

**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	<i>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).</i> Start Date: 01/01/2022 End Date: 12/31/2026
SUD demonstration start date^a	<i>Automatically populated with the start date for the section 1115 SUD demonstration or SUD component if part of a broader demonstration (MM/DD/YYYY).</i> 01/01/2022
Implementation date of SUD demonstration, if different from SUD demonstration start date^b	<i>Automatically populated with the SUD demonstration implementation date (MM/DD/YYYY).</i> 01/01/2022
SUD (or if broader demonstration, then SUD - related) demonstration goals and objectives	<i>Automatically populated with the summary of the SUD (or if broader demonstration, then SUD- related) demonstration goals and objectives.</i>
SUD demonstration year and quarter	<i>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.</i> DY9 Q1
Reporting period	<i>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.</i> Start Date: 07/01/2023 End Date: 09/30/2023

^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 July through September 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. DY9 Q1 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 2 percent. Total Beneficiaries with SUD Diagnosis: July 2023: 493,573 August 2023: 494,479 September 2023: 493,762
1.2 Implementation update			
1.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 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		#6: Number of beneficiaries enrolled in the measurement period receiving any SUD treatment service, facility claim, or pharmacy claim during the measurement period. #7: Early Intervention; Number of beneficiaries who used early intervention. #8: Outpatient Services	California will identify metric trends in future reports, including all changes (+ or -) greater than 2 percent. #6: Month/Total Beneficiaries enrolled in the measurement period receiving any SUD treatment service, facility claim, or pharmacy claim: July 2023: 116,331 August 2023: 115,264 September 2023: 110,775 #7: Month/Total Beneficiaries who used early intervention services (such as procedure codes associated with Screening, Brief Intervention, and Referral to Treatment [SBIRT]): July 2023: 1,510 August 2023: 1,492 September 2023: 1,587 DHCS has seen increase in the Month/Total Beneficiaries who used early intervention service. DHCS will observe in future reports if this trend continues and explore contributing variables. #8: Month/Total Beneficiaries that received Outpatient Services for the first quarter was as follows:

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		<p>#9: Intensive Outpatient and Partial Hospitalization Services</p> <p>#10: Number of beneficiaries who use residential and/or inpatient services for SUD during the reporting period.</p> <p>#11: Number of beneficiaries who use withdrawal management services (such as outpatient, inpatient, or residential) during the reporting period.</p> <p>#12: Medication-Assisted Treatment (MAT)</p>	<p>July 2023: 49,206 August 2023: 50,158 September 2023: 48,867</p> <p>#9: Month/Total Beneficiaries receiving Intensive Outpatient and Partial Hospitalization Services for the first quarter was as follows: July 2023: 715 August 2023: 548 September 2023: 298</p> <p>#10: Month/Total Beneficiaries who use residential and/or inpatient services for SUD: July 2023: 5,924 August 2023: 4,727 September 2023: 4,893</p> <p>#11: Month/Total Beneficiaries who use withdrawal services: July 2023: 1,341 August 2023: 1,198 September 2023: 1,028</p> <p>#12: Monthly/Total Number of beneficiaries who have a claim for MAT for SUD during the measurement period: July 2023: 45,661 August 2023: 45,660 September 2023: 46,006</p>
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2.2 Implementation update	
<p>2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <p>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)</p>	<p>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.</p> <p>1. Opioid Settlement Funds (OSF):</p> <ul style="list-style-type: none"> • California has final and proposed agreements with a set of manufacturers, distributors, and pharmacies. The State and Participating Subdivisions have begun receiving payments. • 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. • DHCS will administer and oversee the State’s share of the funds, as well as monitoring and oversight of Participating Subdivisions/Local Governments as outlined in national and CA agreements. <p>From July 1, 2022, through June 30, 2027, DHCS will distribute \$235,613,000 as follows:</p> <ul style="list-style-type: none"> • 7/1/2022 - 6/30/2023: \$76,313,000 • 7/1/2023 - 6/30/2027: \$159,300,000 • Funding Update as of September 30, 2023: Shatterproof Addiction Treatment Locator, Assessment, and Standards (ATLAS) platform Operations, Outreach; Shatterproof Unshame California anti-stigma campaign - \$9,200,000 • SUD Workforce Development - \$51,113,000

