

**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.*

<b>State</b>	<i>Wisconsin.</i>
<b>Demonstration name</b>	<i>BadgerCare Reform</i>
<b>Approval period for section 1115 demonstration</b>	<i>10/31/2018-12/31/2029</i>
<b>SUD demonstration start date<sup>a</sup></b>	<i>10/31/2018</i>
<b>Implementation date of SUD demonstration, if different from SUD demonstration start date<sup>b</sup></b>	<i>10/31/2018</i>
<b>SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives</b>	<i>Increased rates of identification, initiation, and engagement in SUD treatment, increased adherence to and retention in treatment, fewer readmissions to the same or higher level of care where admissions is preventable, reduction in overdose deaths, reduced inappropriate utilization of emergency departments and inpatient hospital settings via improved access to other SUD continuum of care services.</i>
<b>SUD demonstration year and quarter</b>	<i>DY4Q3</i>
<b>Reporting period</b>	<i>07/1/2024 – 09/30/2024</i>

<sup>a</sup> **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.

<sup>b</sup> **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.*

The State of Wisconsin was approved for the extension and amendment of the Badger Care Reform Waiver as of October 31, 2018, authorizing the Wisconsin Division of Medicaid Services to operate the Badger Care Reform services through December 31, 2023. The new residential substance use disorder (SUD) treatment benefit was developed under this section 1115 demonstration waiver, allowing Wisconsin Medicaid to claim federal funding for residential SUD services provided in IMD settings.

The Wisconsin Medicaid residential SUD treatment benefit launched February 1, 2021. Treatment services are available to members of all ages who are enrolled in a full-benefit Medicaid plan and who are pursuing recovery from one or more SUDs. Residential SUD treatment is reimbursed only for services delivered in facilities certified by the Wisconsin Division of Quality Assurance as medically monitored treatment (Wis. Admin. Code DHS 75.11) or transitional treatment (Wis. Admin. Code DHS 75.14). The residential SUD treatment benefit does not include coverage in non-treatment residential settings, such as sober living homes, recovery residences, or community arrangements.

Opioid settlement dollars continue to be used to offset room and board costs for members with OUD via grant funding opportunities to counties and tribal nations. However, lack of funding for room and board continues to be a barrier to member access for individuals affected by other forms of SUD. Q1 2024, Wisconsin welcomed two additional Residential SUD facilities to the Medicaid provider pool

Wisconsin advised CMS that the Wisconsin BadgerCare SUD Mid-Point Assessment would be delayed from its original 11/15/2023 deadline and was working with the vendor conducting the independent evaluation to establish an updated timeline for submission. Wisconsin worked with its independent evaluation vendor and confirmed that the BadgerCare Mid-point Assessment report will be submitted to CMS by the end of June 2024.

**Please Note:** The State of Wisconsin will be reporting trends for measurement period 1/1/2024 – 3/31/2024 in this report. This is based on the 6 months approved claims lag by CMS for all planned metrics. We will provide a unique quarterly trend count and month to trend where applicable.



### 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
<b>1. Assessment of need and qualification for SUD services</b>			
<b>1.1 Metric trends</b>			
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		<i>Metric# 3</i>	Metric #3: For measurement period of 1/1/2024 to 3/31/2024, the unique quarterly total number of beneficiaries who receive MAT or a SUD related treatment service decreased from 70,679 to 69,036. This represents a 2.3% change in beneficiaries from the previous quarter. The counts for months January – March respectively are, 62,130, 61,202 and 59,642. This represents a ~1.5 % change from January to February and a ~2.5% change from February to March. This quarter represents a continuation of the public health emergency unwinding, where states were actively reassessing eligibility status and this may impact enrollment.
<b>1.2 Implementation update</b>			
1.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
1.2.1.i. The target population(s) of the demonstration			
1.2.1.ii. The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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
<b>2. Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)</b>			
<b>2.1 Metric trends</b>			

