

Medicaid Section 1115 Substance Use Disorder Demonstrations Monitoring Protocol Instructions

PRA Disclosure Statement This information is being collected to assist the Centers for Medicare & Medicaid Services in program monitoring of Medicaid Section 1115 Substance Use Disorder Demonstrations. This mandatory information collection (42 CFR 431.428) will be used to support more efficient, timely and accurate review of states' SUD 1115 demonstrations monitoring reports submissions to support consistency of monitoring and evaluation of SUD 1115 Demonstrations, increase in reporting accuracy, and reduce timeframes required for monitoring and evaluation. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398#57). Public reporting burden for this collection of information is estimated to average 18.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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A. Introduction

The Centers for Medicare & Medicaid Services (CMS) has developed tools and instructional resources to help each state with a section 1115 substance use disorder (SUD) demonstration meet the reporting requirements in its special terms and conditions (STC). Specifically, CMS has developed the instructions and templates for the monitoring protocol and monitoring report, and the Medicaid Section 1115 Substance Use Disorder Demonstrations: Technical Specifications for Monitoring Metrics (hereafter referred to as “technical specifications manual”). The structure and format of these tools are intended to ensure that information is provided in a standardized manner across states. Table 1 describes these tools and their components.

Table 1. Monitoring tools and component documents

Tool	Description	Component documents
Monitoring protocol	<ul style="list-style-type: none"> • Describes what the state agrees to report in its quarterly and annual monitoring reports, developed collaboratively with CMS • In Part A, the state will identify the monitoring metrics and subpopulations it plans to report and will confirm its reporting schedule • In Part B, the state will agree to provide narrative information reporting, budget neutrality reporting, and retrospective reporting, if applicable 	<ul style="list-style-type: none"> • Instructions • Monitoring protocol <ul style="list-style-type: none"> ○ Part A (Monitoring Protocol Workbook) ○ Part B (Monitoring Protocol Template)
Monitoring report	<ul style="list-style-type: none"> • Standardized component documents for the state to submit quarterly and annual monitoring reports according to the approved monitoring protocol • In Part A, the state will submit monitoring metrics in alignment with approved monitoring protocol • In Part B, the state will include qualitative summaries of metrics trends and implementation updates • In Part C, the state will submit standardized Budget Neutrality Workbook 	<ul style="list-style-type: none"> • Instructions • Monitoring report <ul style="list-style-type: none"> ○ Part A (Monitoring Report Workbook) ○ Part B (Monitoring Report Template) ○ Part C (Budget Neutrality Workbook)
Technical specifications for monitoring metrics	<ul style="list-style-type: none"> • Technical specifications for CMS-provided monitoring metrics for SUD demonstrations 	<ul style="list-style-type: none"> • Technical specifications manual • Supporting value sets

Each state should use the CMS-provided SUD monitoring protocol tools to develop its monitoring protocol, which should describe the state’s monitoring plans for its section 1115 SUD demonstration and be submitted to CMS no later than 150 calendar days from the start date of the approval period of the demonstration, as described in the STCs.¹ For any questions on the

¹ This can vary depending on a state’s STCs and other considerations provided by CMS to a state.

use of these tools, the state should contact the section 1115 demonstration monitoring and evaluation mailbox (1115MonitoringandEvaluation@cms.hhs.gov), copying the CMS demonstration team on the message.

Note: Upon initial approval of its SUD demonstration, the state will complete a monitoring protocol; if the state is later granted an extension to its SUD demonstration, the state is expected to submit an updated monitoring protocol for CMS approval (more details on demonstration extensions follow directly below). If the state’s section 1115 SUD demonstration is part of a broader demonstration, CMS will work with the state to ensure there is no duplication in the reporting requirements for different components of the demonstration. For example, CMS may work with the state to avoid duplication in reporting metrics in Part A and narrative information in Part B (e.g., SUD-related demonstration operations and policy, budget neutrality, SUD demonstration evaluation update, other demonstration reporting, and notable state achievements and/or innovations).

B. Instructions for completing a monitoring protocol

The state’s monitoring protocol will consist of a completed Monitoring Protocol Workbook (Part A) and a completed Monitoring Protocol Template (Part B). The steps to access and complete these documents are described below.

1. Download the Monitoring Protocol Workbook (Part A) and Monitoring Protocol Template (Part B) from the Performance Metrics Database and Analytics (PMDA) system.

The state can download Part A and Part B from its state demonstration dashboard on PMDA. This dashboard will list all section 1115 demonstrations associated with the state. To download Parts A and B, the state should navigate to the demonstration name (name of the state’s stand-alone SUD demonstration or broader demonstration with a SUD component). In the “Actions” column, select “Deliverables” from the drop-down menu and click “Go,” which takes the state to its “*Deliverables*” page. From here, the state can click the link in the top right-hand corner named “Download Templates and Instructions” to navigate to the “*Download Templates and Instructions*” page where it can access the reporting tools. Part A and B of the monitoring protocol will appear on this page (i.e., “Monitoring Protocol Workbook for Substance Use Disorder (SUD)” and “Monitoring Protocol Template for Substance Use Disorder (SUD)”).²

² For further technical assistance on downloading the reporting tools, the state should review the PMDA state user manual. To access this manual, the state should navigate to the “*Frequently Asked Questions*” page by clicking the “FAQ” button, which appears at the bottom of every page on PMDA. From here, the state should click on the “Training and Support Materials” link found on the top right of the page to navigate to the “*Training and Support Materials*” page, which contains the user manual and other resources.

