Monitoring and Evaluation of Section 1115 Substance Use Disorder (SUD) Demonstrations

Monitoring

Ongoing, systematic collection of data to track demonstration progress, risks, and performance to allow states to make timely adjustments.

States should use monitoring data to track progress toward milestones and adjust implementation strategies in a timely manner, informed by identifying emerging challenges, engaging with CMS, and determining lessons learned. For example, identifying trends in utilization and inpatient stays could inform the expansion of peer support workers.

What states measure

- Provider availability for SUD services
- Follow-up after high intensity SUD care
- Medicaid beneficiaries with SUD diagnosis
- IMD use and average length of stay
- Care management and coordination information

Monitoring & Evaluation

States should integrate monitoring and evaluation findings to understand trends, mitigate risks to demonstration objectives, strengthen program integrity, and inform course corrections in collaboration with CMS.

States should use monitoring and evaluation data to assess the full continuum of care, including outpatient services, to assess gaps and opportunities for improvements.

What states measure

- Initiation and engagement in treatment
- Follow-up after ED visit for SUD
- Utilization of various SUD services (such as outpatient)
- Overdose deaths
- ED and inpatient use for SUD
- Readmissions

Evaluation

Periodic assessment of demonstration's value and effectiveness in achieving its goals.

States should use evaluation evidence to assess longer-term demonstration impact and progress toward goals, inform potential actions such as renewal requests or programmatic improvements, and influence broader program strategy in collaboration with CMS.

What states measure

- Community knowledge of available services
- Provider availability for SUD screening/referral
- Follow-up after screening and referral for SUD
- Treatment access, continuation, and experience
- High dosage opioid use
- Concurrent use of opioids and benzodiazepines
- Medicaid cost trends
- Remission at 30 days and 1 year post treatment
- Access to preventive/ambulatory health services
- Screening for tobacco use, unhealthy alcohol use, depression, Hepatitis C Virus or HIV
- Provider capacity for care coordination

Note: Information on the SUD demonstration goals can be found in SMDL #17-003 (https://www.medicaid.gov/federal-policy-guidance/downloads/smd17003.pdf)
CMS = Centers for Medicare & Medicaid Services; ED = emergency department; HIV = human immunodeficiency virus; IMD = institution for mental diseases; SUD = substance use disorder