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<p>2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1</p>		<p><i>Metrics# 6-12, 22</i></p>	<p>Metric #6: For measurement period of 1/1/2024 to 3/31/2024, the unique quarterly total number of beneficiaries who receive any SUD treatment service, facility claim, or pharmacy claim increased from 36395 to 36609. This represents less than a 1% change in beneficiaries from the previous quarter. The counts for months January - March respectively are, 24518, 23798, and 23208. This represents a 2.9 % (January to February) and 2.4% (February to March) change from month to month. This quarter represents a continuation of the public health emergency unwinding, where states were actively reassessing eligibility status and this may impact enrollment</p> <p>Metric #7: The unique quarterly total number of beneficiaries who receive used early intervention services (such as procedure codes associated with SBIRT) decreased from 61 to 35. This represents a 42.6% change from the previous quarter. The counts for months January – March respectively are, 13, 10 and 13. This represents a 23% (January to February) and a 30% (February to March) change from month to month. The small number of impacted beneficiaries magnifies the change in terms of percentage from month to month. This quarter represents a continuation of the public health emergency unwinding, where states were actively reassessing eligibility status and this may impact enrollment.</p> <p>Metric #8: The unique quarterly total number of beneficiaries who receive outpatient services for SUD (such as outpatient recovery or motivational enhancement therapies, step down care, and monitoring for stable patients) increased from 27307 to 27963. This represents an 2.4% change from the previous quarter. The counts for months January - March respectively are, 18058, 17378 and 16701. This represents a 6.1% (January to February) and an 3.9% (February to March)</p>
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			<p>change from month to month. Wisconsin Medicaid increased some outpatient reimbursement rates to align with mental health reimbursement rates, this may have positively impacted utilization.</p> <p>Metric #9: The unique quarterly total number of beneficiaries who used intensive outpatient and/or partial hospitalization services for SUD (such as specialized outpatient SUD therapy or other clinical services) decreased from 904 to 786. This represents a 13% change from the previous quarter. The counts for months January - March respectively are, 398, 391 and 366. This represents a 1.7% (January to February) and 6.3% (February to March) change from month to month. This quarter represents a continuation of the public health emergency unwinding, where states were actively reassessing eligibility status and this may impact enrollment.</p> <p>Metric #10: The unique quarterly total number of beneficiaries who use residential and/or inpatient services for SUD decreased from 2426 to 2407. This represents less than a 1% change from the previous quarter. The counts for months (January – February) respectively are, 914, 903 and 972. This represents an 1.2% (January to February) and a 7.6% (February to March) change from month to month.</p> <p>Metric #11: The unique quarterly total number of beneficiaries who use withdrawal management services (such as outpatient, inpatient, or residential) decreased from 1539 to 1515. This represents a 1.6% change from the previous quarter. The counts for months January - March respectively are, 597, 534, and 571. This represents 10.6% (January to February) and 6.9% (February to March) change from month to month.</p>
