

**Medicaid Section 1115 Substance Use Disorder Demonstrations
Monitoring Report Template**

Note: PRA Disclosure Statement to be added here

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

The title page is a brief form that the state completed as part of its monitoring protocol. The title page will be populated with the information from the state’s approved monitoring protocol. The state should complete the remaining two rows. Definitions for certain rows are below the table.

State	Illinois
Demonstration name	Illinois Healthcare Transformation
Approval period for section 1115 demonstration	Automatically populated with the current approval period for the section 1115 demonstration as listed in the current special terms and conditions (STC), including the start date and end date (MM/DD/YYYY – MM/DD/YYYY). Start Date: 07/01/2024 End Date: 06/30/2029
SUD demonstration start date^a	Automatically populated with the start date for the section 1115 SUD demonstration or SUD component if part of a broader demonstration (MM/DD/YYYY). 07/01/2018
Implementation date of SUD demonstration, if different from SUD demonstration start date^b	Automatically populated with the SUD demonstration implementation date (MM/DD/YYYY) 07/01/2018.
SUD (or if broader demonstration, then SUD - related) demonstration goals and objectives	Automatically populated with the summary of the SUD (or if broader demonstration, then SUD- related) demonstration goals and objectives. Overall, the purpose of the Illinois Behavioral Health 1115 Demonstration Waiver is to t
SUD demonstration year and quarter	Enter the SUD demonstration year and quarter associated with this monitoring report (e.g., SUD DY1Q3 monitoring report). This should align with the reporting schedule in the state’s approved monitoring protocol. SUD DY7 Q1
Reporting period	Enter calendar dates for the current reporting period (i.e., for the quarter or year) (MM/DD/YYYY – MM/DD/YYYY). This should align with the reporting schedule in the state’s approved monitoring protocol. Start Date: 7/1/2024 End Date: 9/30/2024

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

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

2. Executive summary

The executive summary 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.

During the DY7Q1 (July 1, 2024 – September 30, 2024) monitoring period 1,129 Medicaid beneficiaries received services through the 1115 waiver SUD pilots. There were 829 Medicaid beneficiaries admitted to residential services for a substance use disorder (SUD) in a facility meeting the definition of an Institution for Mental Disease (IMD), and 300 beneficiaries enrolled to received services through the SUD case management for criminal justice populations pilot.

Illinois is reporting monthly and quarterly metrics for the data period January 1, 2024 – March 31, 2024. During the monitoring period eight out of 14 metrics had less than a 2% change. The following metrics had decrease of less than 2%: Any SUD Treatment (#6), Intensive Outpatient/Partial Hospitalization (#9), Residential/Inpatient (#10), Withdrawal Management (#11), and Emergency room visits for SUD per 1000 (#23) saw decreases of less than 2%. The following metrics had increases less than 1%: Outpatient (#8), Number of prescribers registered with the PMP system (#Q1), Number of PMPNow queries conducted through EHR-integrated systems (#Q2).

The following six monthly/quarterly metrics saw a greater-than +/- 2% change during this monitoring period.

- Medicaid Beneficiaries with newly initiated SUD treatment/diagnosis (#2), beneficiaries receiving Early Intervention (#7), and Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries (#24) all saw increases for the quarter.
- Medicaid beneficiaries with an SUD Diagnosis (monthly) (#3), beneficiaries receiving Medication Assisted Treatment (#12), and beneficiaries receiving Medication Assisted treatment and counseling concurrently (#Q3), all saw decreased for the quarter.

