

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 as part of its monitoring protocol. This form should be submitted 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.

State	<i>Michigan.</i>
Demonstration name	<i>Michigan’s 1115 Behavioral Health Demonstration.</i>
Approval period for section 1115 demonstration	<i>04/05/2019 – 09/30/2024</i>
SUD demonstration start date^a	<i>10/01/2019</i>
Implementation date of SUD demonstration, if different from SUD demonstration start date^b	<i>N/A</i>
SUD (or if broader demonstration, then SUD-related) demonstration goals and objectives	<i>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.</i>

^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.

^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.

2. Acknowledgement of narrative reporting requirements

The state has reviewed the narrative questions in the Monitoring Report Template provided by CMS and understands the expectations for quarterly and annual monitoring reports. The state will provide the requested narrative information (with no modifications).

3. Acknowledgement of budget neutrality reporting requirements

The state has reviewed the Budget Neutrality Workbook provided by the CMS demonstration team and understands the expectations for quarterly and annual monitoring reports. The state will provide the requested budget neutrality information (with no modifications).

4. Retrospective reporting

The state is not expected to submit metrics data until after protocol approval, to ensure that data reflects the monitoring plans agreed upon by CMS and the state. Prior to monitoring protocol approval, the state should submit quarterly and annual monitoring reports with narrative updates on implementation progress and other information that may be applicable, according to the requirements in its STCs.

For a state that has monitoring protocols approved after one or more initial quarterly monitoring report submissions, it should report metrics data to CMS retrospectively for any prior quarters of the section 1115 SUD demonstration that precede the monitoring protocol approval date. A state is expected to submit retrospective metrics data—provided there is adequate time for preparation of these data—in its second monitoring report submission that contains metrics. The retrospective report for a state with a first SUD DY of less than 12 months, should include data for any baseline period quarters preceding the demonstration, as described in Part A of the state's monitoring protocols (see Appendix B of the instruction for further guidance determining baseline periods for first SUD DYs that are less than 12 months.) If a state needs additional time for preparation of these data, it should propose an alternative plan (i.e., specify the monitoring report that would capture the data) for reporting retrospectively on its section 1115 SUD demonstration.

In the monitoring report submission containing retrospective metrics data, the state should also provide a general assessment of metrics trends from the start of its demonstration through the end of the current reporting period. The state should report this information in Part B of its report submission (Section 3: Narrative information on implementation, by milestone and reporting topic). This general assessment is not intended to be a comprehensive description of every trend observed in the metrics data. Unlike other

monitoring report submissions, for instance, the state is not required to describe all metric changes (+ or - greater than 2 percent). Rather, the assessment is an opportunity for a state to provide context on its retrospective metrics data and to support CMS's review and interpretation of these data. For example, consider a state that submits data showing an increase in the number of medication-assisted treatment (MAT) providers (Metric #14) over the course of the retrospective reporting period. This state may decide to highlight this trend for CMS in Part B of its report (under Milestone 4) by briefly summarizing the trend and explaining that during this period, a grant supporting training for new MAT providers throughout its state was implemented.

For further information on how to compile and submit a retrospective report, the state should review Section B of the Monitoring Report Instructions document.

- The state will report retrospectively for any quarters prior to monitoring protocol approval as described above, in the state's second monitoring report submission that contains metrics after protocol approval.
- The state proposes an alternative plan to report retrospectively for any quarters prior to monitoring protocol approval:

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.

State	<i>Michigan</i>
Demonstration name	<i>Michigan’s 1115 Behavioral Health Demonstration</i>
Approval period for section 1115 demonstration	<i>04/05/2019 - 9/30/2024</i>
SUD demonstration start date^a	<i>10/01/2019</i>
Implementation date of SUD demonstration, if different from SUD demonstration start date^b	<i>N/A</i>
SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives	<i>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</i>
SUD demonstration year and quarter	<i>DY2Q4</i>
Reporting period	<i>07/01/2021-09/30/2021</i>

^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.

^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.

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 demonstration year 2, quarter 4 report for Michigan's 1115 Behavioral Health Demonstration for the period 07/01/2021-09/30/2021. Annual description of activities are identified and outlined below. Annual Metric Narrative description will be captured in DY3Q1.

With regards to the SUD Implementation Plan, MDHHS has trained over 1,000 professionals to use ASAM Continuum Assessment. Full implementation of the ASAM Continuum effective FY22. Trainings ran from July 2021 through September 2021 for adult treatment providers. Virtual trainings will be held after September 2021 for any providers that still need to be trained. MDHHS continues to work with three Prepaid Inpatient Health Plans (PIHP) regions to test and provide feedback for the new eConsent management system, implementation is expected in FY22. MDHHS is working with its partners to continue to streamline systems to support providers enrolling beneficiaries into services. MDHHS will continue to implement strategies to best serve MI beneficiaries. MDHHS is continuing to move forward with all identified activities per recognized timelines Michigan has continued to see high Covid cases and has continued to use telehealth services to ensure beneficiaries are getting services. Providers are continuing to serve beneficiaries using Covid-19 guidelines.

