Medicaid Section 1115 Substance Use Disorder & Serious Mental Illness and Serious Emotional Disturbance Demonstrations
Monitoring Report Template

Note: PRA Disclosure Statement to be added here

1. **Title page for the state's substance use disorder (SUD) and serious mental illness and serious emotional disturbance (SMI/SED) demonstrations or the SUD and SMI/SED components of the broader demonstration**

This section collects information on the approval features of the state's section 1115 demonstration overall, followed by information for the SUD and SMI/SED components. The state completed this title page as part of its SUD and SMI/SED monitoring protocol(s). The state should complete this table using the corresponding information from its CMS-approved monitoring protocol(s) and submit this as the title page of all monitoring reports. The content of this table should stay consistent over time. Definitions for certain rows are below the table.

Overall section 1115 demonstration	
State	Maryland
Demonstration name	HealthChoice
Approval period for section 1115 demonstration	01/01/2022 – 12/31/2026
Reporting period	10/01/2024 - 12/31/2024
SUD demonstration	
SUD component start date[a]	01/01/2022
Implementation date of SUD component, if different from SUD component start date[b]	07/01/2017

SUD-related demonstration goals and objectives	The coverage of residential treatment and withdrawal management services expands Maryland's current SUD benefit package to cover the full continuum for care for SUD treatment as described in the national treatment guidelines published by the American Society of Addiction Medicine (ASAM Criteria). SUD services approved through the state plan as well as residential treatment and withdrawal management services approved through this demonstration will be available to all Maryland Medicaid participants aged 21-64 with the exception of dual eligibles. ASAM levels 3.3-3.7WM will be covered beginning July 1, 2017. ASAM level 3.1 will be covered beginning January 1, 2019. Dual eligibles will be covered for SUD residential treatment services for ASAM levels 3.1-3.7WM beginning January 1, 2020. ASAM level 4.0 coverage for all Maryland Medicaid participants aged 21-64 with a primary diagnosis of SUD and a secondary mental health condition will begin July 1, 2019. An independent evaluation will assess whether the SUD program reforms and services delivered through this demonstration are effective in improving health outcomes and decreasing healthcare costs and utilization. The evaluation is designed to demonstrate achievement of Maryland's goals, objectives, and metrics for the demonstration. Thus, the specific aims of the evaluation, which align with the demonstration's goals and objectives, are to capture the impact of the demonstration on increased access to clinically appropriate care; reduced substance use related deaths; and reduced emergency department visits. In addition, researchers will assess the impact of providing the full continuum of SUD services, especially residential treatment, on emergency department utilization, inpatient hospital utilization, and readmission rates to the same level of care or higher.
SUD demonstration year and quarter	SUD DY8Q4
SMI/SED demonstration	
SMI/SED component demonstration start date[a]	01/01/2022
Implementation date of SMI/SED component, if different from SMI/SED component start date[b]	07/20/2022 (SMI Implementation Plan Approval Date)

SMI/SED-related demonstration goals and objectives	The demonstration will test whether the availability of specialty MH services in a dedicated psychiatric hospital, in addition to other community-based MH care, results in increased access to health care across the continuum of care and improved health outcomes for individuals with SMI. Additionally, an IMD exclusion waiver for psychiatric services supports the aims of Maryland's TCOC model, by potentially decreasing ED utilization in acute care hospitals (thereby decreasing wait times) as well as avoidable readmissions. Thus, approval of coverage of short stays in psychiatric IMDs for individuals with SMI would aid the Department in meeting among other goals as outlined by CMS the following: ● Improving access to a continuum of clinically-appropriate care to Medicaid participants needing treatment for SMI ● Reducing utilization and lengths of stay in EDs among Medicaid participants with SMI ● Reducing preventable readmissions to acute care hospitals and residential settings ● Improving care coordination, especially continuity of care in the community following episodes of acute care in hospitals and residential treatment facilities.
SMI/SED demonstration year and quarter	DY3Q2

[a] **SUD and SMI/SED demonstration components start dates:** 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 and SMI/SED demonstration component approvals. 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 or SMI/SED demonstration component. 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 and SMI/SED demonstration components:** 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 for the SUD and SMI components of the demonstration should be reported below. It is intended for summary-level information only and may be combined for all policies included in the title page. The recommended word count is 500 words or less.

