

**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> DY8 Q2
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:10/01/2022 End Date: 12/31/2022

^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 of California, 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.

On May 22, 2023, CMS formally approved California’s Substance Use Disorder (SUD) Monitoring Protocol, Current Year (CY) 2022, Demonstration Year (DY) seven (DY7). The SUD Monitoring Protocol is required by the Special Terms and Conditions (STCs), specifically, STC 6.5 of California’s section 1115 demonstration, CalAIM (Project No: 11-W-00193/9), effective through December 31, 2026.

This is the first year California will use this standardized format; and this report serves as the baseline to report on specific and agreed-upon SUD performance measures. California originally submitted this report covering the measurement periods of October through December 2022 as DY7 Quarter 4 (Q4) to CMS on May 30, 2023. Since California counties have up to six months to submit SUD claims data, and the reported metrics data cannot be considered complete until the next reporting cycle, CMS requested that California should begin reporting metrics data accounting for the two-quarter lag in its DY8Q2 monitoring report. This report represents refreshed quarterly data for the measurement period of October through December 2022 and other annual metrics for the measurement period of January through December 2022. CMS has asked that the state report metrics using a two-quarter lag for all SUD Monitoring Reports moving forward.

California counties have up to six months to submit SUD claims data. For this reason, DHCS has updated the SUD Monitoring Protocol to reflect the need for a two-quarter reporting lag. DY8Q2 contains the following required SUD metrics:

- Metric 3: The number of Medicaid Beneficiaries with SUD diagnosis (Quarterly).
- Metric 4: The number of Medicaid Beneficiaries with SUD diagnosis (Annually).
- Metric 5: Medicaid Beneficiaries Treated in an Institution for Mental Disease (IMD) for SUD

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- 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 13: SUD Provider Availability
 - Metric 14: SUD Provider Availability - MAT
 - 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.
 - Metric 25: Readmissions Among Beneficiaries with SUD
 - Metric 36: Average Length of Stay in IMDs
 - SUD Health Information Technology (HIT) Q1: Number of Checks
 - SUD HIT Q2: Number of Web updates.
 - SUD HIT Q3: Number of corrections live.

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	X	#3: Medicaid Beneficiaries with SUD Diagnosis #4: Medicaid Beneficiaries with SUD Diagnosis (annually)	This is the first Section 1115 SUD Monitoring report for California, thus the numbers provided are to be utilized as a baseline. Future reports will identify metric trends, including all changes (+ or -) greater than 2 percent. Total Beneficiaries with SUD Diagnosis: October 2022: 477,119 November 2022: 476,985 December 2022: 476,383 #4: Medicaid Beneficiaries with SUD Diagnosis (annually): For the annual reporting period of January 1, 2022 – December 31, 2022, the number of beneficiaries who received MAT or SUD related treatment services was 728,021.
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

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			assessment period, prior to 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 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 #9: Intensive Outpatient and Partial Hospitalization Services	This is the first Section 1115 SUD Monitoring report for California, thus the numbers provided are to be utilized as a baseline. Future reports will identify metric trends, including all changes (+ or -) greater than 2 percent for the identified milestones. #6: Month/Total Beneficiaries enrolled in the measurement period receiving any SUD treatment service, facility claim, or pharmacy claim: October 2022: 129,910 November 2022: 125,207 December 2022: 122,965 #7: Month/Total Beneficiaries who used early intervention services (such as procedure codes associated with Screening, Brief Intervention, and Referral to Treatment [SBIRT]): October 2022: 444 November 2022: 476 December 2022: 415 #8: Month/Total Beneficiaries that received Outpatient Services for the first quarter was as follows: +1.64% October 2022: 75,059 November 2022: 72,404 December 2022: 68,775 #9: Month/Total Beneficiaries receiving Intensive Outpatient and Partial Hospitalization Services for the first quarter was as follows:

