 Q2 report. DHCS will closely monitor this data and conduct further analysis if the trend continues to rise in the next quarter's reporting. |
| | | #22: Continuity of Pharmacotherapy for Opioid Use Disorder (EQM-Annual) | #22: The percentage of adults 18 years of age and older with Pharmacotherapy for OUD who have at least 180 days of continuous treatment for time period between 1/1/2023 and 12/31/2023 is 13.68 percent. This rate is comparable with the rate for Calendar Year (CY) 2022 of 14.86 percent. |
| **2.2 Implementation update** | | | |

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| 2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:<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 (SOR) 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):<br>• California has final and proposed agreements with a set of manufacturers, distributors, and pharmacies. The State and Participating Subdivisions have begun receiving payments.<br>• Mallinckrodt defaulted on payments and subsequently reached a new agreement with National Opioid Abatement Trust II (NOAT II) to settle for $250 million and will declare a second bankruptcy. Other than payments to California from this $250 million, no future payments are expected.<br>• DHCS will administer and oversee the State's share of the funds, as well as monitor and oversee Participating Subdivisions/Local Governments as outlined in national and CA agreements.<br><br>From July 1, 2022, through June 30, 2027, DHCS will distribute $232,486,000 as follows:<br>• 7/1/2022 - 6/30/2023: $78,029,000<br>• 7/1/2023 - 6/30/2027: $154,457,000<br>• Funding Update as of March 31, 2024: Shatterproof Addiction Treatment Locator, Assessment, and Standards (ATLAS) platform Operations, Outreach; Shatterproof Unshame California anti-stigma campaign - $9,200,000<br>• SUD Workforce Development - $51,113,000<br>• Naloxone Distribution Project - $88.117M (Includes $14.750,000 from FY 2022-23 and $73.367,000 from FY 2023-24).<br><br>2. Behavioral Health Response and Rescue Project (BHRRP)<br><br>The BHRRP is supported by funding made available through the Coronavirus Response and Relief Supplemental Appropriations Act |

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| | | | (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.<br><br>Grant award summary and Individuals receiving services as of January 2024:<br>• Crisis Care Mobile Units - $185,000,000; Individuals receiving dispatched services - 35,478.<br>• Behavioral Health Justice Intervention Services - $14.100,000; Individuals receiving services - 5,803.<br>• Peer Workforce Investment - $32,525,618.95; Total participants served - 113,121.<br>• Expanding Peer Organization Capacity - $6,266,702.01; Total participants served - 113,121.<br>• Mentored Internship Program - $99,918,811; Total participants served - 569,039.<br>• Behavioral Health Recruitment and Retention - $26,045,559; recruitment of 16,382 full time and 4,511 part time staff.<br><br>3. DHCS State Opioid Response (SOR): These projects are funded by grants from SAMHSA, OSF, and State General Funds.<br><br>Projects Outcomes as of March 31, 2024:<br>• 181,551 new patients treated for opioid use disorder.<br>• 29,508 new patients treated for stimulant use disorder.<br>• 334,541 individuals referred to or received recovery support services, including:<br>  ○ 202,063 individuals received peer support or recovery coaching.<br>  ○ 33,741 patients were referred for housing support services.<br>  ○ 12,333 patients received counseling services.<br>• 133,779 patients received services via telehealth.<br>• 500+ active access points under SOR III. |