A major goal of the HealthChoice program is to expand coverage to residents with low incomes and to improve access to health care services for the Medicaid population. On January 1, 2015, Maryland combined mental health and SUD services in an integrated carve-out. Under the carve-out, an administrative services organization (ASO) administers and reimburses all specialty mental health and SUD services for Medicaid participants on an FFS basis, under the oversight of the Medicaid program and the Behavioral Health Administration (BHA). From 2020 through 2024, Optum Maryland (Optum) administered and reimbursed all specialty mental health and SUD services for Medicaid participants on a FFS basis, under the oversight of the Medicaid program and the Behavioral Health Administration (BHA). As of January 1, 2025, Carelon is the new behavioral health ASO.

In 2016, the Centers for Medicare and Medicaid Services (CMS) approved Maryland Medicaid to expand specialty SUD and mental health coverage to include SUD treatment in IMDs. Effective July 1, 2017, the approval permitted otherwise-covered services to be provided to all full-benefit Medicaid-eligible individuals aged 21 to 64 who reside in a non-public IMD for American Society of Addiction Medicine (ASAM) residential levels 3.3, 3.5, 3.7, and 3.7-WM (licensed as 3.7D in Maryland) for up to two non-consecutive 30-day stays annually.

On January 1, 2019, the Department phased in coverage of ASAM level 3.1. The Department extended coverage to individuals dually eligible for Medicare and Medicaid as of January 1, 2020.

In March 2019, the Department received approval for a waiver amendment to allow coverage for ASAM level 4.0 for beneficiaries with a primary SUD and a secondary mental health disease (MHD) in inpatient hospital settings only for up to 15 days per month. The Department implemented coverage effective July 1, 2019. Residential Treatment was again expanded in the current 2022 to 2026 waiver renewal, which (1) removed any caps on length of stays for SUD treatment and (2) included coverage for IMD services for individuals with SMI and serious emotional disturbance (SED). The current §1115 waiver special terms and conditions (STCs) require the State to aim for a statewide ALOS of 30 days or less in residential and inpatient treatment settings, to be monitored pursuant to the SUD and SMI/SED Monitoring Protocols as to ensure short-term residential stays.

Starting June 1, 2024, the State began covering Mobile crisis and crisis stabilization services for beneficiaries with SUD. Please see table below for complete list of covered services.

The SMI Monitoring Protocol was approved by CMS on November 14, 2024; this is the first quarter Maryland will be reporting SMI measures.

SUD SERVICES	ASAM Criteria
Substance Use Disorder Assessment (CSAA)	N/A
Group Outpatient Therapy	Level 1- Outpatient Service
Individual Outpatient Therapy	Level 1- Outpatient Service
Ambulatory Detoxification	Level 1- Outpatient Service
Intensive outpatient (IOP)	Level 2.1- Intensive Outpatient Service
Partial Hospitalization	Level 2.5- Partial Hospitalization
Clinically Managed Low-Intensity Residential Services	Level 3.1 - Residential/Inpatient Services
Clinically Managed Population-Specific High-Intensity Residential Services	Level 3.3 - Residential/Inpatient Services
Clinically Managed High-Intensity Residential Services	Level 3.5 - Residential/Inpatient Services
Medically Monitored Intensive Inpatient Services	Level 3.7 - Residential/Inpatient Services
Medically Monitored Intensive Inpatient Services	Level 3.7WM (Withdrawal Management) - Residential/Inpatient Services
Medically Managed Intensive Inpatient Services	Level 4.0 - Inpatient Services
Methadone/Buprenorphine: Induction and Maintenance	Level OMT- Opioid Maintenance Therapy
Medicaid covers all FDA-covered pharmaceuticals. Additional medication- assisted treatment covered with clinical criteria: · Buprenorphine/Naloxone combination therapies: Bunavail, Suboxone, Suboxone Film, and Zubsolv · Campral · Naltrexone · Subutex – Buprenorphine · Vivitrol	N/A
ICF-A: Under 21	Medically monitored intensive inpatient treatment: · Level 3.7WM · Level 3.7

