

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

Note: PRA Disclosure Statement to be added here

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	Illinois
Demonstration name	Illinois Behavioral Health Transformation
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: 07/01/2018 End Date: 06/30/2029
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> 07/01/2018
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>
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> Overall, the purpose of the Illinois Behavioral Health 1115 Demonstration Waiver is to t
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> SUD DY7 Q3
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: 01/01/2025 End Date: 03/31/2025

^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.

During the DY7Q3 (January 1, 2025 – March 31, 2025) monitoring period, 1,250 Medicaid beneficiaries received services through the 1115 waiver SUD pilots. There were 1,062 Medicaid beneficiaries receiving services for a substance use disorder (SUD) in a facility meeting the definition of an institution for mental disease (IMD). There were 208 eligibility requests for participation in the case management pilot, with 188 beneficiaries being enrolled to received services through the SUD case management for criminal justice populations pilot.

Illinois is reporting monthly and quarterly metrics with a +/- 2% change for the data period July 1, 2024 – September 30, 2024.

- The following metrics decreased by more than 2%: Medicaid beneficiaries with newly initiated SUD treatment/diagnosis (#2); Medicaid beneficiaries with existing SUD diagnosis (#3); early intervention services (#7); and Intensive outpatient/partial hospitalization (#9).
- The following metrics increased more than 2%: withdrawal management (#11); inpatient stays for SUD rate per 1,000 (#24); and number of PMP Now queries conducted through EHR-integrated systems (#Q2).

Illinois has started reporting OUD sub-populations data for monthly and quarterly metrics beginning with data period July 1, 2024 – September 30, 2024.

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		#2: Medicaid Beneficiaries with Newly Initiated SUD Treatment/Diagnosis #3: Medicaid Beneficiaries with SUD Diagnosis (monthly)	Medicaid Beneficiaries with a newly initiated SUD treatment and or diagnosis decreased 3.6% from the previous quarter. The number of Medicaid beneficiaries with an existing SUD Diagnosis (monthly) decreased 2% from the previous quarter.
1.2 Implementation update			
1.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
1.2.1.a The target population(s) of the demonstration			
1.2.1.b The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration	X		
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		#7: Early Intervention #9: Intensive Outpatient and Partial Hospitalization Services #11: Withdrawal Management	<p>The number of Medicaid beneficiaries that received early intervention services decreased 43.5% from the previous quarter. This metric continues to demonstrate large fluctuations from one quarter to the next.</p> <p>The number of Medicaid beneficiaries that received Intensive outpatient and Partial-Hospitalization services decreased 8.8% from the previous quarter.</p> <p>The number of Medicaid beneficiaries that received Withdrawal Management services increased 6.6% over the previous quarter.</p>
2.2 Implementation update				
2.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
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)			

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[State name – Illinois] [Demonstration name – Illinois Behavioral Health Transformation]

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:			Division of Substance Use Prevention and Recovery (SUPR) is implementing American Society of Addiction Medicine (ASAM) 4 th edition statewide for all SUPR licensed providers effective 7/1/2025.
3.2.1.a	Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria			
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	X		
6.2 Implementation update				
6.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
6.2.1.a	Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD			
6.2.1.b	Expansion of coverage for and access to naloxone			As of the January 2025 Department of Human Services (DHS) Division of Substance Use Prevention and Recovery (SUPR) has shipped over 1 million 2-dose boxes of Narcan across the state of Illinois through the Access Narcan project. The Access Narcan project provides no-cost nasal naloxone to organizations that are doing outreach, distribution, and engaging with those at risk of overdose through SUPR's Drug Overdose Prevention Program (DOPP).
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		Q1: PMP Registered Users Q2: PMP Queries within EHRs	The number of registered ILPMP users increased by 0.8% (562 users) over the previous quarter. While the change is less than 2% the number of registered users has increased between 0.6% and 0.8% percent for the past four quarters, demonstrating a consistent upward trend. The number of PMP queries within EHRs increased 5.3% over the previous quarter and continues to demonstrate a steady upward trend.
8.2 Implementation update				
8.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
8.2.1.a	How health IT is being used to slow down the rate of growth of individuals identified with SUD			
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		#24: Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries	Inpatient stays for SUD per 1000 Medicaid beneficiaries increased 5.3% over the previous quarter. Two residential facilities opened during the previous quarter which likely contributed to a slight increase beneficiaries receiving inpatient, combined with a decrease in the overall number of Medicaid beneficiaries.
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		Illinois Certified Community Behavioral Health Clinics (CCBHC) Model requires providers to offer Medicaid beneficiaries comprehensive Mental Health and Substance Use Disorder services through the provision of nine core services. In demonstration year 1, Illinois HFS provisionally certified 18 CCBHC Locations which began operating in October 2024. In preparations for Demonstration Year 2, HFS is launching a CCBHC Learning Collaborative for prospective CCBHC sites interested in participating in year 2. Through a competitive application process, HFS plans to select 8 – 10 providers to participate in the CCBHC Learning Collaborative.
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)		The SAMHSA CCBHC model ensures access to coordinated and comprehensive behavioral health care and aligns with Illinois' commitment to person-centered treatment and optimization of the State's behavioral health service delivery system. The Illinois CCBHC Demonstration Program will provide outpatient mental health (MH), substance use disorder (SUD), and primary care screening services, <i>for all ages, regardless of their place of residence or ability to pay</i> , via a common set of standards, tools, and organizational commitments to treat customers in a seamless and integrated fashion.