2. Complete Parts A and B.

The state should provide information as requested in the instructions below for Part A and Part B. Please note that embedded objects (e.g., any additional document links, shapes, SmartArt, screenshots, charts, tables) are not permitted in Part A or Part B. If necessary, a state may upload separate attachments containing additional information. The state should reference any attachments within Part A or Part B. Instructions for how to upload documents using PMDA can be found in [Section B.3](#).

Demonstration extensions: If a state receives CMS approval for an extension of its SUD demonstration, the state is required to submit an updated monitoring protocol for CMS approval. The state should use the latest available version of the monitoring protocol tools to complete its updated monitoring protocol. When conducting this update, the state should make only limited changes to its previously approved monitoring protocol, and as appropriate, the state may transfer information from its previously approved monitoring protocol into its updated monitoring protocol. However, the state should update its monitoring protocol in the following areas:

- In the “SUD planned metrics” tab of Part A, the state should review and (if needed) revise (1) its “*Annual goal*” (column M) and “*Overall demonstration target*” (column N) for monitoring metrics and (2) its plans for phased-in metrics reporting – “*State plans to phase in reporting (Y/N)*” (column Q), “*SUD monitoring report in which metric will be phased in (Format DY#Q#; e.g., DY1Q3)*” (column R), and “*Explanation of any plans to phase in reporting over time*” (column S). The instructions (“[“SUD planned metrics’ tab](#)” section below) outline how to complete this tab. Please note, the state should use the same metric baseline reporting periods as listed in its previously approved monitoring protocol.
- In the “SUD reporting schedule” tab of Part A, the state should update the reporting schedule based on the new dates for the extension approval period. [Appendix E](#) has instructions on completing this tab for demonstration extensions.
- For Section 4 (Retrospective reporting) in Part B, the state should mark the second check box in this section (proposing an alternate approach to retrospective reporting) and enter “Not applicable; monitoring protocol applies to a demonstration extension period” in the text box. Please note that during the period in which the state is updating its monitoring protocol – but prior to CMS approval of its updated monitoring protocol for the demonstration extension period – the state should report metrics in accordance with its previously approved monitoring protocol.

2a) Complete Part A: *Monitoring Protocol Workbook*.

Part A is an Excel file that includes a (1) “SUD planned metrics” tab in which the state will identify the metrics it plans to report, (2) “SUD planned subpops” tab in which the state will

identify the subpopulations it plans to report for specified metrics, and (3) “SUD reporting schedule” tab in which the state will complete a proposed reporting schedule. The instructions for each tab are presented according to the order of the columns listed in each.

- **“SUD planned metrics” tab.** The state should review the CMS-provided metrics listed in the “SUD planned metrics” tab of Part A and the most recent version of the CMS-provided technical specifications manual. The most recent version of the technical specifications manual will download in a separate zipped file when the state downloads Part A from the “*Download Templates and Instructions*” page described in [Section B.1](#). The technical specifications manual can also be accessed on the “*Reference Materials*” page on PMDA.³ The link to the “*Reference Materials*” page is available on the right side of the state demonstration dashboard.

PMDA will populate the header rows (*State and Demonstration Name*) in the “SUD planned metrics” tab and the state should review these for accuracy. Please note that these header rows will also be pre-populated in the other tabs of Part A (“SUD planned subpops” and “SUD reporting schedule”). The state should determine the metrics it plans to report, including all required CMS-provided metrics and any recommended CMS-provided metrics, as well as state-specific metrics (including required health information technology [IT] metrics). The state should complete the remainder of the “SUD planned metrics” tab according to the following instructions:

– **CMS-provided metrics**

- **Standard information on CMS-provided metrics.** The following columns of the “SUD planned metrics” tab (columns A-J) contain standard information on CMS-provided metrics:
 - *Number (#)*
 - *Metric name*
 - *Metric description*
 - *Milestone or reporting topic* (milestone number, “Health IT,” “Other SUD-related metrics,” or “Assessment of need and qualification for SUD treatment services”)⁴
 - *Metric type* (CMS-constructed or established quality measure)

³ The technical specifications manual can be accessed on PMDA on the “*Reference Materials*” page after the state completes the National Measure Stewards Terms and Conditions ‘Point and Click’ Agreement. The state can access this agreement by clicking on the technical specifications manual it wishes to download. A pop-up will appear that allows the state to download and read the ‘Point and Click’ Agreement directly, or to receive it by email.

