

**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.*

|   |  |
|---|--|
| <b>State</b>  | Illinois   |
| <b>Demonstration name</b>   | Illinois Healthcare Transformation   |
| <b>Approval period for section 1115 demonstration</b>   | <i>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).</i><br><i>Start Date: 07/01/2018 End Date: 06/30/2029</i> |
| <b>SUD demonstration start date<sup>a</sup></b>   | <i>Automatically populated with the start date for the section 1115 SUD demonstration or SUD component if part of a broader demonstration (MM/DD/YYYY).</i><br><b>07/01/2018</b>   |
| <b>Implementation date of SUD demonstration, if different from SUD demonstration start date<sup>b</sup></b> | <i>Automatically populated with the SUD demonstration implementation date (MM/DD/YYYY).</i>  |
| <b>SUD (or if broader demonstration, then SUD - related) demonstration goals and objectives</b>             | <i>Automatically populated with the summary of the SUD (or if broader demonstration, then SUD- related) demonstration goals and objectives.</i><br>Overall, the purpose of the Illinois Behavioral Health 1115 Demonstration Waiver is to t  |
| <b>SUD demonstration year and quarter</b>   | <i>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.</i><br><b>SUD DY7 Q2</b>  |
| <b>Reporting period</b>   | <i>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.</i><br><i>Start Date: 10/01/2024 End Date: 12/31/2024</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 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.

<sup>b</sup> **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 DY7Q2 (October 1, 2024 – December 31, 2024) monitoring period 1,303 Medicaid beneficiaries received services through the 1115 waiver SUD pilots. There were 1,040 Medicaid beneficiaries receiving services for a substance use disorder (SUD) in a facility meeting the definition of an Institution for Mental Disease (IMD), and 263 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 April 1, 2024 – June 30, 2024.

- Medicaid beneficiaries with newly initiated SUD treatment/diagnosis (#2); Medicaid beneficiaries with existing SUD diagnosis (#3); early intervention services (#7); and beneficiaries receiving outpatient services (#8); all decreased by more than 2% during the period.
- Intensive outpatient/partial hospitalization (#9); residential and inpatient services (#10); withdrawal management (#11); emergency department utilization for SUD per 1,000 Medicaid beneficiaries (#23); inpatient stays for SUD rate per 1,000 (#24); and number of PMPNow queries conducted through EHR-integrated systems (#Q2) all increased by more than 2%.

Illinois is reporting on other annual metrics for the data period 7/1/2023 – 6/30/2024 (SFY 2024).

- The following metrics increased by more than 2% during the period: Medicaid beneficiaries with SUD diagnosis (#4); SUD provider availability (#13); SUD provider availability – MAT (#14); readmissions among beneficiaries with SUD (#25); SUD spending (#28); per capita SUD spending (#30); per capita SUD spending within IMDs (#31).
- The following metrics decreased by more than 2% during the period: Medicaid beneficiaries treated in an IMD for SUD (#5); SUD spending within IMDs (#29); overdose death count (#26); and overdose death rate (#27).

**First reported DY6Q2:** Illinois was unable to report metric #26 and #27 for the period of 7/1/2022-6/30/2023 (FY2023). At the time Illinois had not certified the overdose death data, which is performed based on a calendar year, while the “Other Annual” metrics for overdose death count (#26) and overdose death rate (#27) are reported based on a demonstration year/state fiscal year. Overdose death data for the period 7/1/2022 – 6/30/2023 (SFY 2023) was certified in December 2024 and is being reported during the DY7Q2 report period.

### 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      |   | #2: Medicaid Beneficiaries with Newly Initiated SUD Treatment/Diagnosis<br>#3: Medicaid Beneficiaries with SUD Diagnosis (monthly)<br>#4: Medicaid Beneficiaries with SUD Diagnosis (Other annual) | The number of Medicaid beneficiaries with newly initiated SUD treatment/diagnosis (#2) decreased 7.3% from the previous quarter, while the number of Medicaid beneficiaries with an SUD diagnosis during the quarter or prior 11 months (#3), decreased 3.0%. The state believes the decrease is directly related to Medicaid redeterminations that were occurring during the same period.<br><br>Comparing DY5 to DY6 the number of Medicaid beneficiaries with an SUD Diagnosis in FY24 or the prior 12 months (#4) increased 2.5%. This is the third consecutive year of increases for identification of beneficiaries with an SUD Diagnosis. |
| <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:<br>1.2.1.a The target population(s) of the demonstration | X   |  |  |
| 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   |  |  |