	· Level 3.5
Intensive Inpatient Services	Level 4 – Inpatient Services and Level 4.0 WM
Certified Peer Recovery Specialists	N/A
Mobile Crisis Units	N/A
Crisis Stabilization	N/A

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

A. SUD component

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	*EXAMPLE: #5: Medicaid Beneficiaries Treated in an IMD for SUD*	*EXAMPLE: The number of beneficiaries with a SUD diagnosis treated in an IMD in the last year decreased by #% due to the closure of one IMD in the state.*
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		*EXAMPLE:* *The state is expanding the clinical criteria to include # diagnoses*
	1.2.1.b The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration	X		*EXAMPLE: The state projects an #% increase in beneficiaries with a SUD diagnosis due to an increase in the FPL limits which will be effective on MM/DD/YYYY.*
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.		Metric #7: Medicaid beneficiaries who used early intervention services	The percent difference for Metric #7: Medicaid beneficiaries who used early intervention services from DY8Q3 to DY8Q4 was 472.2%. The state estimates that this was likely a result of expected quarterly variations in outcomes, the impact of Medicaid unwinding post COVID public health emergency on service utilization and Medicaid enrollment, the opioid epidemic's impact on enrollees' health, and the small size of the cohort meeting the measure criteria.
			Metric #10: Medicaid beneficiaries who used residential and/or inpatient services	The percent difference for Metric #10: Medicaid beneficiaries who used residential and/or inpatient services from DY8Q3 to DY8Q4 was 5.1%. The state estimates that the reasons for the difference have been, expected quarterly variations in outcomes, the impact of Medicaid unwinding post COVID public health emergency on service utilization and Medicaid enrollment, the opioid epidemic's impact on enrollees' health, and state policy changes expanding access to residential treatment and withdrawal management.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
		Metric #11: Medicaid beneficiaries who used withdrawal management services	The percent difference for Metric #11: Medicaid beneficiaries who used withdrawal management services from SUD DY8Q3 to DY8Q4 was -14.8%. The state estimates that this was likely a result of expected quarterly variations in outcomes, the impact of Medicaid unwinding post COVID public health emergency on service utilization and Medicaid enrollment, the opioid epidemic's impact on enrollees' health, the small size of the cohort meeting the measure criteria, and state policy changes expanding access to residential treatment and withdrawal management.
2.2 **Implementation update**			
2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 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)	*X*		

Prompt			State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
	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:	*X*		
	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:	X		
	4.2.1.a Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards			
	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 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) (if any)	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.		Metric #23: Total number of ED visits for SUD per 1,000 Medicaid beneficiaries	The percent difference for Metric #23: Total number of ED visits for SUD per 1,000 Medicaid beneficiaries from DY8Q3 to DY8Q4 was -4.5%. The state estimates that reasons for the difference have been, expected quarterly variations in outcomes, the impact of Medicaid unwinding post COVID public health emergency on service utilization and Medicaid enrollment, and the opioid epidemic's impact on enrollees' health.
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	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 SUD health IT metrics.		Metric #Q2: SUD data sharing consent management (Part 2 permissions)	The percent difference for Metric #Q2: SUD data sharing consent management (Part 2 permissions) from DY8Q3 to DY8Q4 was 6%. The state estimates that this was likely a result of expected quarterly variations in outcomes, the impact of Medicaid unwinding post COVID public health emergency on service utilization and Medicaid enrollment, and the opioid epidemic's impact on enrollees' health.
			Metric #S1: HealthChoice participants enrolled in a corrective managed care program	The percent difference for Metric #S1: HealthChoice participants enrolled in a corrective managed care program from DY8Q3 to DY8Q4 was -6.9%. The state estimates that this was likely a result of expected quarterly variations in outcomes, the impact of Medicaid unwinding post COVID public health emergency on service utilization and Medicaid enrollment, and the opioid epidemic's impact on enrollees' health.
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		