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| | 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 |
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| **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 |
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| **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<br><br>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:<br>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 |
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| **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 | | | |
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| 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 |
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| **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 | | #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>January 2024: 1.87%<br>February 2024: 1.81%<br>March 2024: 1.91%<br><br>There were no significant changes for the total number of Emergency Department (ED) visits for SUD per 1,000 beneficiaries. There are no significant changes noted for this reporting period. |
| | | | #18: Use of Opioids at High Dosage in Persons without Cancer (OHD-AD) (EQM-Annual) | #18: The percentage of beneficiaries aged 18 and older who received prescriptions for opioids with an average daily dosage greater than or equal to 90 morphine milligram equivalents (MME) over a period of 90 days or more is 2.45 percent. Beneficiaries with a cancer diagnosis, Sickle cell disease diagnosis, or in hospice or palliative care are excluded. This rate is comparable with the rate reported in CY 2022 of 2.58 percent. Generally, lower rates indicate better performance on this measure. DHCS will conduct further analysis once additional comparison rates become available for the next reporting period. |
| | | | #21: Concurrent Use of Opioids and Benzodiazepines (COB-AD) | #21: Percentage of beneficiaries aged 18 and older with concurrent use of prescription opioids and benzodiazepines is 7.29 percent. Beneficiaries with a cancer diagnosis, Sickle cell disease diagnosis, or in hospice or palliative care are excluded. This rate is comparable with the rate reported for |

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| | | | (EQM-Annual) | CY 2022 of 8.13 percent. Generally, lower rates indicate better performance on this measure. DHCS will conduct a trend analysis once more comparison rates become available. |
| **6.2** | **Implementation update** | | | |
| 6.2.1 | Compared to the demonstration design and operational details, the state expects to make the following changes:<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 | | | In addition to the 1115 SUD Demonstration, DHCS also funds the Naloxone Distribution Project (NDP), which aims to reduce opioid overdose deaths through the provision of free naloxone. Entities can apply to DHCS to have naloxone shipped directly to their address.<br><br>During this measurement period, DHCS began distributing generic four (4) mg naloxone nasal spray in partnership with the CalRX Naloxone Access Initiative. Through this investment, announced as part of Governor Newsom's Master Plan for Tackling the Fentanyl and Opioid Crisis. the NDP will be able to distribute even more naloxone to communities in need and support California's fight against the opioid epidemic. In addition, DHCS began distribution of free all-in-one fentanyl test strip kits to help prevent drug overdoses across the state. While funding is available, organizations currently eligible to receive naloxone through the NDP can apply to receive free fentanyl test strip kits. The all-in-one kits streamline the process of testing a drug for the presence of fentanyl, an extremely powerful opioid that can be added to other drugs and lead to a life-threatening or fatal overdose event, by packaging together a measuring scoop, the fentanyl test strip, a water pouch, and test instructions.<br><br>The all-in-one fentanyl test strip kits also reduce errors in |

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| | | | testing drugs for fentanyl by including clear markings on the water pouch to prevent under and over dilution and a result guide for test comparison. By providing these free all-in-one kits, DHCS aims to help California communities who are at risk of fentanyl exposure to increase their safety and prevent overdoses. |
| 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 |
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| **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 | | #15: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET) (EQM-Annual) | #15: Percentage of beneficiaries aged 18 and older with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following between 1/1/2023 and 12/31/2023:<br>• Initiation of AOD Treatment – percentage of beneficiaries who initiate through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis,<br>• Engagement of AOD Treatment- percentage of beneficiaries who initiated treatment and who were engaged in ongoing AOD treatment within 34 days of the initiation visit.<br>The following diagnosis cohorts are reported for each rate:<br>(1) Alcohol abuse or dependence.<br>(2) Opioid abuse or dependence.<br>(3) Other drug abuse or dependence.<br>(4) Total AOD abuse or dependence.<br>A total of eight separate rates are reported for this measure:<br>Initiation of AOD Treatment-Alcohol Abuse or Dependence (rate 1, cohort 1) 20.16%.<br>Initiation of AOD Treatment – Alcohol Abuse or Dependence (rate 1, cohort 2) 31.81%. |