⁴ The milestones correspond with those listed in State Medicaid Director Letter #17-003, which announced the SUD demonstration opportunity. The full letter is available here: <https://www.medicaid.gov/sites/default/files/federal-policy-guidance/downloads/smd17003.pdf>

- *Reporting category* (grievances and appeals,⁵ other monthly and quarterly metrics, annual metrics that are established quality measures, and other annual metrics)
- *Data source*
- *Measurement period* (year, quarter, or month)
- *Reporting frequency* (annually or quarterly)
- *Reporting priority* (required or recommended)

“*Metric type*” (column E) should be used to inform the baseline reporting period for each metric. “*Reporting category*” (column F) is used to determine the reporting schedule for including metrics in monitoring reports. See [Appendix A](#) of this document for additional instructions on reporting categories and reporting guidelines.

Standard information on CMS-provided metrics cannot be altered by the state. However, a state can propose modifications in the column “*Explanation of any deviations from the CMS-provided technical specifications manual*” (column P).

– **State-specific metrics**

- **Health IT metrics.** The state is expected to identify metrics to measure progress on its SUD health IT plan. The state should enter its selected health IT metrics in the rows in the “SUD planned metrics” tab numbered Q1 through Q3. For each key health IT question listed below, the state is required to either: (1) select a metric from the list of sample metrics in Table 2 or (2) identify its own metric that addresses the question. The state may also choose to adapt the sample metrics in Table 2 (e.g., if a sample metric lists a rate/percentage, the state may propose a number/count instead, if such a modification seems more appropriate for the state’s specific health IT context).

⁵ While grievances and appeals metrics are designated as recommended for reporting, the state is required, per 42 CFR 431.428(a)5, to provide updates on the results of beneficiary satisfaction surveys, if conducted during the reporting year, including updates on grievances and appeals from beneficiaries, in its annual monitoring report.

Table 2. Key health IT questions and sample metrics

Key health IT questions	Sample metrics
<p>1. How is information technology being used to slow down the rate of growth of individuals identified with SUD?</p>	<ul style="list-style-type: none"> • E-prescribing of controlled substances <ul style="list-style-type: none"> ○ Sample metric: Percent of eRx dispensed out of eRx prescribed • PDMP checking by provider types (prescribers, dispensers) <ul style="list-style-type: none"> ○ Sample metric: Percent of PDMP users with at least one check out of PDMP users ○ Sample metric: Number of checks by PDMP users • Leveraging PDMP-EHR and/or HIE integration, including possible use of SSO <ul style="list-style-type: none"> ○ Sample metric: Number of live SSO connections • SBIRT/surveys – electronic <ul style="list-style-type: none"> ○ Sample metric: Percent of administered surveys that are completed • Project ECHO – provider training on pain management <ul style="list-style-type: none"> ○ Sample metric: Number of training sessions held • Onboarding EMS to HIE and/or PDMP (dependent upon state’s PDMP access policies) <ul style="list-style-type: none"> ○ Sample metric: Number of live connections to HIE and/or PDMP • Emergency room health IT/E capabilities to check PDMP/HIE <ul style="list-style-type: none"> ○ Sample metric: Number of live connections to PDMP/HIE • Connecting corrections/criminal justice systems <ul style="list-style-type: none"> ○ Sample metric: Percentage of corrections entities querying patient health data from an HIE ○ Sample metric: Percentage of correctional institutions uploading data from the correctional institution’s EHR to an HIE ○ Sample metric: Percentage of corrections institutions messaging providers through secure emails • Connecting housing data sources for identification, eligibility for housing assistance <ul style="list-style-type: none"> ○ Sample metric: Percent of providers that electronically connect to databases that track housing need out of providers that have access to the databases (e.g., Homeless Management Information Systems [HMIS]) to enter, use, and send data

Key health IT questions	Sample metrics
<p>2. How is information technology being used to effectively treat individuals identified with SUD?</p>	<ul style="list-style-type: none"> • eReferral/eConsult – closed loop referral services for consultation and/or follow up services <ul style="list-style-type: none"> ○ Sample metric: Percent of referrals and/or consultations that resulted in completed services • Tracking MAT <ul style="list-style-type: none"> ○ Sample metric: Number of patients who received both medication and counseling/behavioral therapy for SUD through telehealth appointments and other virtual or electronic services • Access to additional services using electronic provider/resource directory – connecting primary care to SUD service offerings^a <ul style="list-style-type: none"> ○ Sample metric: Percent of providers who accessed the electronic provider/resource directory managed by the state Medicaid agency out of providers who have access ○ Sample metric: Number of resources in an electronic provider/resource directory managed by the state Medicaid agency • Consent Management/Inter-Intra State e-Consent capture and use <ul style="list-style-type: none"> ○ Sample metric: Number of individuals for whom consent to disclose or access information per state policy (both covered and non-covered 42 CFR Part 2 and HIPAA) has been obtained and captured