Prompt			State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
	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		
	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 SUD 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		
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		

B. SMI/SED component

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.	**Ensuring Quality of Care in Psychiatric Hospitals and Residential Settings (Milestone 1)**			
1.1	**Metric trends**			
1.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1.			Trends will be monitored in future reports once more data is reported.
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 licensure or accreditation processes for participating hospitals and residential settings			
1.2.1.b	The oversight process (including unannounced visits) to ensure participating hospital and residential settings meet state's licensing or certification and accreditation requirements	*X*		
1.2.1.c	The utilization review process to ensure beneficiaries have access to the appropriate levels and types of care and to provide oversight on lengths of stay	*X*		
1.2.1.d	The program integrity requirements and compliance assurance process	*X*		

Prompt			State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
	1.2.1.e	The state requirement that psychiatric hospitals and residential settings screen beneficiaries for co-morbid physical health conditions, SUDs, and suicidal ideation, and facilitate access to treatment for those conditions	X		
	1.2.1.f	Other state requirements/policies to ensure good quality of care in inpatient and residential treatment settings	X		
1.2.2		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
2.	**Improving Care Coordination and Transitions to Community-Based Care (Milestone 2)**			
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 2.			Trends will be monitored in future reports once more data is reported.
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 Actions to ensure that psychiatric hospitals and residential treatment settings carry out intensive pre-discharge planning, and include community-based providers in care transitions			
	2.2.1.b Actions to ensure psychiatric hospitals and residential settings assess beneficiaries' housing situations and coordinate with housing services providers	X		
	2.2.1.c State requirement to ensure psychiatric hospitals and residential settings contact beneficiaries and community-based providers within 72 hours post discharge	X		