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| | | | Initiation of AOD Treatment – Alcohol Abuse or Dependence (rate 1, cohort 3) 19.19%.<br><br>Initiation of AOD Treatment – Alcohol Abuse or Dependence (rate 1, cohort 4) 21.23%.<br><br>Initiation of AOD Treatment – Alcohol Abuse or Dependence (rate 2, cohort 1) 5.84%.<br><br>Initiation of AOD Treatment – Alcohol Abuse or Dependence (rate 2, cohort 2) 9.61%.<br><br>Initiation of AOD Treatment – Alcohol Abuse or Dependence (rate 2, cohort 3) 5.85%.<br><br>Initiation of AOD Treatment – Alcohol Abuse or Dependence (rate 2; cohort 4) 6.35%.<br><br>The above data are comparable with the rates reported for CY 2022. DHCS will conduct a trend analysis once comparison data are available. |
| | | #17(1): Follow-Up After Emergency Department Visit for Alcohol or Other Drug Dependence: Age 18 and Older (FUA-AD) (EQM-Annual) | #17(1): The percentage of Emergency Department (ED) Visits for Beneficiaries aged 18 and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence who had a follow-up visit for AOD abuse or dependence. Two rates are reported for the time period between 1/1/2023 and 12/31/2023.<br><br>• Percentage of ED visits for which the beneficiary received follow-up within 30 days of the ED visit (31 total days) is 27.69 percent.<br>• Percentage of ED visits for which the beneficiary received follow-up within 7 days of ED visit (eight total days) is 18.80 percent. |

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| | | | | The above data are comparable with the rates reported for CY 2022. DHCS will conduct a trend analysis once comparison data are available.<br><br>#17(2): Percentage of emergency department (ED) visits for beneficiaries aged 18 and older with a principal diagnosis of mental illness or intentional self-harm and who had a follow-up visit for mental illness. Two rates are reported for the time period between 1/1/2023 and 12/31/2023:<br>• Percentage of ED visits for mental illness for which the beneficiary received follow-up within 30 days of the ED visit (31 total days) is 50.79 percent.<br>• Percentage of ED visits for mental illness for which the beneficiary received follow-up within seven days of the ED visit (8 total days) is 36.24 percent.<br><br>These rates are comparable with the rates from CY 2022: 55.45 percent within 30 days, and 41.98 percent within seven days of follow-up services after an ED visit. DHCS will conduct a trend analysis once more comparison rates become available. |
| | | | #17(2): Follow Up After Emergency Department Visit for Mental Illness: Age 18 and Older (FUM-AD) (EQM-Annual) | |
| **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 |
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| **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 | | |

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| 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 | | #24: Inpatient Stays for SUD per 1,000 Medicaid<br><br>#32: Access to Preventative/Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD (EQM-Annual) | #24: Monthly/Quarterly: Total number of inpatient stays per 1,000 beneficiaries in the measurement period.<br><br>January 2024: 1.16%<br>February 2024: 1.14%<br>March 2024: 1.17%<br><br>There were no significant changes for Inpatient Stays for SUD services per 1,000 Medicaid.<br><br>#32: The percentage of Medicaid beneficiaries with SUD who had an ambulatory or preventive care visit during the measurement period of 1/1/2023 and 12/31/2023 was 83.90 percent. This data is comparable with the rates reported for CY 2022. DHCS will conduct a trend analysis once comparison data are available |
| **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: | X | |
| | 11.2.1.a How the delivery system operates under the demonstration (e.g., through the managed care system or fee for service) | | |
| | 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>County participation in the Recovery Incentives Program is optional, for counties that have waivers under DMC-ODS. To date, 24 counties have applied to participate, with 19 of those counties having at least one site approved to offer CM services as of July 16, 2024. The first client began participating in the Recovery Incentives Program in April 2023, and Counties, along with individual treatment programs, have continued to launch since then.<br><br>As of July 12, 2024, 155 programs had chosen to participate in the Recovery Incentives Program. Among these 155 programs, 87 are currently approved to launch, while 68 are either in the training and readiness process (25 programs) or have yet to begin the training process.<br><br>In terms of member participation, the number of new clients participating in the Recovery Incentives Program has grown rapidly as treatment programs continue to launch, increasing from 13 new clients in April 2023 to 300 new clients in February 2024. |

*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:
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