Key health IT questions	Sample metrics
<p>3. How is information technology being used to effectively monitor “recovery” supports and services for individuals identified with SUD?</p>	<ul style="list-style-type: none"> • Care management/recovery – shared care plan accessibility across care team <ul style="list-style-type: none"> ○ Sample metric: Number of patients who have electronic access (or established an account) to their own care plan through a patient portal or another type of health IT system ○ Sample metric: Percent of hospitals that sent electronic alerts of beneficiary inpatient or emergency department visits to care providers out of hospitals that have electronic alert capability in their health IT products • Connecting corrections systems to care delivery systems for incarcerated individuals released to community <ul style="list-style-type: none"> ○ Sample metric: Number of treatment plans shared with community providers through data use agreements and HIEs • Connecting housing system databases to care delivery systems for individuals affected by housing instability <ul style="list-style-type: none"> ○ Sample metric: Number of housing-related resources made available to providers in an electronic database managed by the state Medicaid agency • Individuals connected to alternative therapies from other community-based resources for pain management or general therapy/treatment <ul style="list-style-type: none"> ○ Sample metric: Percent of clinicians who queried an e-directory for community resources for individual referrals out of clinicians who have access to the e-directory ○ Sample metric: Percent of SUD providers who queried an e-directory for providers for individual referrals out of SUD providers who have access to the e-directory ○ Sample metric: Percent of SUD providers who queried an e-directory for community resources for individual referrals out of SUD providers who have access to the e-directory

^a If a state plans to report these sample metrics, it should provide narrative updates in the Monitoring Report Template provided by CMS to explain how it maintains accuracy of information and the frequency of updates.

CFR = Code of Federal Regulations, EHR = electronic health record, EMS = emergency medical services, eRx = e-Prescribing, Health IT = health information technology, HIE = health information exchange, HIPAA = Health Insurance Portability and Accountability Act, MAT = medication-assisted treatment, PDMP = prescription drug monitoring program, SSO = single sign on

- **Additional state-specific metrics.** The state can choose to report on additional monitoring metrics beyond those provided by CMS and the required state-specific health IT metrics. The “SUD planned metrics” tab contains a row for one additional state-specific metric (row 50). If the state wishes to add more than one state-specific metric, it should add rows for each additional metric to the bottom of the “SUD planned metrics” tab by right-clicking on row 51 and selecting “Insert.” The state should populate the remaining columns to provide a level of detail similar to that of the CMS-provided metrics.

- **Reporting the same state-specific metric with multiple rates or counts.** The state should only plan to report one rate or count per state-specific metric, including health IT metrics. If the state wishes to report multiple rates or counts for the same state-specific metric, it should treat each additional rate or count as a separate state-specific metric by adding additional rows to Part A and giving each of these metrics a unique number (see numbering convention below), name, and description.
- **Standard information on state-specific metrics.** The state should populate the standard information columns for state-specific metrics, including health IT metrics, according to the following instructions (columns A-J):
 - *Number (#):* The state should number any additional state-specific metrics according to the following numbering convention: S1, S2, S3, etc. Please note that the three required health IT metrics are already numbered Q1, Q2, and Q3 to align with the three key health IT questions.
 - *Metric name*
 - *Metric description*
 - *Milestone or reporting topic:* This column is pre-populated for health IT metrics with “Health IT.” For additional state-specific metrics, the state should use the drop-down options (Assessment of need and qualification for SUD treatment services, the milestone number, Health IT, or Other SUD-related metrics) to select the milestone or reporting topic associated with the metric.
 - *Metric type:* This column is pre-populated for health IT metrics with “State-specific.” For additional state-specific metrics, the state should use the drop-down option to select State-specific.
 - *Reporting category:* The state should use the drop-down options (Grievances and appeals, Other monthly and quarterly metrics, Annual metrics that are established quality measure, or Other annual metrics) to select the reporting category. The state should use this classification to determine the reporting schedule for the metric.
 - *Data source*
 - *Measurement period:* The state should use the drop-down options (Year, Quarter, or Month) to select the measurement period.
 - *Reporting frequency:* The state should use the drop-down options (Annually or Quarterly) to select the reporting frequency.

- *Reporting priority*: This column is pre-populated for health IT metrics with “Required.” For additional state-specific metrics, the state should use the drop-down option to select State-specific.

If the state would like to propose non-standard inputs for columns “*Measurement period*” and “*Reporting frequency*” (columns H and I), the state should contact the section 1115 demonstration monitoring and evaluation mailbox (1115MonitoringandEvaluation@cms.hhs.gov), copying the state’s CMS demonstration team on the message.