Prompt			State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
	2.2.1.d	Strategies to prevent or decrease the lengths of stay in EDs among beneficiaries with SMI or SED (e.g., through the use of peers and psychiatric consultants in EDs to help with discharge and referral to treatment providers)	X		
	2.2.1.e	Other state requirements/policies to improve care coordination and connections to community-based care)	X		
2.2.2		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
3.	**Access to Continuum of Care, Including Crisis Stabilization (Milestone 3)**			
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 3.			Trends will be monitored in future reports once more data is reported.
3.2	**Implementation update**			
3.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:		#13 Mental Health Services Utilization - Inpatient	The reported count of Metric #13 was consistent over the three months of the quarter. It was reported at 13,475 in month 1, 13,472 in month 2, and 13,119 in month 3.
	3.2.1.a State requirement that providers use an evidenced-based, publicly available patient assessment tool to determine appropriate level of care and length of stay			
	3.2.1.b Other state requirements/policies to improve access to a full continuum of care including crisis stabilization		#14 Mental Health Services Utilization - Intensive Outpatient and Partial Hospitalization	The reported count of Metric #14 was consistent over the three months of the quarter. It was reported at 3,666 in month 1, 3,776 in month 2, and 3,652 in month 3.
			#15 Mental Health Services Utilization - Outpatient	The reported count of Metric #15 was consistent over the three months of the quarter. It was reported at 157,712 in month 1, 155,446 in month 2, and 145,811 in month 3.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
		#16 Mental Health Services Utilization - ED	The reported count of Metric #16 was consistent over the three months of the quarter, with a slight decrease in month 3. It was reported at 20,238 in month 1, 20,685 in month 2, and 18,945 in month 3.
		#17 Mental Health Services Utilization - Telehealth	The reported count of Metric #17 was consistent over the three months of the quarter. It was reported at 43,411 in month 1, 42,656 in month 2, and 42,564 in month 3.
		#18 Mental Health Services Utilization - Any Services	The reported count of Metric #18 was consistent over the three months of the quarter, with slight reductions from month to month. It was reported at 190,361 in month 1, 188,307 in month 2, and 179,284 in month 3.
3.2.2 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
4.	**Earlier Identification and Engagement in Treatment, Including Through Increased Integration (Milestone 4)**			
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 4.			Trends will be monitored in future reports once more data is reported.
4.2	**Implementation update**			
4.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:		#21 Count of Beneficiaries With SMI/SED (monthly)	The reported count of Metric #21 remained consistent throughout the three months of the quarter. It was reported at 290,238 in month 1, 289,861 in month 2, and 287,656 in month 3.
	4.2.1.a Strategies for identifying and engaging beneficiaries in treatment sooner (e.g., with supported education and employment)			
	4.2.1.b Plan for increasing integration of behavioral health care in non-specialty settings to improve early identification of SED/SMI and linkages to treatment	X		
	4.2.1.c Establishment of specialized settings and services, including crisis stabilization services, focused on the needs of young people experiencing SMI or SED	X		
	4.2.1.d Other state strategies to increase earlier identification/engagement, integration, and specialized programs for young people	X		
4.2.2	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) (if any)	State response
5.	**SMI/SED health information technology (health IT)**			
5.1	**Metric trends**			
5.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its SMI/SED health IT metrics.	X	#Q2	Measure forthcoming. Working with the new Behavioral Health ASO Carelon in order to develop a measure.
5.2	**Implementation update**			
5.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to: 5.2.1.a The three statements of assurance made in the state's health IT plan	X		
	5.2.1.b Closed loop referrals and e-referrals from physician/mental health provider to physician/mental health provider and/or physician/mental health provider to community-based supports	X		
	5.2.1.c Electronic care plans and medical records	X		
	5.2.1.d Individual consent being electronically captured and made accessible to patients and all members of the care team	X		
	5.2.1.e Intake, assessment and screening tools being part of a structured data capture process so that this information is interoperable with the rest of the health IT ecosystem	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
	5.2.1.f Telehealth technologies supporting collaborative care by facilitating broader availability of integrated mental health care and primary care	X		
	5.2.1.g Alerting/analytics	X		
	5.2.1.h Identity management	X		
5.2.2	The state expects to make other program changes that may affect SMI/SED metrics related to health IT.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.	**Other SMI/SED-related metrics**			
6.1	**Metric trends**			
6.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SMI/SED-related metrics.		#36 Grievances Related to Services for SMI/SED	The count of grievances for this quarter was 9 total.
			#37 Appeals Related to Services for SMI/SED	There were no appeals related to SMI/SED services during this quarter.
			#38 Critical Incidents Related to Services for SMI/SED	The count of Metric #38 for this quarter was 62 critical incidents.
6.2	**Implementation update**			
6.2.1	The state expects to make the following program changes that may affect other SMI/SED-related metrics.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
7.	**Annual Assessment of Availability of Mental Health Services (Annual Availability Assessment)**			
7.1	**Description of changes to baseline conditions and practices**			
7.1.1	Describe and explain any changes in the mental health service needs of Medicaid beneficiaries with SMI/SED compared to those described in the Initial Assessment of the Availability of Mental Health Services (for example, prevalence and distribution of SMI/SED). Recommended word count is 500 words or less.	X		
7.1.2	Describe and explain any changes to the organization of the state's Medicaid behavioral health service delivery system compared to those described in the Initial Assessment of the Availability of Mental Health Services. Recommended word count is 500 words or less.	X		
7.1.3	Describe and explain any changes in the availability of mental health services for Medicaid beneficiaries with SMI/SED in the state compared to those described in the Initial Assessment of the Availability of Mental Health Services. At minimum, explain any changes across the state in the availability of the following services: inpatient mental health services; outpatient and community-based services; crisis behavioral health services; and care coordination and care transition planning. Recommended word count is 500 words or less.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
7.1.4	Describe and explain any changes in gaps the state identified in the availability of mental health services or service capacity while completing the Annual Availability Assessment compared to those described in the Initial Assessment of the Availability of Mental Health Services. Recommended word count is 500 words or less.	X		
7.1.5	Describe and explain whether any changes in the availability of mental health services have impacted the state's maintenance of effort (MOE) on funding outpatient community-based mental health services. Recommended word count is 500 words or less.	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:	X		
	7.2.1.a The state's strategy to conduct annual assessments of the availability of mental health services across the state and updates on steps taken to increase availability			
	7.2.1.b Strategies to improve state tracking of availability of inpatient and crisis stabilization beds	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.	**Maintenance of effort (MOE) on funding outpatient community-based mental health services**			
8.1	**MOE dollar amount**			
8.1.1	Provide as a dollar amount the level of state appropriations and local funding for outpatient community-based mental health services for the most recently completed state fiscal year.	X		
8.2	**Narrative information**			
8.2.1	Describe and explain any reductions in the MOE dollar amount below the amount provided in the state's application materials. The state should confirm that it did not move resources to increase access to treatment in inpatient or residential settings at the expense of community-based services.	X		
9.	**SMI/SED financing plan**			
9.1	**Implementation update**			
9.1.1	Compared to the demonstration design and operational details, the state expects to make the following changes to: 9.1.1.a Increase availability of non-hospital, non-residential crisis stabilization services, including services made available through crisis call centers, mobile crisis units, and observation/assessment centers, with a coordinated community crisis response that involves law enforcement and other first responders	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
9.1.1.b	Increase availability of on-going community-based services, e.g., outpatient, community mental health centers, partial hospitalization/day treatment, assertive community treatment, and services in integrated care settings such as the Certified Community Behavioral Health Clinic model	X		