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

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1. Assessment of need and qualification for SUD services			
1.1 Metric trends			
1.1.1. The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to assessment of need and qualification for SUD services		3, 4, 5	In DY2Q3 Metric 3 was updated to include V4 specifications including additional telehealth HCPCS codes and place of service. The state saw an increase in beneficiary confidence in safety measures and the ability to access telehealth.
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		
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		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2. Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)			
2.1 Metric trends			
2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1		6, 7, 8, 9, 10, 11,12, 36	In DY2Q3 Metrics 6, 8 were updated to use V4 specifications. With the updated V4 metrics the state saw an increase in beneficiaries. The state saw an increase in beneficiary confidence with safety measures and the ability to access telehealth. The state is unable to report on Metric 11, <18 subpopulation due to the how claims are submitted for these beneficiaries.
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		

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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	There are no CMS-provided metrics related to Milestone 2.	
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		
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		
3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2	X		

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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 <i>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.</i>	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.i. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards	X		
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		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
5. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)			
5.1 Metric trends			
5.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4	X	13, 14	Annual Metrics
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		
6. Implementation of Comprehensive Treatment and Prevention Strategies 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	15, 18, 19, 20, 21, 22	Annual Metrics
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		

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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	X		
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	17	Annual Metric
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			The state initiated a hub and spoke model for OUD beneficiaries that will increase care coordination support for Medicaid beneficiaries within PIHP Region 1, 2, two counties in Region 4 and Region 9. The state submitted a revised SPA to increase OHH eligibility in three more PIHP regions 6, 7 and 10 with an anticipated start date of October 1, 2021.
8. SUD health information technology (health IT)			
8.1 Metric trends			
8.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics	X	Q1, Q2, Q3	
8.2 Implementation update			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 8.2.1.i. How health IT is being used to slow down the rate of growth of individuals identified with SUD	X		
How health IT is being used to treat effectively individuals identified with SUD			
8.2.1.ii. How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD			The state’s providers use the state’s consent form to ensure information is shared to appropriate parties related to the beneficiaries needs and care management of a beneficiary with SUD to enhance recovery supports.
8.2.1.iii. 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 finalized development of a SUD user role within a statewide platform that will assist in care coordination for PIHPs. Users with the SUD User Role access will be able to see beneficiary SUD information that has previously been hidden. The state believes access to this information for relevant and vetted individuals will bridge barriers of care coordination and access to resources. The state is developing reports within the platform for PIHP regions to access their SUD population and increase outreach efforts.

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.2.1.iv. Other aspects of the state’s health IT implementation milestones			The state has worked with contractors to develop the eConsent platform. MI continues to hold workgroup meetings to discuss how to make the system more functional for PIHPs and Providers. Three PIHP regions have started testing the system and will begin piloting with Provider agencies in FY22. The state has worked with LARA to partner in the creation of the SUD residential bed registry. Due to Covid the pilot sites were delayed but work has started again in PIHP Region 9 and will continue to add PIHP regions throughout FY23.
8.2.1.v. The timeline for achieving health IT implementation milestones			<p>October 1, 2022-Prescription Drug Monitoring Program (PDMP) Functionalities.</p> <p>October 1, 2022- Current and Future PDMP Query Capabilities.</p> <p>Increase in all state fiscal years from baseline- Use of PDMP-Supporting Clinicians with Changing Office Workflows/Business Process.</p> <p>October 1, 2022- Master Patient Index/Identity Management.</p>
8.2.1.vi. Planned activities to increase use and functionality of the state’s prescription drug monitoring program			The state is 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			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
9.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics		23, 24, 25, 26, 27, 32	In DY2Q3 Metric 24 was updated to V4 specifications to exclude residential treatment. The state saw an increase in beneficiaries for metric 23 and 24 due to increase in beneficiary confidence in safety measures.
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			The state saw an increase in beneficiaries related to updated V4 specifications.