- **Plans to report metrics.** The column “*State will report (Y/N)*” (column K) identifies whether the state plans to report each metric. The state should use the drop-down option in this column. The state should select Y for all state-specific metrics. If the state does not plan to report one or more of the metrics categorized as required (in column J), it should review the instructions in the “[Alignment with CMS-provided technical specifications manual](#)” section below.
- **Baseline reporting period.** For each metric, the state should provide a baseline reporting period. The state should provide this information in the column “*Baseline reporting period (MM/DD/YYYY–MM/DD/YYYY)*” (column L). For additional instructions regarding the determination of baseline periods for each metric type, the state should review [Appendix B](#). If a state has received a SUD demonstration extension, the state should use the same baseline reporting period used in the previous demonstration approval period. If a state is planning to phase in reporting of certain metrics, it should review the “[Phased-in metrics reporting](#)” section below for more information on selecting baseline reporting periods for these metrics.
- **Demonstration target and annual goals.** According to the state’s STCs, the state must provide (1) a target to be achieved by the end of the demonstration and (2) an annual goal for closing the gap between baseline and the demonstration target for each metric. The state should provide the annual goal and demonstration target in columns M and N:
 - *Annual goal* (increase, consistent, decrease)
 - *Overall demonstration target* (increase, consistent, decrease)

For all metrics, demonstration targets and annual goals can be directional (increase, consistent, or decrease), rather than values. For additional instructions selecting annual goals and demonstration targets, the state should review [Appendix C](#).

CMS developed specific instructions for selecting an annual goal and overall demonstration target for Metric #36 (Average Length of Stay in Institutions for Mental Diseases [IMDs]). Please review the instructions for each scenario below:

- If the average length of stay (ALOS) in IMDs is known to be greater than 30 days prior to the demonstration, the state’s annual goal should be to “decrease” the ALOS in IMDs to achieve an overall demonstration target of “no more than 30 days.”
 - If the state’s ALOS in IMDs is known to be less than 30 days prior to the demonstration—or if the state’s ALOS is unknown—CMS understands that the state may initially observe and report an increase in the ALOS as the state expands coverage for care in IMDs during the demonstration. In this case, the state should indicate that its goal is to “stabilize” its current ALOS to achieve an overall demonstration target of “no more than 30 days.”
- **Alignment with CMS-provided technical specifications manual.** The column “Attest that planned reporting matches the CMS-provided technical specifications manual (Y/N)” (column O) identifies whether a state plans to report each metric according to the CMS-provided technical specifications manual. The state should use the drop-down option in this column, selecting Y or N to indicate whether planned reporting matches the CMS-provided technical specifications manual for each CMS-provided metric. If a state’s planned reporting does not match the CMS-provided specifications, the state should describe these deviations in the provided column “Explanation of any deviations from the CMS-provided technical specifications manual” (column P). For example, deviations may include using state-specific codes in metric calculations. The state should also use this column to provide an explanation for an inability to report any required metrics or justification of why a required metric does not apply for the state’s demonstration. The state should select N for all state-specific metrics, but does not need to provide an explanation in column P.

Metric calculation methods: The technical specifications manual provides the state flexibility in choosing how to calculate certain metrics. For these metrics, the state should provide information on the planned methodology to calculate the metrics in column P. If the state would instead prefer to upload information on its planned metric calculation methods as an attachment, the state should enter “See attachment for metric calculation methods” in column P. Please note that the state may need to provide multiple pieces of information for specific metrics. If the state plans to report these metrics according to the CMS-provided technical specification manual, the state should select Y in column O and include a description of its metric calculation methods in column P. If the state would like to propose a deviation for any of these metrics, the state should select N in column O and include a description of the deviation(s) in column P in addition to its metric calculation methods.

- Metrics related to SUD spending: The state should provide the methodology, data source(s), and/or data elements the state plans to use to estimate the amount paid

by Medicaid on encounter claims for these metrics. Specifically, CMS would like to understand whether the state is planning to use MCO payment rates, FFS-equivalent estimates, a Medicaid-to-Medicare Fee Index, the T-MSIS variable MEDICAID-FFS-EQUIVALENT-AMT, or other methodologies to estimate Medicaid spending for the following metrics:

- Metric #28: SUD Spending
- Metric #29: SUD Spending Within IMDs
- Metric #30: Per Capita SUD Spending
- Metric #31: Per Capita SUD Spending Within IMDs

The state should also identify whether any SUD treatment services are excluded from the metrics.

- Metrics related to provider availability: The state should provide the methodology, data source(s), and/or data element(s) the state plans to use to identify SUD providers for SUD provider availability (Metric #13) and MAT providers for SUD provider availability—MAT (Metric #14). The state should identify the types of providers (e.g., clinical psychologists, opioid treatment programs) included in each metric, the approach to identifying each type including any provider enrollment databases used (e.g., a state may use claims data to identify all providers who prescribed buprenorphine during the measurement period), and whether providers are identified at the individual or facility level. CMS would also like to understand how the methods for identifying SUD providers for Metric #13 and MAT providers for Metric #14 overlap and differ, and whether any SUD provider types are excluded for either of the metrics. Finally, the state should provide the time period reflected in the provider counts.
- Metrics related to IMDs: The state should provide data source(s) (such as a published list of IMDs in the state) and any state-specific codes or criteria the state plans to use to identify IMDs for the following metrics:
 - Metric #5: Medicaid Beneficiaries Treated in an IMD for SUD
 - Metric #29: SUD Spending Within IMDs
 - Metric #31: Per Capita SUD Spending Within IMDs
 - Metric #36: Average Length of Stay in IMDs

Further information on metric calculation methods for these metrics can be found in Chapter II of the technical specifications manual.