		<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>October 2022: 2,616 November 2022: 2,502 December 2022: 2,315</p> <p>#10: Month/Total Beneficiaries who use residential and/or inpatient services for SUD: October 2022: 9,192 November 2022: 8,661 December 2022: 8,321</p> <p>#11: Month/Total Beneficiaries who use withdrawal services: October 2022: 1,752 November 2022: 1,576 December 2022: 1,486</p> <p>#12: Monthly/Total Number of beneficiaries who have a claim for MAT for SUD during the measurement period: October 2022: 51,719 November 2022: 51,351 December 2022: 51,061</p>
<p>2.2 Implementation update</p>			
<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 1 and 2 grants; and the Projects for Assistance in Transition from Homelessness grant. These grants show what California is broadly doing within the state to improve access to SUD treatment services, including developing</p>

		<p>capacity of DMC-ODS implementation, expanding access to DMC-ODS service, and facilitating referrals to DMC-ODS services.</p> <p>1. Opioid Settlement Funds (OSF) as of December 31, 2022:</p> <ul style="list-style-type: none"> • California will receive and administer approximately \$2.2B over the next 18 years from these settlements to be used for opioid abatement activities. • For State Fiscal Year 2022-23 (July 1, 2022, through June 30, 2023) California has allotted \$125,113,000 of OSF in the Governor’s Budget as shown below. • OSF Oversight Contracts - \$1,250,000 • DHCS/CSD Positions - \$1,716,000 • 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 • Naloxone Distribution for Homeless Population - \$14,750,000 • Youth Opioid & Fentanyl Education Campaign - \$38,084,000 • Opioid Overdose Data Collection - \$5,000,000 • 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 <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>
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		<p>Grant award summary as of December 31, 2022:</p> <ul style="list-style-type: none"> • Crisis Care Mobile Units - \$157.7 million • Behavioral Health Justice Intervention Services - \$14.1 million • Peer Workforce Investment - \$20.8 million • Expanding Peer Organization Capacity - \$2.6 million • Mentored Internship Program - \$51 million • Telehealth Expansion - \$27.5 million awarded <p>3. California MAT Expansion Project</p> <p>The California Medication Assisted Treatment Expansion Project is funded by State Opioid Response grants from SAMHSA, OSF, and State General Funds.</p> <p>Project outcomes as of 12/31/2022:</p> <ul style="list-style-type: none"> • 143,104 patients treated for opioid use disorder • 20,570 patients treated for stimulant use disorder • 650 new MAT access point locations • 112,403 overdose reversals through the Naloxone Distribution Project <p>4. CalBridge Behavioral Health Navigator Program</p> <p>The CalBridge Behavioral Health Navigator Program is an initiative by the State of California to support hospitals and emergency departments (EDs) to become 24/7 access points for the treatment of SUDs and cooccurring behavioral health conditions.</p> <p>Hospital Metrics:</p> <ul style="list-style-type: none"> • ED/hospital navigator/patient encounters - 15,909 • ED/hospital OUD encounters - 12,591 • ED/hospital encounters SUD patient discharges follow-up - 5,245 • ED/hospital encounters with navigator initiated patient referrals - 2,564 • ED/hospital encounters of patient buprenorphine administration/prescription - 5,546
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			<ul style="list-style-type: none"> ED/hospital encounters of patient overdoses and seen a navigator – 2,295 <p>Contractor Metrics:</p> <ul style="list-style-type: none"> Applications received this quarter - 18 Subcontracts executed this quarter 38 Hospitals funded under all subcontracts - 214 Program trainings and webinars provided - 6 Attendees at Program trainings - 470 Hospitals participating in Program trainings - 139 Hospitals reporting on hospital metrics - 144 People who visited the Program website - 16,000 Program resources views - 31,632 <p>5. Driving-Under-the-Influence (DUI) MAT Integration:</p> <ul style="list-style-type: none"> The DUI MAT Integration/Outreach Project provides the framework to optimize select DUI Programs to become new and effective access points for medication-assisted and other treatment modalities for OUD and PolySUD. DUI MAT Providers receive support, training, tools, and resources to deliver DUI MAT services through integration into their DUI Programs. Project data defines the population of OUD and PolySUD persons who are reached through interaction with the DUI Treatment System. DHCS is working with the California Association of DUI Treatment Programs who is currently recruiting 54 DUI Programs to participate in the DUI MAT SOR III Project Grant. A webinar was held on October 25, 2022, regarding how to become a DUI MAT Provider.
<p>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</p>			<p>Contingency management (CM) was added as a new covered benefit in the DMC-ODS program in the CalAIM 1115 waiver effective July 1, 2022. CMS approved the post-approval 1115 CM protocol on December 19, 2022.</p> <p>During the reporting period, DHCS issued policy guidance to implement the CM benefit; provided technical assistance and training events to DMC-ODS counties and providers</p>