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.		The state submits expenditure reports to CMS that will automatically populate Budget Neutrality reports per quarter.
10.2 Implementation update		
10.2.1 The state expects to make other program changes that may affect budget neutrality	X	

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Prompts	State has no update to report (Place an X)	State response
11. SUD-related demonstration operations and policy		
11.1 Considerations		
<p>11.1.1 The state should highlight significant SUD (or if broader demonstration, then SUD-related) demonstration operations or policy considerations that could positively or negatively affect beneficiary enrollment, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the SUD demonstration’s approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail.</p>		<p>The state will start the CCBHC demonstration in DY3Q1. All MI residents with a mental illness or substance use disorder diagnosis are eligible for services. The CCBHC will continue to enhance services for MI residents; sites will provide a robust set of coordinated, integrated and comprehensive services.</p>
11.2 Implementation update		
<p>11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <p>11.2.1.i. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)</p>	X	
<p>11.2.1.ii. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)</p>	X	
<p>11.2.1.iii. Partners involved in service delivery</p>	X	
<p>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</p>	X	
<p>11.2.3 The state is working on other initiatives related to SUD or OUD</p>		<p>As mentioned, the state will expand the Opioid Health Home SPA and implementation of the CMS CCBHC initiative.</p>

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Prompts	State has no update to report (Place an X)	State response
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		

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Prompts	State has no update to report (Place an X)	State response
<p>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.</p>		<p>In FY21 the University of Michigan Evaluation team generated SUD administrative measures for FY19 and began preparing for subgroup measures by working with the state to define subgroups and understand the impact of state-specific codes on measures important for future comparison of Michigan measures versus other states. The evaluation team began conducting surveys of beneficiaries served through the 1115 waiver demonstration project in FY21. Surveys were updated and sampling plan was created to ensure adequate sampling across key groups and service subtypes given current patterns of utilization. Prior to beginning interviews, the survey was programmed into the computer assisted telephone interviewing (CATI) software, recruitment sampling plans and materials were finalized, interviewers were trained, and recruitment efforts began. The evaluation team completed the Cohort 1 Baseline Interviews, with a total of 2,205 completed interviews. Among beneficiaries with completed interviews, 2,189 (99.3%) gave permission to record the interview, and 2111 (95.7%) agreed to be contacted for a follow up interview. Follow up surveys began at the end of FY21. The Evaluation team drafted interview guides for key informant interviews focused on the process of assisting individuals who are initiating SUD treatment. The Evaluation team piloted the interview protocol with staff from one PIHP, including the initial group interview and the follow-up individual interviews. Key informant interview questions were drafted for providers participating in the Opioid Health Homes project and incorporated key informant interview questions into discussions with PIHP officials for the 1003 companion project. Interviews were conducted with OHH site officials in regions 2 and 9. Key informant interviews were transcribed and summaries with a final report submitted to MDHHS officials.</p>

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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		The evaluation team completed the Cohort 1 Baseline Beneficiary Interviews, with a total of 2,205 completed interviews. Among beneficiaries with completed interviews, 2,189 (99.3%) gave permission to record the interview, and 2111 (95.7%) agreed to be contacted for a follow up interview. The evaluation team is in the process of identifying individuals who should be excluded from follow-up beneficiary interviews (e.g., deceased) and updating contact information for the follow-up recruitment mailing. The evaluation team is in the process of analyzing the Beneficiary Baseline interview response rate and characteristics of the respondent’s vs nonrespondents. The evaluation team is ready to begin the Covid-19 addendum key information interviews and continuing to discuss interview sampling.
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates		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		The state will not report on Metric 11 for the subpopulation of <18. The state reimbursement structure does not permit reporting for this population. The state is confident all other subpopulations for this metric is accounted for in the monitoring reports.
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	

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Prompts	State has no update to report (Place an X)	State response
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	
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.	X	
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.		Telehealth policies are being utilized and SUD admissions have continued to stabilize. Admissions into services have not reached pre-pandemic levels but providers have process in place to serve those needing care. MI is still experiencing high cases of Covid-19 and Covid-19 variants.

*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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Measures IET-AD, FUA-AD, FUM-AD, and AAP [Metrics #15, 17(1), 17(2), and 32] are Healthcare Effectiveness Data and Information Set (HEDIS®) measures that are owned and copyrighted by the National Committee for Quality Assurance (NCQA). HEDIS measures and specifications are not clinical guidelines, do not establish a standard of medical care and have not been tested for all potential applications. The measures and specifications are provided “as is” without warranty of any kind. NCQA makes no representations, warranties or endorsements about the quality of any product, test or protocol identified as numerator compliant or otherwise identified as meeting the requirements of a HEDIS measure or specification. NCQA makes no representations, warranties, or endorsement about the quality of any organization or clinician who uses or reports performance measures and NCQA has no liability to anyone who relies on HEDIS measures or specifications or data reflective of performance under such measures and specifications.

The measure specification methodology used by CMS is different from NCQA’s methodology. NCQA has not validated the adjusted measure specifications but has granted CMS permission to adjust. A calculated measure result (a “rate”) from a HEDIS measure that has not been certified via NCQA’s Measure Certification Program, and is based on adjusted HEDIS specifications, may not be called a “HEDIS rate” until it is audited and designated reportable by an NCQA-Certified HEDIS Compliance Auditor. Until such time, such measure rates shall be designated or referred to as “Adjusted, Uncertified, Unaudited HEDIS rates.”