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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>Metric #12: The unique quarterly total number of beneficiaries who had a claim for MAT for SUD decreased from 15956 to 15606. This represents a 2.2% change from the previous quarter. The counts for months January – March respectively are, 12852, 12621 and 12307. This represents 1.8% (January to February) and 2.4% (February to March) change from month to month. This quarter represents a continuation of the public health emergency unwinding, where states were actively reassessing eligibility status and this may impact enrollment.</p> <p>Metric #22: For measurement period of 01/1/2023 to 12/31/2023 Percentage of adults 18 years of age and older with pharmacotherapy for OUD who have at least 180 days of continuous treatment is 28.7%. This represents a change of approximately 18.2% from last measure year. It is believed that the updated review of methodology and technical specifications from the new vendor accounts for more accurate measure of the numerator and denominator in the results.</p>
<b>2.2 Implementation update</b>			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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			
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
<b>3. Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)</b>			
<b>3.1 Metric trends</b>			
3.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2	X		.
3.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
3.2.1.i. Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria			
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			
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
<b>4. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)</b>			
<b>4.1 Metric trends</b>			
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		
4.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
4.2.1.i. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards			
4.2.1.ii. Review process for residential treatment providers' compliance with qualifications.			
4.2.1.iii. Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site			
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
<b>5.1 Metric trends</b>			
5.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4	X		
<b>5.2 Implementation update</b>			
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		
<b>6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)</b>			
<b>6.1 Metric trends</b>			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5		Metrics# 18, 21, 23	<p>Metric #18: For measurement period of 01/1/2023 to 12/31/2023 Percentage of beneficiaries aged 18 and older who received prescriptions for opioids with an average daily dosage greater than or equal to 90 morphine milligram equivalents (MME) over a period of 90 days or more. Beneficiaries with a cancer diagnosis, sickle cell disease diagnosis, or in hospice are excluded in 25.9%. This is a slight increase of 2.4%.</p> <p>Metric #21: For measurement period of 01/1/2023 to 12/31/2023 the Percentage of beneficiaries aged 18 and older with concurrent use of prescription opioids and benzodiazepines. Beneficiaries with a cancer diagnosis, sickle cell disease diagnosis, or in hospice are excluded in 10.9%. This is a slight increase of approximately 1%.</p> <p>Metric# 23: For measurement period of 1/1/2024 to 3/31/2024, the unique quarterly total number of beneficiaries who had an emergency department visit for SUD decreased from 7997 to 7763. This represents less than 1% change in beneficiaries from the previous quarter. The counts for months January - March respectively are, 3039, 2890 and 3100. This represents a 4.9% (January to February) and 7.3% (February to March) change from month to month.</p>
<b>6.2 Implementation update</b>			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:	<i>X</i>		
6.2.1.i. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD			
6.2.1.ii. Expansion of coverage for and access to naloxone			
6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5	<i>X</i>		
<b>7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)</b>			
<b>7.1 Metric trends</b>			