- **Phased-in metrics reporting.** The state should review the detailed instructions on metrics reporting and calculation in [Appendix A](#) to assist in determining whether it will need to begin reporting a metric later than expected according to the current instructions. These expectations also apply should the state need to complete any retrospective reports (see section “[Section 4. Retrospective reporting](#)” below). If a state is unable to begin reporting a metric according to these expectations, then the state should indicate when it will be able to phase-in reporting on the metric according to the following guidance:
 - The state should select Y or N, using the options in the column “*State plans to phase in reporting (Y/N)*” (column Q), to indicate whether it plans to begin reporting a metric later than expected (according to the instructions in [Appendix A](#)). If the state does not plan to phase in a metric, it should select N in this column.
 - The state should list the demonstration year (DY) and quarter (Q) during which it will begin reporting on this metric in the column “*Monitoring report in which metric will be phased in (Format DY#Q#; e.g., DY1Q3)*” (column R).
 - In the column “*Explanation of any plans to phase in reporting over time*” (column S), the state should describe and justify plans to phase in the metric reporting. For example, a state may note that it plans to delay reporting because it will not have data available to support reporting until the second year of the demonstration.

Baseline reporting period for phased-in metrics: If possible, the state should align the baseline reporting period for phased-in metrics with the instructions in [Appendix C](#). CMS understands that in certain situations, this may not be possible (e.g., if a new data field is being built in order to report on the metric). If the state is unable to retrospectively report on any phased-in CMS-constructed metrics, the baseline reporting period for the metric(s) should be the first 12-months these data will be available. For phased-in established quality measures (EQMs) that cannot be reported retrospectively, the baseline reporting period for the metric(s) should be the first calendar year these data will be available.

- **“SUD planned subpops” tab.** The state should review the subpopulation categories defined in columns A and B of the “SUD planned subpops” tab of Part A. The state should also review the CMS-provided technical specifications manual for instructions on reporting CMS-provided and state-specific subpopulations. After reviewing these materials, the state should complete the “SUD planned subpops” tab to identify the subpopulations on which it plans to report according to the following instructions:
 - **Standard information on CMS-provided subpopulations.** The following columns of the “SUD planned subpops” tab contain standard information on the CMS-provided subpopulations (columns A-E):

- *Subpopulation category*
- *Subpopulations*
- *Reporting priority* (required or recommended)
- *Relevant metrics* (metrics for which the subpopulation category applies as defined by the technical specifications manual)
- *Subpopulation type* (CMS-provided)

Standard information on CMS-provided subpopulations cannot be altered by the state. However, a state can propose modifications in the columns “*If the planned reporting of subpopulations does not match (i.e., column G = “N”), list the subpopulations state plans to report*” (column H) and “*If the planned reporting of relevant metrics does not match (i.e., column I = “N”), list the metrics for which state plans to report for each subpopulation category*” (column J). See “[Alignment with CMS-provided technical specifications manual](#)” sections below for further instructions.

- **Standard information on state-specific subpopulations.** If a state chooses to report on additional subpopulations, it should add rows for each state-specific subpopulation to the bottom of the “SUD planned subpops” tab. See Chapter I of the CMS-provided technical specifications manual for further instructions on state-specific subpopulations.

For state-specific subpopulations, the state should populate the following columns according to the following instructions (columns A-E):

- *Subpopulation category:* For each subpopulation category on which the state plans to report, it should populate this column with the name of the subpopulation category (e.g., “Geographic area”).
 - *Subpopulations:* The state should populate this column with the subpopulations associated with the subpopulation category (e.g., “County X, County Y, and County Z”).
 - *Reporting priority:* The state should populate this column as “state-specific” for all state-specific subpopulations.
 - *Relevant metrics:* The state should populate this column with the metrics it plans to report for each state-specific subpopulation (e.g., “Metrics #1-3, 6-12, 23, 24, 26, 27”).
 - *Subpopulation type:* The state should populate this column (column E) as “state-specific” for all state-specific subpopulations.
- **Plans to report the subpopulation category.** The column “*State will report (Y/N)*” (column F) identifies whether a state plans to report the subpopulation category. The

state should use the drop-down option in this column, selecting Y or N to indicate whether it will include each subpopulation category in its reporting. The state should also mark Y for all state-specific subpopulations. Note that reporting of some subpopulation categories is required.

- **Alignment with CMS-provided technical specifications manual for subpopulations within each subpopulation category.** The state should attest that it will report the subpopulations within each category as outlined in the CMS-provided technical specifications manual using the drop-down options in the column “*Attest that planned subpopulation reporting within each category matches the description in the CMS-provided technical specifications manual (Y/N)*” (column G). For subpopulation categories where reporting will not match the CMS-provided technical specifications manual, the state should list the subpopulations it plans to report in the column “*If the planned reporting of subpopulations does not match (i.e., column G = “N”), list the subpopulations state plans to report*” (column H). For example, subpopulations that deviate from those outlined in the technical specifications manual may include reporting on two of three age groups specified within the “Age group” subpopulation category. The state should also use this column to provide an explanation for an inability to report any required subpopulations or justification of why a required subpopulation does not apply for the state’s demonstration.

