1. Title page for the state's substance use disorder (SUD) demonstration or the SUD component of the broader demonstration

The state should complete this title page at the beginning of a demonstration and submit as the title page for all monitoring reports. The content of this table should stay consistent over time. Definitions for certain rows are below the table.

Michigan
Michigan's 1115 Behavioral Health Demonstration
04/05/2019 - 09/30/2024
10/01/2019
N/A
This demonstration will allow Michigan to broaden the crucial component of residential substance disorder services in the state's existing network of SUD providers and SUD benefits to provide a broader continuum of care for beneficiaries seeking help with a SUD, including withdrawal management services in residential treatment facilities that meet the definition of an IMD. The benefits will continue to be provided through a managed care delivery system. The state and CMS expect that offering a full continuum of SUD treatment and recovery supports based on American Society of Addiction Medicine (ASAM) criteria or other nationally recognized, SUD-specific program standards, will result in improved health outcomes and sustained recovery for this population
DYI QI-Q4
10/01/2019-09/30/2020

^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 12/15/2020, with an effective date of 1/1/2021 for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

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.

Implemented on October 1, 2019, this executive summary and iteration of the monitoring report reflects the annual report for Michigan's 1115 Behavioral Health Demonstration for the period 10/1/19 – 9/30/20. During this period, MDHHS received provisional approval of its Disaster 1115 application per the COVID-19 national emergency. As such, MDHHS is working with its evaluation partner at the University of Michigan's Institute for Healthcare Policy and Innovation (IHPI) to add the COVID-19 evaluation/monitoring requirements to its approved demonstration evaluation plan. With regards to the SUD Implementation Plan, MDHHS has determined with its Prepaid Inpatient Health Plan (PIHP) partners to select the ASAM Continuum Assessment tool that will be utilized in the state. MDHHS is on track to train providers on the tool for state implementation on October 1, 2021. MDHHS also has made progress on the SUD Health IT Plan. MI is continuing to develop the monitoring metric dashboard and receiving the necessary internal approvals to begin the e-Consent management project in FY21.

b Implementation date of SUD demonstration: The date the state began claiming federal financial participation for services provided to individuals in institutions for mental disease.

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		Medicaid Beneficiaries continue to be served at the same level no change in the assessment of need for SUD services.
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.i. The target population(s) of the demonstration	X		The state is not expanding the clinical criteria beyond the established SUD diagnoses.
1.2.1.ii. 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 S	UDs (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	X		
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.i. 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		
2.2.1.ii. 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 Placemen	nt Criteria (Miles	tone 2)	
3.1 Metric trends			
3.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2	X		
3.2. Implementation update			
3.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 3.2.1.i. Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria	X		The state will train providers statewide on the ASAM Continuum assessment.
3.2.1.ii. 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		Tool for utilization management is under development.
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 S 4.1 Metric trends	tandards to Set P	Provider Qualificatio	ons for Residential Treatment Facilities (Milestone 3)
4.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3	X		The state has no update to report.
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.			
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.i. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUDspecific program standards 	X		The state has no update to report.
4.2.1.ii. Review process for residential treatment providers' compliance with qualifications.	X		
4.2.1.iii. 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	· · ·	` */	•
5.1 Metric trends	8		,
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:	X		
Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care			
5.2.2 The state expects to make other program changes that may affect metrics related to Milestone 4	X		
6. Implementation of Comprehensive Treatment and Pre	vention Strategie	es to Address Opioid	Abuse and OUD (Milestone 5)
6.1 Metric trends			
6.1 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: 6.2.1.i. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD 	X		
6.2.1.ii. Expansion of coverage for and access to naloxone	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5			
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		The state will initiate a hub and spoke model for OUD beneficiaries that will increase care coordination support for Medicaid beneficiaries within PIHP Region 1, two counties in Region 4 and Region 9. Region 2 has been implementing the care coordination hub and spoke model since 2018.
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			
8.2 Implementation update			

	Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
operational changes to:	details, the state expects to make the following How health IT is being used to slow down the rate of growth of individuals identified with SUD	X		
How health identified v	n IT is being used to treat effectively individuals with SUD			
1	How health IT is being used to effectively monitor "recovery" supports and services for individuals identified with SUD			MI providers use the state's consent form to ensure information is shared to appropriate parties related to the beneficiaries needs and care management.
	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			The state is developing a BH 1115 data dashboard that will securely house specific regional data. PIHPs will be able to download their regional data compared to state data to assess their own metrics monthly, quarterly and annually.
	Other aspects of the state's health IT implementation milestones			The state is making significant progress towards an e-consent management system for data sharing. The state is piloting with three PIHP regions to meet the Health IT pilot timeline of October 1, 2021.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.2.1.v. The timeline for achieving health IT implementation milestones	X		The state is on target to complete milestones outlined in the STCs. October 1, 2022-Prescription Drug Monitoring Program (PDMP) Functionalities. October 1, 2022- Current and Future PDMP Query Capabilities. Increase in all state fiscal years from baseline- Use of PDMP-Supporting Clinicians with Changing Office Workflows/Business Process. October 1, 2022- Master Patient Index/Identity Management. October 1, 20200- Overall Objective for Enhancing PDMP Functionality and Interoperability.
8.2.1.vi. Planned activities to increase use and functionality of the state's prescription drug monitoring program			The state is still on-track to enhance the connectivity between the state's PDMP and any statewide, regional, or local health information for October 1, 2022.
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		
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