<p>7.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6</p>		<p><i>Metrics# 17(1), 17(2), 15</i></p>	<p><b>Metric# 17(1):</b> For measurement period of 01/1/2023 to 12/31/2023:</p> <ul style="list-style-type: none"> <li>• The Percentage of ED visits for which the beneficiary received follow-up within 30 days of the ED visit (31 total days) is 17.9%. This is a 20.2% decrease from last measure year. It is believed that updated methodology from new vendor accounts for the difference in results.</li> <li>• The Percentage of ED visits for which the beneficiary received follow-up within 7 days of the ED visit (8 total days) is 10.1%. This is a 38.4% decrease from last measure year. It is believed that updated methodology from new vendor accounts for the difference in results.</li> </ul> <p>Please note that for 17(1) above, the updated methodology is only capturing members who have that AODA diagnosis.</p> <p><b>Metric# 17(2):</b> For measurement period of 01/1/2023 to 12/31/2023:</p> <ul style="list-style-type: none"> <li>• Percentage of ED visits for mental illness for which the beneficiary received follow-up within 30 days of the ED visit (31 total days) is 50.5%. This is a 23.1% change from last measure year. It is believed that updated methodology from new vendor accounts for the difference in results</li> <li>• Percentage of ED visits for mental illness for which the beneficiary received follow-up within 7 days of the ED visit (8 total days) is 31.6%. This is a 47.5% change from last measure year. It is believed that updated methodology from new vendor accounts for the difference in results. In the previous submission, members were included that had primary diagnosis pertaining to “Mental Health” value sets as well as the “Mental Illness” and “Self-Harm” related value sets. The technical specifications only mention the latter for the measure. The updated methodology is capturing members from the latter two datasets.</li> </ul>
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			<p>Metric# 15: Percentage of beneficiaries age 18 and older with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following:</p> <ul style="list-style-type: none"> <li>• Initiation of AOD Treatment—percentage of beneficiaries who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis</li> <li>• Engagement of AOD Treatment—percentage of beneficiaries who initiated treatment and who were engaged in ongoing AOD treatment within 34 days of the initiation visit</li> </ul> <ol style="list-style-type: none"> <li>1. Initiation of AOD Treatment - Alcohol abuse or dependence is 39.1%. This represents a 1.5% difference from last measure year.</li> <li>2. Initiation of AOD Treatment - Opioid abuse or dependence is 57.2%. This represents approximately 0.1% difference from last measure year.</li> <li>3. Initiation of AOD Treatment - Other drug abuse or dependence is 39.3%, which is approximately 1% difference from last measure year.</li> <li>4. Initiation of AOD Treatment - Total AOD abuse of dependence is 40.6%. This is less than 1% difference from last measure year.</li> <li>5. Engagement of AOD Treatment - Alcohol abuse or dependence is 9.9% This represents approximately 3% difference from last measure year. It is believed that updated metric calculation from new vendor accounts for this difference.</li> <li>6. Engagement of AOD Treatment - Opioid abuse or dependence is 29.3%. This result is approximately 0.1% difference from last measure year.</li> <li>7. Engagement of AOD Treatment - Other drug abuse or dependence is 8.8%. This is 2.4% difference from last measure year. It is believed that updated metric calculation from new vendor accounts for this difference.</li> </ol>
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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			8. Engagement of AOD Treatment - Total AOD abuse of dependence is 12.3%. This is less than 2% difference from last measure year calculation.
<b>7.2 Implementation update</b>			
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			
7.2.2 The state expects to make other program changes that may affect metrics related to Milestone 6	X		
<b>8. SUD health information technology (health IT)</b>			
<b>8.1 Metric trends</b>			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics		Metrics# Q1 and Q2	<p>Metric# Q1: For measurement period of 1/1/2024 to 3/31/2024, the total number of active prescribers, dispensers &amp; delegates as of the last day each month January - March respectively are, 853, 724 and 798. This represents a 15.1% (January to February) and 10.2% (February to March) change from month to month.</p> <p>For measurement period of 1/1/2024 to 3/31/2024, the total number of checks made by all prescribers, dispensers &amp; delegates during that quarter is 2,315,151. The counts for months January - March respectively are, 803,817, 751,299 and 760,035. This represents a 6.5% (January to February) and 1.1% (February to March) change from month to month.</p> <p>Metric# Q2: For measurement period of 1/1/2024 to 3/31/2024, the number of High-Intensity RSUD PAs real-time approved during this quarter is 516. The counts for months January - March respectively are, 179, 177 and 160. This represents a 1.1% (January to February) and 9.6% (February to March) change from month to month.</p> <p>For measurement period of 1/1/2024 to 3/31/2024, the number of Low-Intensity RSUD PAs real-time approved during this quarter is 111. The counts for months January - March respectively are, 37, 38 and 36. This represents a 2.7% (January to February) and 5.3% (February to March) change from month to month.</p>
<b>8.2 Implementation update</b>			