		<ul style="list-style-type: none"> • Naloxone Distribution Project - \$89,500,000 (Includes \$14,750,000 from FY 2022-23 and \$74,750,000 from FY 2023-24). <p>2. Behavioral Health Response and Rescue Project (BHRRP)</p> <p>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.</p> <p>Grant award summary and Individuals receiving services as of September 30, 2023:</p> <ul style="list-style-type: none"> • Crisis Care Mobile Units - \$157,700,000; Individuals receiving dispatched services- 35,478 • Behavioral Health Justice Intervention Services - \$14,100,000; Individuals receiving services- 5,803 • Peer Workforce Investment - \$32,525,618.95; Total participants served- 63,448 • Expanding Peer Organization Capacity - \$6,266,702.01; Total participants served- 14,379 • Mentored Internship Program - \$51,000 Total participants served- 318,521 • Behavioral Health Recruitment and Retention- \$26,045,559 • Telehealth Expansion - \$27,500,000 awarded <p>3. DHCS State Opioid Response (SOR): These projects are funded by grants from SAMHSA, OSF, and State General Funds.</p> <p>Projects Outcomes as of September 30, 2023:</p> <ul style="list-style-type: none"> • 174,695 new patients treated for opioid use disorder. • 26,061 new patients treated for stimulant use disorder.
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			<ul style="list-style-type: none"> • 293,527 individuals referred to or received recovery support services, including: <ul style="list-style-type: none"> ○ 171,633 individuals received peer support or recovery coaching. ○ 26,138 patients were referred for housing support services. ○ 24,300 patients received counseling services. • 94,333 patients received services via telehealth. • 496 active access points under SOR III.
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: 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		#23: Total number of ED visits for SUD per 1,000 beneficiaries in the measurement period.	Future reports will identify metric trends, including all changes (+ or -) greater than 2 percent for this milestone. #23: Monthly/Total Number of ED visits for SUD per 1,000 beneficiaries in the measurement period. July 2023: 2.14% August 2023: 2.05% September 2023: 1.96%
6.2 Implementation update			
6.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 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: 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	#24: Inpatient Stays for SUD per 1,000 Medicaid	Future reports will identify metric trends, including all changes (+ or -) greater than 2 percent for this milestone. #24: Monthly/Quarterly: Total number of inpatient stays per 1,000 beneficiaries in the measurement period. July 2023: 1.21% August 2023: 1.20% September 2023: 1.16%
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		
<p>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.</p>		<p>The CalAIM Behavioral Health Payment Reform initiative was implemented on July 1, 2023. The initiative changes the way DHCS reimburses counties for Specialty Mental Health Services (SMHS), Drug Medi-Cal (DMC), and DMC-ODS services.</p> <p>Payment reform transitioned counties from cost-based reimbursement funded via Certified Public Expenditures (CPEs) to fee-for-service reimbursement funded via Intergovernmental Transfers (IGTs), eliminating the need for reconciliation to actual costs. As part of payment reform, SMHS and SUD services transitioned from Healthcare Common Procedure Coding System Level II coding to Level I coding, known as Current Procedural Terminology coding, when possible.</p> <p>While DHCS would not expect Payment Reform to impact service delivery or access to care during the reporting period, as a result of Payment Reform, some California counties have experienced delays in claims submission. The increased claims lag has the potential to impact some DMC-ODS utilization metrics; atypical delays in claims submission may cause utilization to appear lower in comparison to prior year or prior quarters. DHCS expects that the impacts of Payment Reform on the DMC-ODS claims data used in these reports are likely minimal. Claims data was extracted roughly six to nine months after date of service; this period typically reflects relatively complete claims, though counties have up to one year from the date of service to submit. Counties may also be less delayed in submitting DMC-ODS claims when compared to claims for SMHS (CPT coding changes for SMHS were more extensive). DHCS will continue to work with counties to support timely and accurate claims submission and expects claims lag attributable to payment reform will be reduced or resolved in year two.</p>
11.2 Implementation update		

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<p>11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <p>11.2.1.a How the delivery system operates under the demonstration (e.g., through the managed care system or fee for service)</p>	<p>X</p>	<p>Please see discussion of implementation of DMC-ODS Payment Reform in 11.1.1 above.</p>
<p>11.2.1.b Delivery models affecting demonstration participants (e.g., Accountable Care Organizations, Patient Centered Medical Homes)</p>	<p>X</p>	
<p>11.2.1.c Partners involved in service delivery</p>	<p>X</p>	

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: 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. 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.”*