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		Draft SUD Summative Evaluation Report – Due 12/31/2025 Final SUD Summative Evaluation Report – Due 3/1/2026

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		Beginning with data period 7/1/2024 – 9/30/2024 (DY7Q1) Illinois will report on OUD sub-populations for all applicable monthly and quarterly metrics.
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.	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:

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Illinois Healthcare Transformation 1115 Waiver Quarterly Monitoring Report

Demonstration Year/Quarter: DY7 Q3

Reporting Period: January 1, 2025 – March 31, 2025

Operational Updates, including any policy or administrative difficulties in operating the demonstration

The Illinois Department of Healthcare and Family Services (HFS) continues implementation planning for HRSN and Reentry demonstration components.

HRSN Operational Planning

HFS continues to engage with multiple stakeholders and provider technical workgroups to inform the roll-out and implementation of HRSN services. The workgroups are organized by the following stakeholder types: MCOs, medical respite, housing, food/nutrition, health care entities, and sister state agencies. During Q3, HFS focused on further defining the service descriptions, provider requirements, and service limits to inform operational planning and rate development.

Reentry Demonstration Planning

During DY7Q2, HFS continued working with its carceral partners at the Illinois Department of Corrections, Illinois Department of Juvenile Justice and Cook County Jail to finalize the state's Reentry Reinvestment Plan. That plan was submitted to CMS on February 28 and is still pending approval. During this quarter, HFS also commenced bi-weekly workgroups with the carceral partners for regular implementation planning meetings. For example, the state began working with the carceral partners to define service descriptions and engage in readiness planning.

Key Achievements

A key achievement during this quarter is the approval of HFS' HRSN Implementation Plan. We also continue to work with CMS to further refine our other deliverables including the re-entry implementation plan and the HRSN rate methodology.

Summary of public comments/public forums

No public forums were held during this quarter.

Progress in building and sustaining partnerships with existing housing agencies and nutrition agencies to utilize their expertise and existing resources and avoid duplication of efforts

HFS has engaged with existing housing and nutrition agencies throughout the process to ensure that we are not duplicating efforts and not creating undue barriers to accessing services. We have established workgroups that reflect the range of services and settings across the state and meet with them regularly to inform the roll-out of services. The agencies provide us with both oral and written comments about operational considerations as well as input into how HRSN services will be integrated with existing services available to Medicaid customers.

HFS has also engaged with key thought partners who serve as resources to the housing and nutrition provider entities. These partners include the Corporation for Supportive Housing, Illinois Public Health Institute, among others.

In addition, HFS has a unique housing policy advisor role within the agency that is shared with the Illinois Office to Prevent and End Homelessness. The purpose of this role is to leverage his expertise within the housing and homelessness sector and to ensure cross-sector collaboration between health and housing agencies.

Partnerships with State and Local Entities

During the implementation planning this quarter, HFS identified opportunities where we can enhance coordination between other non-Medicaid funded housing and nutrition supports. We also meet regularly with state and local entities to provide updates and plan for the implementation HRSN and re-entry services. For example, HFS meets biweekly with the IL Department of Corrections and the IL Department of Juvenile Justice to outline the services and operational protocols for the 90-day pre-release services. We also meet with state sister agencies to align on existing state-funded housing and nutrition services so as not to duplicate services.

Update on set-up of HRSN service delivery system including screening and closed-loop referral system

HFS is developing the requirements and RFP for a new procurement to support the HRSN service delivery system that will include centralized screening and closed-loop referral system. In the meantime, we are developing workflows and documentation templates to screen, assess and refer while a system is procured.

Inclusion of HRSN services in managed care programs

Not applicable. HFS is partnering with managed care organizations to incorporate HRSN services beginning in 2026.

Updates on the implementation of HRSN infrastructure investments

Not applicable this quarter.

Evaluation Design and Progress

HFS has identified our 1115 waiver evaluator and is developing our evaluation approach.

Member months

Not applicable for HRSN services.