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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			
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			
8.2.1.iv. Other aspects of the state’s health IT implementation milestones			
8.2.1.v. The timeline for achieving health IT implementation milestones			
8.2.1.vi. Planned activities to increase use and functionality of the state’s prescription drug monitoring program			
8.2.2 The state expects to make other program changes that may affect metrics related to health IT	X		
<b>9. Other SUD-related metrics</b>			
<b>9.1 Metric trends</b>			

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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		Metric# 24, 32	<p>Metric #24: For measurement period of 1/1/2024 to 3/31/2024, the unique quarterly total number of beneficiaries who had an inpatient stay for SUD increased from 5096 to 5111. This represents less than 0.1% change from the previous quarter. The counts for months January - March respectively are, 1966, 1853 and 1909. This represents a 5.7% (January to February) and 3% (February to March) change from month to month.</p> <p>Metric #32: For measurement period of 01/1/2023 to 12/31/2023, the percentage of Medicaid beneficiaries with SUD who had an ambulatory or preventive care visit during the measurement period is 91.6%. This is approximately 0.3% difference from last measure period.</p>
<b>9.2 Implementation update</b>			
9.2.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics	X		

#### 4. Narrative information on other reporting topics

Prompts	State has no update to report (Place an X)	State response
<b>10. Budget neutrality</b>		
<b>10.1 Current status and analysis</b>		

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Prompts	State has no update to report (Place an X)	State response
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.		
<b>10.2 Implementation update</b>		
10.2.1 The state expects to make other program changes that may affect budget neutrality		
<b>11. SUD-related demonstration operations and policy</b>		
<b>11.1 Considerations</b>		
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.		To comply with the requirements related to enhanced FMAP authorized by the Families First Coronavirus Response Act, for this first quarter, the State of Wisconsin has maintained eligibility for individuals who may have been determined ineligible for Medicaid, except for individuals who voluntarily declined benefits or who are no longer residents of Wisconsin.
<b>11.2 Implementation update</b>		
11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:		The State of Wisconsin originally planned to launch the benefit through the managed care system. Based on input from stakeholders and further consideration by the policy team, the benefit launched on 2/1/2021 as a fee-for-service benefit.
11.2.1.i. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)		
11.2.1.ii. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)		
11.2.1.iii. Partners involved in service delivery		

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Prompts	State has no update to report (Place an X)	State response
11.2.2 The state experienced challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers) and/or noted any performance issues with contracted entities		
11.2.3 The state is working on other initiatives related to SUD or OUD		Separate from this demonstration project, the state launched a pilot SUD health home project as of 7/1/2021. The pilot program is geographically limited to 8 counties and 4 tribes. An additional pilot site was identified via a request for application process during this quarter. The site is expected to begin serving Medicaid members early in 2024. The state has begun work to implement a new intensive outpatient program (IOP) benefit which is expected to launch in the early to mid-2025.
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)		Some members receiving SUD health home services via the pilot may be referred for residential SUD treatment, which may modestly increase treatment utilization and compliance. Health home services and residential SUD treatment are non-duplicative.
<b>12. SUD demonstration evaluation update</b>		
<b>12.1 Narrative information</b>		
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.		The evaluation of Wisconsin's Medicaid § 1115 waiver proceeds according to the workplan but has required various adjustments due to the COVID-19 pandemic. The Wisconsin Medicaid program, with the federal and state public health emergency (PHE), delayed or suspended several of the provisions attached to the waiver. As well, the circumstances of the PHE have required other adjustments to data collection.

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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		<p>The evaluation of Wisconsin's Medicaid § 1115 waiver proceeds according to the workplan but has required various adjustments due to the COVID-19 pandemic. The Wisconsin Medicaid program, with the federal and state public health emergency (PHE), delayed or suspended several of the provisions attached to the waiver. As well, the circumstances of the PHE have required other adjustments to data collection.</p> <p>The Year 04 Annual Report will be submitted as scheduled using primarily data available through 2022, with adjustments to data collection and analysis related to the COVID-19 pandemic. The SUD Mid-Point Assessment report due 11/15/2023 will be delayed. Submission is planned for the end of June 2024.</p>
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates		
<b>13. Other demonstration reporting</b>		
<b>13.1 General reporting requirements</b>		
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		
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		
13.1.3 Compared to the demonstration design and operational details, the state expects to make the following changes to:		The state of Wisconsin plans to submit the required metrics as agreed upon in the SUD monitoring protocol.
13.1.3.i. The schedule for completing and submitting monitoring reports		
13.1.3.ii. The content or completeness of submitted reports and/or future reports		



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Prompts	State has no update to report (Place an X)	State response
13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation		
<b>13.2 Post-award public forum</b>		
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.		
<b>14. Notable state achievements and/or innovations</b>		
<b>14.1 Narrative information</b>		
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.		During the period of 1/1/2021 and 3/31/2024, over 9607 beneficiaries had approved prior authorizations for residential SUD treatment. Additionally, 10,156 beneficiaries received at least 452,796 days of treatment.

\*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:

*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.*

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