| 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>  |   |   |   |
| 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<br>#8: Outpatient Services<br>#9: Intensive Outpatient and Partial Hospitalization Services<br>#10: Residential and Inpatient Services<br>#11: Withdrawal Management | The number of beneficiaries who received Early Intervention services (#7) decreased 8.7% from 61 to 56 beneficiaries this quarter. This decrease appears consistent with ongoing patterns of annual increases and decreases.<br><br>The number of beneficiaries who received outpatient services for SUD (#8) decreased 2.2% compared to the prior quarter. While the number of Medicaid beneficiaries who received intensive outpatient/partial hospitalization (#9) increased 5.1% this quarter.<br><br>The number of beneficiaries who received Residential/Inpatient (#10) increased 5.4% and those who received Withdrawal Management (#11) increased 7.1% this quarter compared to the prior quarter. |
| <b>2.2 Implementation update</b>  |   |   |   |
| 2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:<br><br>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) | X   |   |   |

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|  |          |         |         |
|--|----------|---------|---------|
| <p>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</p> | <p>X</p> | <p></p> | <p></p> |
| <p>2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1</p>  | <p>X</p> | <p></p> | <p></p> |

| 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  |   | #5: Medicaid Beneficiaries Treated in an IMD for SUD (Other Annual) | The number of beneficiaries with a claim for residential or inpatient treatment for SUD in IMDs during FY24 (DY6) decreased 11.1%. The state believes the decrease is related to Medicaid redeterminations that were occurring during the same period. |
| <b>3.2. Implementation update</b>  |   |   |  |
| 3.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:<br>3.2.1.a Planned activities to improve providers’ use of evidence-based, SUD-specific placement criteria   | X   |   |  |
| 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 |
|--|---|----------------------------|----------------|
| <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<br><br>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. | X   | X                          |                |
| <b>4.2 Implementation update</b>   |   |                            |                |
| 4.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:<br><br>4.2.1.a Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards                                      | X   |                            |                |
| 4.2.1.b Review process for residential treatment providers' compliance with qualifications   | X   |                            |                |
| 4.2.1.c Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site   | X   |                            |                |
| 4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3   | X   |                            |                |



| Prompt   | State has no trends/update to report (place an X) | Related metric(s) (if any)   | State response  |
|--|---|--|---|
| <b>5. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)</b>  |   |  |   |
| <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  |   | #13: SUD Provider Availability (Other Annual)<br><br>#14: SUD Provider Availability – MAT (Other Annual) | During DY6 the number of providers who were enrolled in Medicaid and qualified to deliver SUD services increased by 4733, a 3.5% increase over the prior year.<br><br>The number of providers who were enrolled in Medicaid and qualified to deliver SUD services and also meet the standards to provide buprenorphine or methadone as part of MAT increased by 1063, a 20% increase over the prior year. |
| <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   |  |   |

| Prompt  | State has no trends/update to report (place an X) | Related metric(s)  | State response   |
|---|---|--|--|
| <b>6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)</b>   |   |  |  |
| <b>6.1 Metric trends</b>  |   |  |  |
| 6.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5   |   | #23: Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries<br>#27: Overdose Deaths Rate (Other Annual) | Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries increased from 2.84 to 3.2, an increase of 12.9% compared to the previous quarter.<br><br>For the period of 7/1/2022 – 6/30/2023 (DY5) The overdose death rate per 1000 Medicaid beneficiaries decreased 7.4%, from 0.64 to 0.59 per 1000.<br><br>The state will continue to monitor these metrics for trends in relation to the metrics goal. |
| <b>6.2 Implementation update</b>  |   |  |  |
| 6.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:<br><br>6.2.1.a Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD | X   |  |  |
| 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  |
|--|---|---|---|
| <b>7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)</b>  |   |   |   |
| <b>7.1 Metric trends</b>   |   |   |   |
| 7.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6  |   | #25: Readmissions Among Beneficiaries with SUD (Other Annual) | During DY6 the rate of all-cause readmissions among beneficiaries with an SUD was 0.28, which is an increase of 7.4% over the prior year. |
| <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 | 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   |
|---|---|---|--|
| <b>8. SUD health information technology (health IT)</b>   |   |   |  |
| <b>8.1 Metric trends</b>  |   |   |  |
| 8.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics   |   | Q2: PMP Queries within EHRs<br><br>Q3: MAT Users Connected to Recovery Services | The number of PMPNow queries conducted through EHR-integrated systems (#Q2) increased by 1.87 million over the previous quarter an increase of 5.9%.<br><br>The number of Medicaid beneficiaries receiving MAT services who concurrently received outpatient SUD services (#Q3) increased 9.5% compared to the previous quarter. |
| <b>8.2 Implementation update</b>  |   |   |  |
| 8.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:<br><br>8.2.1.a How health IT is being used to slow down the rate of growth of individuals identified with SUD | X   |   |  |
| 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   |   |  |