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		#2: Medicaid Beneficiaries with Newly Initiated SUD Treatment/Diagnosis #3: Medicaid Beneficiaries with SUD Diagnosis (monthly)	<p>The number of Medicaid beneficiaries with a newly initiated SUD treatment/diagnosis increased 11.5% compared to the previous quarter. The state believes this increase reflective of normal seasonal fluctuation and will continue to monitor for any developing trends.</p> <p>During DY7Q1 there were 3122 fewer Medicaid beneficiaries with an identified SUD diagnosis (-2.2%). This is the second consecutive quarter where there was a decrease. The state will continue to monitor this metric for developing trends.</p>
1.2 Implementation update				
1.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
1.2.1.a	The target population(s) of the demonstration			
1.2.1.b	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		#7: Early Intervention #12: Medication-Assisted Treatment	<p>The number of Medicaid beneficiaries that received Early Intervention services increased 121.7% (avg. 61 beneficiaries) compared to the prior quarter (avg 44 beneficiaries). The increase in early intervention continues to follow a seasonal trend with large increases in the beginning of the calendar year. However, it is worth noting that during this quarter there are more individuals (avg 61 per month) receiving Early Intervention than during the same period (January – March) in prior years (avg 41, 35, 44 per month). The state will continue to monitor for future trends.</p> <p>The number of Medicaid beneficiaries receiving Medication Assisted Treatment (MAT) decreased by 8.6% compared to the previous quarter. This is the third consecutive quarter that the total number of Medicaid beneficiaries receiving MAT has dropped (-321, -902, -1643 respectively). The state is looking into the possible factors that could be impacting the decrease including provider capacity, Medicaid redeterminations, and service access/utilization. The state will continue to analyze and monitor contributing factors this trend for change.</p>
2.2 Implementation update			

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 5.0

[State name – Illinois

] [Demonstration name – Illinois Behavioral Health Transformation

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2.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
2.2.1.a	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)			
2.2.1.b	SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential treatment, medically supervised withdrawal management, and medication-assisted treatment services provided to individual IMDs	X		
2.2.2	The state expects to make other program changes that may affect metrics related to Milestone 1	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
3. Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)				
3.1 Metric trends				
3.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2	X		
3.2. Implementation update				
3.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
3.2.1.a	Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria			
3.2.1.b	Implementation of a utilization management approach to ensure (a) beneficiaries have access to SUD services at the appropriate level of care, (b) interventions are appropriate for the diagnosis and level of care, or (c) use of independent process for reviewing placement in residential treatment settings	X		
3.2.2	The state expects to make other program changes that may affect metrics related to Milestone 2	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)			
4.1 Metric trends			
<p>4.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3</p> <p>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.</p>	X		
4.2 Implementation update			
<p>4.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <p>4.2.1.a Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards</p>	X		
<p>4.2.1.b Review process for residential treatment providers' compliance with qualifications</p>	X		
<p>4.2.1.c Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site</p>	X		
<p>4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3</p>	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
5. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)				
5.1 Metric trends				
5.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4	X		
5.2 Implementation update				
5.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to: Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients 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		

Prompt		State has no trends/update to report (place an X)	Related metric(s)	State response
6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)				
6.1 Metric trends				
6.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5	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:	X		
6.2.1.a	Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD			
6.2.1.b	Expansion of coverage for and access to naloxone	X		
6.2.2	The state expects to make other program changes that may affect metrics related to Milestone 5	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)				
7.1 Metric trends				
7.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6	X		
7.2 Implementation update				
7.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to: Implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports	X		
7.2.2	The state expects to make other program changes that may affect metrics related to Milestone 6	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8. SUD health information technology (health IT)				
8.1 Metric trends				
8.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics		Q3: Medicaid beneficiaries receiving MAT services and who concurrently received outpatient SUD services.	The number of Medicaid beneficiaries receiving MAT services and concurrently receiving outpatient SUD services decreased 16.4% compared to the prior quarter. Similar to the metric 12, the state is looking into possible factors that may be affecting this change.
8.2 Implementation update				
8.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
8.2.1.a	How health IT is being used to slow down the rate of growth of individuals identified with SUD			
8.2.1.b	How health IT is being used to treat effectively individuals identified with SUD	X		
8.2.1.c	How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD	X		
8.2.1.d	Other aspects of the state’s plan to develop the health IT infrastructure/capabilities at the state, delivery system, health plan/MCO, and individual provider levels	X		
8.2.1.e	Other aspects of the state’s health IT implementation milestones	X		

8.2.1.f	The timeline for achieving health IT implementation milestones	X		
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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.g	Planned activities to increase use and functionality of the state’s prescription drug monitoring program	X		
8.2.2	The state expects to make other program changes that may affect 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		#24: Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries	Inpatient stays for SUD per 1000 increased from 1.53 to 1.59 per 1000, or a 4.0% increase compared to the previous quarter. The state believes this increase is attributable to normal seasonal fluctuations in services and will continue to monitor this metric for developing trends.
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