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			preparing to implement CM; and made progress in the procurement process to secure a vendor to implement the Incentive Manager functions of the initiative.
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		#5: Medicaid Beneficiaries Treated in an IMD for SUD #36: Average length of stay in IMDs.	This is the state’s first annual reporting for this metric. For the annual reporting period of January 1, 2022 – December 31, 2022, the number of beneficiaries with a claim for residential or inpatient treatment for SUD was 667. This is the state’s first annual reporting for this metric. For the annual reporting period of January 1, 2022 – December 31, 2022, the total number of beneficiaries discharged was 790, and total days of stay was 23,425, which results in an average length of stay of about 29.5 days.
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			On February 16, 2022, the American Society of Addiction Medicine (ASAM) and the University of California, Los Angeles Integrated Substance Abuse Programs (UCLA) released a new, paper-based resource to support more consistent and effective implementation of the ASAM Criteria®, a national framework for patient-centered, evidence-based addiction care. Funding was provided by DHCS. The ASAM Criteria Assessment Interview Guide is the first publicly available standardized version of The ASAM Criteria assessment. With this release, ASAM and UCLA hope to increase the quality and consistency of patient assessments and treatment recommendations.

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<p>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</p>	<p>X</p>		
<p>3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2</p>	<p>X</p>		

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			Through the additions of Sections 11831.1 and 11834.28 to the California Health and Safety Code, chaptered into law on July 1, 2022, DHCS now requires SUD treatment facilities licensed and/or certified by DHCS to offer MAT services directly to the client or have an effective referral process in place. DHCS is currently working on the guidance to establish robust requirements for on-site MAT assessments, provision, and an effective referral process and will engage stakeholders prior to releasing formal guidance through a Behavioral Health Information Notice.

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			<p>Through state general fund, DHCS will be providing funding to increase MAT in licensed and/or certified SUD treatment facilities by expanding access to additional locations, including stimulant use prevention and treatment in communities of color and treatment in tribal communities. Funding opportunities have not been released. More information will be provided in future reports.</p>
<p>4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3</p>	<p>X</p>		

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	#13: SUD Provider Availability #14 SUD Provider Availability – MAT	This is the state’s first annual reporting for this metric. For the annual reporting period of January 1, 2022 – December 31, 2022, the number of providers who were enrolled in Medicaid and qualified to deliver SUD services was 4,609. This is the state’s first annual reporting for this metric. For the annual reporting period of January 1, 2022 – December 31, 2022, the number of providers who were enrolled in Medicaid and qualified to deliver SUD services during the measurement period and who meet the standards to provide buprenorphine or methadone as part of MAT was 3,853.
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	X	#23: Total number of ED visits for SUD per 1,000 beneficiaries in the measurement period.	This is the first Section 1115 SUD Monitoring report for California, thus the numbers provided are to be utilized as a baseline. 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. October 2022: 29,651/ 2.07% November 2022: 26,756/ 1.876% December 2022: 27,784/ 1.92%
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			In addition to the 1115 SUD Demonstration and consistent with the CMS milestones in SMDL 17-003, DHCS also funds various prevention projects with State Opioid Response SAMHSA funds. Below are brief descriptions of the various projects. DHCS will provide updates on the projects in subsequent reports. <u>Media Campaign:</u> <ul style="list-style-type: none"> Media Solutions is working with DHCS to provide for the MAT Project, a multi-media, multilingual advertising campaign covering various cities within the state of California, specifically targeting highly effected communities. The media selection includes television, radio, digital outdoor, convenience store posters, print and digital (minimally search, display and OTT) in English, Spanish and Chinese. The MAT Project is targeted at individuals with substance use disorder and their families, with an emphasis on making connections to treatment.