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|--|---|--|--|
| 8.2.1.f The timeline for achieving health IT implementation milestones | X |  |  |
|--|---|--|--|

| 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   |   |   |
| <b>9. Other SUD-related metrics</b>   |   |   |   |
| <b>9.1 Metric trends</b>  |   |   |   |
| 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<br>#28: SUD Spending (Other Annual)<br>#29: SUD Spending Within IMDs (Other Annual)<br>#30: Per Capita SUD Spending (Other Annual)<br>#31: Per Capita SUD Spending Within IMDs (Other Annual) | The number of inpatient stays for SUD per 1,000 Medicaid beneficiaries (#24) was 1.7, an increase of 7% compared to the previous quarter.<br><br>During DY6 total Medicaid SUD spending (#28) increased by \$79.97 million, a 5.6% increase. While Medicaid spending on SUD inpatient/residential treatment within IMDs (#29) decreased by \$3.03 million in DY6, a 4.7% decrease from the previous year.<br><br>Per capita total SUD spending (#30) during DY6 was \$6,946 per beneficiary an increase of 3% over the previous year.<br><br>Per capita SUD spending within IMDs (#31) during DY6 was \$6,607 per beneficiary an increase of 7.2% over the prior year. The increase is at least partly the result of a 30% increase in residential rate that took effect January 1, 2024. |
| <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>  |  |  |
| <p>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.</p> |  | <p>In November and December, we identified the BN workbook was missing a column for reporting DY6 expenditures. When data was entered into the workbook, it was not populating forward though the workbook as was intended. We reached out to CMS and the PMDA Helpdesk for guidance and assistance in updating the workbook.</p> <p><b>Schedule C Report:</b> Illinois was able to identify fee-for-service claims for the SUD-IMD residential pilot for the period of 7/1/2023 – 6/30/2024 (DY6). According to the Schedule C for QE 9/30/2024, data pulled November 20, 2024, SUD-IMD FFS expenditures totaled \$4,119,864 with Member Months totaling 1,888. The ‘With Waiver’ (WW) PMPM was \$2182.13, or \$1,396 less than the ‘With-out Waiver’ (WOW) Cap of \$3578.40.</p> <p>Illinois has not yet completed the CMS-64 for QE 12/31/2024. It is projected that the CMS-64 will ready by mid to late April, 2025. Consequently, since the Schedule C report is not yet available for the BN reporting, Illinois will be submitting an extension request for the DY7Q2 Budget Neutrality report until May 15, 2025.</p> |
| <b>10.2 Implementation update</b>  |  |  |
| <p>10.2.1 The state expects to make other program changes that may affect budget neutrality</p>  | X  |  |

| Prompts  | State has no update to report (place an X) | State response  |
|--|--|---|
| <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 Monitoring Report Instructions for more detail. |  | Implementation and planning updates for the Illinois Healthcare Transformation HRSNs and Reentry Demonstration components are included in the document ‘ <i>ILHT DY7Q2 Implementation and Operational Update 3/01/2025</i> ’. |
| <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:<br>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   |
|---|--|--|
| <b>12. SUD demonstration evaluation update</b>  |  |  |
| <b>12.1 Narrative information</b>   |  |  |
| <p>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> |  | <p>Center for Prevention Research 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 incorporated it into the supercomputing cluster. It will be used in the Summative Evaluation report for the overall data analyses, including Interrupted Time Series or Difference-in-Difference as appropriate.</p> <p>Unfortunately, due to the lack of available data, it is not possible to provide any type of evaluation for the 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> |
| <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</p>   |  | <p>CPRD received access to the Enterprise Data Warehouse from HFS and OMI. CPRD has begun running the Illinois data for the evaluation metrics that will be submitted in the Summative Evaluation report due in December 2025.</p>   |
| <p>12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates</p>  |  | <p>Draft SUD Summative Evaluation Report – Due 12/31/2025<br/>Final SUD Summative Evaluation Report – Due 3/1/2026</p>   |

| Prompts   | State has no update to report (place an X) | State response |
|---|--|----------------|
| <b>13. Other SUD 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                                   | 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:<br>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 |
|---|--|----------------|
| <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 monitoring report. | X  |                |

| Prompts   | State has no update to report (place an X) | State response |
|---|--|----------------|
| <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. | 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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