State has no update to report (Place an X)	State response
	The state is working with its Medicaid Management Information System vendor to produce valid and reliable budget neutrality information per CMS' guidance.
X	
X	
X	The state will train statewide on the ASAM Continuum assessment in FY21.
	update to report (Place an X) X

Prompts	State has no update to report (Place an X)	State response
11.2.1.ii. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)	X	
11.2.1.iii. Partners involved in service delivery	X	
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	
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 report is due to CMS and the timing for the demonstration. There are specific requirements per Code of Federal Regulations (CFR) for annual reports. See report template instructions for more details.		Annual Update-The evaluation team assessed data completeness for FY17 through FY19 and generated updated FY19 SUD quality measures in conjunction with and using specifications from other SUD-focused projects utilizing Medicaid/Medicare administrative claims. Additionally, with the increase in telemedicine related to COVID19, there were concerns about claims processing times for telemedicine visits; have identified these processing times as a potential issue for survey sampling, information was compiled on COVID-related changes to SUD reimbursement policies, including those related to telehealth. The evaluation team will continue to monitor the extent to which lags in claims differ for telehealth claims. The evaluation team also learned about other states' efforts to establish specific administrative codes for ASAM levels to promote consistency and to offer a mechanism to monitor levels of care. In the subsequent project year, MI explore how to incorporate these ASAM codes into our evaluation.

Prompts	State has no update to report (Place an X)	State response
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		Annual Update- The evaluation team reviewed our broad sampling strategy for the beneficiary surveys. However, with the onset of COVID19, MI recognized that SUD treatment patterns may change, which will affect the sampling algorithm for the beneficiary survey, and potentially will require changes in survey questions. MI assessed the need to change the sampling algorithm by reviewing administrative data and by having discussions with MDHHS colleagues. The evaluation team conducted beneficiary interviews for a concurrent SUD-focused project and utilized the recruitment data to test MI's ability to identify beneficiaries with new initiation of medication-assisted treatment. We used this information to inform our survey sampling design. Due to the onset of COVID19 and the stay-at-home orders issued in Michigan, the timeline to begin the beneficiary surveys was moved to FY21. The evaluation team developed a sampling plan for key informant interviews, which emphasizes inclusion of SUD providers and PIHP administrators across PIHP regions. The evaluation team reviewed the goals and timing of the key informant interviews, with respect to (a) changes in timeline for certain MDHHS activities, (b) need for coordination with 1003 activities, and (c) new information on the progress of an external project on PIHP contracting. During revisions of our key informant interview approach, the COVID19 pandemic increased dramatically in Michigan. The evaluation team worked with MDHHS colleagues to determine the best timing for the key informant interviews to avoid interrupting essential clinical activities. The evaluation team conducted key informant interviews with PIHP officials in July and August 2020 and created transcripts of each interview. The data was summarized from key informant interviews with PIHP officials with a focus on three key areas: maintaining an SUD provider network, enhancing beneficiary access and engagement, and coordinating with external partners.

Prompts	State has no update to report (Place an X)	State response
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates		The state is still on target to submit deliverables based on the revised evaluation. December 2022- Midpoint assessment (will include baseline and midpoint key informant interviews, and baseline administrative and beneficiary survey data) September 2023- Interim Report (will include baseline and midpoint key informant interviews, and baseline administrative and beneficiary survey data) March 2026- Final Report (will include all evaluation results)
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.i. The schedule for completing and submitting monitoring reports	X	
13.1.3.ii. The content or completeness of submitted reports and/or future reports	X	
13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation	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 report.		Annual Update-The BH 1115 demonstration approval was posted on two separate MDHHS public facing webpages. PIHPs were made aware of the award during monthly meetings and email communication. The approved award was posted on two separate MI webpages where the public had the opportunity to review the information and provide further comment. The information was posted on MI Medicaid and Waiver & State Plan Amendment Notification and MI Waivers webpage. MDHHS did not have a questions or comments related to the award from Internal Staff or the Public. MI will post the annual report as specified in the STCs.	
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.		Annual Update- Telehealth policies are in place and SUD admissions have stabilized. Admissions into services have not reached prepandemic levels but providers have process in place to serve those needing care.	

^{*}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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