4. Narrative information on other reporting topics applicable to both SUD and SMI/SED components

Prompts	State has no update to report (place an X)	State response
10. **Budget neutrality**		
10.1 **Current status and analysis**		
10.1.1 Describe the current status of budget neutrality and an analysis of the budget neutrality to date. If the SUD and SMI/SED components are part of a broader demonstration, the state should provide an analysis of the SUD- and SMI/SED-related budget neutrality and an analysis of budget neutrality as a whole.	*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- and SMI/SED-related demonstration operations and policy**		
11.1	**Considerations**		
11.1.1	The state should highlight significant SUD and SMI/SED (or if broader demonstration, then SUD- and SMI/SED-related) demonstration components' 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 and SMI/SED demonstration components 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	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	
11.2.2	The state is working on other initiatives related to SUD, OUD and/or SMI/SED.	X	
11.2.3	The initiatives described above are related to the SUD and/or SMI/SED demonstration components. (The state should note similarities and differences from the SUD and SMI/SED demonstration components).	X	

Prompts	State has no update to report (place an X)	State response
11.2.4 Compared to the demonstration design and operational details, the state expects to make the following changes to: 11.2.4.a How the delivery system operates under the demonstration (e.g., through the managed care system or fee for service)	*X*	
11.2.4.b Delivery models affecting demonstration participants (e.g., Accountable Care Organizations, Patient Centered Medical Homes)	*X*	
11.2.4.c Partners involved in service delivery		As of January 1, 2025, Carelon is the new behavioral health ASO. Previously, Optum was the contracted behavioral health ASO from 2020-2024.
11.2.4.d **SMI/SED-specific:** The state Medicaid agency's Memorandum of Understanding (MOU) or other agreement with its mental health services agency	*X*	

Prompts		State has no update to report (place an X)	State response
12.	**SUD and SMI/SED demonstration evaluation update**		
12.1	**Narrative information**		
12.1.1	Provide updates on SUD and SMI/SED 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 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 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 current 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 and SMI/SED (or if broader demonstration, then SUD- or SMI/SED-related) demonstration components 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:

SUD measures IET-AD, FUA-AD, FUM-AD, and AAP [Metrics #15, 17(1), 17(2), and 32] and SMI/SED measures MPT, FUH-CH, FUH-AD, FUA-AD, FUM-AD, AAP, and APM measures (#13, 14, 15, 16, 17, 18, 7, 8, 9, 10, 26, 29) 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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