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.		Illinois has received Medicaid MCO capitation tables from our actuaries for the period of July 1, 2023 – December 31, 2023, and is on track for reporting 1115 expenditures on the CMS-64 related to the SUD-IMD services and SUD Case Management pilot, beginning with the DY7Q2 report period.
10.2 Implementation update			
10.2.1	The state expects to make other program changes that may affect budget neutrality	X	

Prompts	State has no update to report (place an X)	State response
11. SUD-related demonstration operations and policy		
11.1 Considerations		
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 Monitoring Report Instructions for more detail.	X	
11.2 Implementation update		
11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 11.2.1.a How the delivery system operates under the demonstration (e.g., through the managed care system or fee for service)	X	
11.2.1.b Delivery models affecting demonstration participants (e.g., Accountable Care Organizations, Patient Centered Medical Homes)	X	
11.2.1.c Partners involved in service delivery	X	

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	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	

Prompts	State has no update to report (place an X)	State response
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 monitoring report is due to CMS and the timing for the demonstration. There are specific requirements per 42 Code of Federal Regulations (CFR) § 431.428a(10) for annual [monitoring] reports. See Monitoring Report Instructions for more details.		<p>Center for Prevention Research and Development (CPRD) is actively working toward the completion of the Summative Evaluation report, with the first draft expected in December 2025.</p> <p>CPRD’s request to Research Data Assistance Center (ResDAC) was approved by CMS for Iowa comparison state data. CPRD received this data and will use it for the Summative Evaluation report data analysis.</p> <p>CPRD has been investigating pilot data for the Clinical Withdrawal Management, Peer Recovery Support and SUD Case Management Pilots. It appears there is a significant amount of missing claims data, either due to small population size or potentially the result of the services delivered under the pilot being billed to another payor source other than Medicaid (i.e., billed to providers state contract from IDHS SUPR instead of billing to Medicaid). Unfortunately, due to the lack of available data, it is not possible to provide any type of evaluation for Clinical Withdrawal Management or Peer Recovery Support Services pilots. There is a small amount of data for SUD Case Management that will be provided descriptively in the Summative Evaluation Report.</p>
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		CPRD recently received access to the Enterprise Data Warehouse from HFS and OMI. CPRD has begun running the data for the evaluation metrics that will be submitted in the Summative Evaluation report due in December 2025.
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates		<p>Draft SUD Summative Evaluation Report – Due 12/31/2025</p> <p>Final SUD Summative Evaluation Report – Due 3/1/2026</p>

Prompts	State has no update to report (place an X)	State response
13. Other SUD demonstration reporting		
13.1 General reporting requirements		
13.1.1 The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol	X	
13.1.2 The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes	X	
13.1.3 Compared to the demonstration design and operational details, the state expects to make the following changes to: 13.1.3.a The schedule for completing and submitting monitoring reports	X	
13.1.3.b The content or completeness of submitted monitoring reports and/or future monitoring reports	X	
13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation	X	
13.1.5 Provide updates on the results of beneficiary satisfaction surveys, if conducted during the reporting year, including updates on grievances and appeals from beneficiaries, per 42 CFR § 431.428(a)5	X	

Prompts	State has no update to report (place an X)	State response
13.2 Post-award public forum		
<p>13.2.2 If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicating any resulting action items or issues. A summary of the post-award public forum must be included here for the period during which the forum was held and in the annual monitoring report.</p>		<p>Illinois held a Virtual Town Hall on August 26, 2024, to provide updates to the public on the July 2, 2024, CMS approval of the amended 1115 Illinois Healthcare Transformation Waiver. A public notice announcing the Town Hall was posted on August 7, 2024, to the HFS Public Notices webpage (https://hfs.illinois.gov/info/legal/publicnotices.html).</p>

Prompts	State has no update to report (place an X)	State response
14. Notable state achievements and/or innovations		
14.1 Narrative information		
14.1.1 Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SUD (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.	X	

*The state should remove all example text from the table prior to submission.

Note: Licensee and states must prominently display the following notice on any display of Measure rates:

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