			<ul style="list-style-type: none"> • DHCS has nothing specific to report during this reporting period. This project is ongoing. <p><u>Public Health/First Responder Collaborations:</u></p> <ul style="list-style-type: none"> • Through two pilot projects, the California Department of Public Health (CDPH) partners with public health departments, emergency medical services (EMS) agencies, and 911-transport providers that engage in opioid overdose prevention and treatment during EMS calls. • DHCS has nothing to report on this project during this reporting period. <p><u>Youth Peer Mentor Program:</u></p> <ul style="list-style-type: none"> • In 2019, DHCS launched the Youth Peer Mentor Program with the Department of Juvenile Justice to train justice-involved youth to provide recovery support to peers and assist them with their substance use and rehabilitative challenges. • DHCS is expanding the Youth Peer Mentor Program to include transitional age youth and other justice-involved youth throughout California. The implementing entity, Continuity Consulting, will deliver a modified program using a hybrid model of asynchronous training, video mentoring, and an interactive, online community. • DHCS has nothing to report on this project during this reporting period.
<p>6.2.1.b Expansion of coverage for and access to naloxone</p>			<p>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.</p> <p>During this period, CDPH released a recommendation that schools stock naloxone due to the dangers of rainbow fentanyl among youth. This resulted in a significant increase in the number of requests from schools, straining the administrative capacity of managing orders. DHCS has received numerous media inquiries on the ability of NDP to meet the demand for naloxone in communities.</p>

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			<p>Monthly/Total Number of NDP units distributed in the measurement period.</p> <p>October 2022: 80,964 November 2022: 141,060 December 2022: 66,928</p>
<p>6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5</p>	<p>X</p>		

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	#25: Readmission Among Beneficiaries with SUD	This is the state’s first annual reporting for this metric. For the January 1, 2022 – December 31, 2022, reporting period, total admissions were 152, 183, and readmissions were 23,456 for a percentage rate of 0.154.
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		Health IT Q1: Number of Checks Health IT Q2: Number of Web updates Health IT Q3: Number of corrections live	This is the state’s first annual reporting for this metric. For the January 1, 2022 – December 31, 2022, the total number of CURES Patient Activity Report searched was 9,121,368. This is the state’s first annual reporting for this metric. For the January 1, 2022 – December 31, 2022, the total number of online CURES resources information updates published was 23. This is the state’s first annual reporting for this metric. For the January 1, 2022 – December 31, 2022, the total number of connection corrections systems to SUD delivery system for incarcerated individual release to community was 3.
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		

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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	This is the first Section 1115 SUD Monitoring report for California, thus the numbers provided are to be utilized as a baseline. 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. October 2022: 1.13 November 2022: 1.08 December 2022: 1.09
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: 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		For California’s DMC-ODS, DHCS anticipates a Contingency Management Initial Evaluation Report to be completed by June 30, 2023, though the state is currently reassessing if the evaluation period should be extended to account for a delayed implementation of the benefit due to the state procurement process. This report will examine the impact of the CM benefit, with an early emphasis on the roll out and implementation of the benefit, followed by patient utilization and outcome data analysis. DHCS also anticipates the completion of a Bi-Annual Activity Summary Report, covering the months of January 1, 2023, through June 30, 2023. This summary report will detail evaluation activities and progress towards the evaluation goals, and technical assistance to inform policy and practices. The Bi-Annual Evaluation Activities Reports will also contain a summary of the efforts made toward collecting and analyzing administrative data, survey data, and qualitative data.

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		<p>The Treatment Perception Survey (TPS) is an annual patient satisfaction survey that addresses data collection needs for the CMS required evaluation of the DMC-ODS waiver. The survey assesses patient perceptions of access, quality, care coordination, outcome, and general satisfaction of services of the treatment program. Administration of the 2022 Statewide TPS occurred from October 17 through October 21, 2022. Over the course of these survey administrations, changes in satisfaction scores have remained relatively small, and the ratings for all domains have remained high across time for both adults and youth (scores on average over 4.0 on a scale from 1.0 to 5.0) [“2022 Treatment Perceptions Survey (TPS) Report].</p> <p>DHCS continues to monitor and address issues related to complaints or</p>

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[State name – California

][Demonstration name – CalAIM

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		grievances for the DMC-ODS program. These incidents are addressed and resolved. It remains a top priority of DHCS for beneficiaries to receive timely responses to their complaints or grievances.
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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.	X	

*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.
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