Subpopulation identification approach: To support CMS’s understanding of the state’s data, the state should use column H to provide information on its plans to identify qualified beneficiaries within each of the subpopulation categories listed below. If the state would instead prefer to upload this information as an attachment, the state should enter “See attachment for subpopulation identification approaches” in column H. If the state plans to report the subpopulations within each category according to the CMS-provided technical specifications manual, the state should select Y in column G and include a description of its subpopulation identification approach in column H. If the state would like to propose a deviation for the subpopulation category, the state should select N in column G and include a description of the deviation(s) in column H in addition to its subpopulation identification approach.

The state should describe its identification approach for each of the following subpopulation categories:⁶

- Dual-eligible status
- Pregnancy status

⁶ Additional information on identifying these subpopulations is provided in Table 3 in Chapter I Section A of the SUD technical specifications manual.

- Criminal justice status
- OUD population

For each population the state should provide:

- The methodology, data source(s), and/or data elements the state will use to identify qualified beneficiaries for the subpopulation categories.
- The time period during which a beneficiary must meet the criteria for the subpopulation in order to be assigned to the subpopulation.
- If available, the diagnosis or procedure codes or other specific data elements the state will use to identify the subpopulation.

Phased-in subpopulation reporting: If a state is planning to phase in a subpopulation category or any of its associated subpopulations, the state should select N in column G, and enter an explanation and the DY and Q in which it will begin reporting on this metric in the column H.

- **Alignment with CMS-provided technical specifications manual for relevant metrics.** The relevant metrics associated with each subpopulation category as specified by the technical specifications manual are listed in the column “*Relevant metrics*” (column D). The state should attest it will report the associated metrics for the subpopulation categories using the drop-down options in the column “*Attest that metrics reporting for subpopulation category matches CMS-provided technical specifications manual (Y/N)*” (column I).

If a state does not plan to report all of the relevant metrics in column D for a subpopulation category, it should list the metrics it plans to report at the subpopulation level in the column “*If the planned reporting of relevant metrics does not match (i.e., column I = “N”), list the metrics for which the state plans to report for each subpopulation category*” (column J). For example, Metrics #1-3, 6-12 should be reported for the “Dual-eligible status” subpopulation category. If only Metrics #1-3 can be reported for the “Dual-eligible status” subpopulation category, but not Metrics #6-12, the state would mark N in column I and list “1, 2, 3” in column J.

If the state plans to report all of the relevant metrics in column D for a subpopulation category but with deviations from the prescribed subpopulation category in the technical specifications manual, the state should select N in column I and use column J to document how the planned subpopulation category reporting does not match the technical specifications manual. The state should enter this information for both required and recommended subpopulation categories. The state does not need to include information in this section for metrics it does not plan to report.

For any state-specific metrics (including health IT), the state should use column J to list the state-specific metrics it plans to report for each subpopulation category. The state should mark N in column I. Please note, reporting on subpopulation categories for state-specific metrics is not required.

- **“SUD reporting schedule” tab.** To complete this tab, the state should review [Appendix A](#) of the instructions document, which describes expectations for reporting metrics and other monitoring information. The state should then populate Table 1 in the “SUD reporting schedule” tab as described below. Based on the state’s responses to Table 1, the workbook will auto-generate a standard reporting schedule for the state in the SUD demonstration reporting schedule table (Table 2). Table 2 outlines every quarter in the SUD demonstration approval period, the broader demonstration year (as applicable) associated with each quarter, the due date of each monitoring report, and the content of those reports. The state will then have the opportunity to indicate whether it will follow CMS’s standard reporting schedule on reporting metrics and narrative information or propose any deviations. [Appendix D](#) and [Appendix E](#) provide instructions on completing the “SUD reporting schedule” tab for a state with a DY less than 12 months or a state with a demonstration extension, respectively.

The state should complete the “SUD reporting schedule” tab according to the following instructions:

- **Reporting periods input table (Table 1).** The state should use the prompt in column A to enter the requested information in the corresponding row of column B, “*Demonstration reporting periods/dates.*” The workbook will generate a standard reporting schedule for the state to review. The standard schedule will be aligned with the instructions for reporting metrics and narrative information outlined in [Appendix A](#). The state should complete each section of Table 1 as follows:
 - *Dates of first SUD demonstration year (SUD DY1).* The state should populate these rows with the:
 1. Start date of the first SUD demonstration year (row 12). CMS defines the start date of the demonstration as the effective date listed in the state’s STCs at the time of SUD demonstration approval. The start date should always align with the first day of a month.⁷ 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 enter 01/01/2020 in row 12.

⁷ This date should align with the first day of a month. If a state’s SUD demonstration begins on any day other than the first day of a month, the state should list its start date as the first day of the month in which the effective date occurs.

2. End date of the first SUD demonstration year (row 13). In the example mentioned above, the state would enter 12/31/2020 into row 13.

A state's SUD DY1 is usually 12 months long. If the state would like to propose a shorter DY1 in order to align with broader demonstration reporting requirements, the state should contact the section 1115 demonstration monitoring and evaluation mailbox (1115MonitoringandEvaluation@cms.hhs.gov), copying the state's CMS demonstration team on the message.

- *Dates of first quarter of the baseline reporting period for CMS-constructed metrics.* The state should populate these rows with the:
 1. Name of the SUD DY and quarter associated with the first quarterly monitoring report (usually SUD DY1Q1) (row 15). [Appendix D](#) provides instructions for completing this row when the state's SUD DY1 is less than 12 months;
 2. Start date of the first quarter of the baseline reporting period for CMS-constructed metrics (usually the SUD demonstration start date for a SUD DY1 that is 12 months long) (row 16);
 3. End date of the first Q of the baseline reporting period for CMS-constructed metrics (row 17).
- *Broader section 1115 demonstration reporting period corresponding with the first SUD reporting quarter, if applicable* (row 18). If a state's SUD demonstration is part of a broader section 1115 demonstration, the state should populate this row with the DY and Q of the state's broader section 1115 demonstration that corresponds with the first SUD demonstration reporting period. If the state's SUD demonstration is not part of a broader section 1115 demonstration, the state should populate this row with the DY and Q that correspond with the state's first SUD demonstration reporting period. If the state's SUD DY1 is less than 12 months long, it should review [Appendix D](#) for further instructions.
- *First SUD monitoring report due date (per STCs)* (row 19). The state should populate this row with the calendar date on which the first SUD monitoring report is due, according to the requirements listed in the state's STCs. If the state's SUD DY1 is less than 12 months long, it should review [Appendix D](#) for further instructions on completing this row.
- *First SUD monitoring report in which the state plans to report annual metrics that are established quality measures (EQMs).* The state should populate these rows with the:

1. State’s baseline reporting period for annual metrics that are established quality measures (e.g., CY2019) (row 21);⁸
 2. SUD DY and Q associated with the monitoring report in which the established quality measures should first be reported, according to the instructions in [Appendix A](#) (row 22);
 3. Start date of the reporting Q associated with this monitoring report (row 23);
 4. End date of the reporting Q associated with this monitoring report (row 24).
- *Dates of last SUD reporting quarter.* The state should populate these rows with the:
 1. Start date of the last reporting Q of the state’s SUD demonstration (row 26);
 2. End date of the last reporting Q of the state’s SUD demonstration (usually the end date of the demonstration approval period) (row 27).
- **Deviations from the standard reporting schedule (Table 2).** The state should review its standard reporting schedule generated in Table 2 and determine whether it plans to report accordingly, or propose deviations.⁹ If Table 2 has not rendered correctly (e.g., columns A-E are blank and/or column G is entirely blank), the state should review Table 1 for completeness, including to ensure that both the dates and the DY and Q references are accurate and consistent.
- Standard information on the state’s reporting schedule (columns A-G) cannot be altered by the state.
 - The state should select Y or N from the drop-down options in the column “*Deviation from standard reporting schedule (Y/N)*” (column H) to indicate whether the state plans to report on each of the reporting categories according to the standard reporting schedule (column G).
 - If a state's planned reporting does not match the standard reporting schedule, the state should provide an explanation for each proposed deviation in the column, “*Explanation for deviations (if column H = “Y”)*” (column I). If the state perceives a need for any such deviations, the state should contact its CMS demonstration team to discuss the feasibility of an alternate approach.
 - If the state proposes a deviation to the standard reporting schedule, it should complete the column “*Proposed deviation in measurement period from standard*”

⁸ For instructions on defining baseline reporting periods for annual metrics that are established quality measures, please refer to [Appendix B](#).

⁹ The auto-generated reporting schedule in Table 2 outlines the data the state is expected to report for each DY and Q. However, states are not expected to begin reporting any metrics data until after protocol approval. The state should see Section B of the Monitoring Report Instructions for more information on retrospective reporting of data following monitoring protocol approval.

reporting schedule in column G (Format DY#Q#; e.g., DY1Q3)” (column J). The state should propose—for each reporting category in column F, as applicable—the revised SUD measurement period that will replace the standard SUD measurement period identified in column G. If the state is unable to indicate a revised SUD measurement period (e.g., because it will be unable to report certain data), the state should write “None” in column J.¹⁰

- If a state is not planning to report an entire reporting category (e.g., Grievances and appeals), it should enter n.a. in column H and leave columns I and J blank.
- If a state has a SUD DY1 that is less than 12 months long, refer to [Appendix D](#) for additional guidance on completing Table 2.
- If a state’s SUD demonstration approval period is longer than the five years that are included within the generated reporting schedule table, the state should manually insert rows at the bottom of the SUD demonstration reporting schedule table, following the same format as the previous rows, to complete its reporting schedule for the duration of its SUD demonstration approval period.

2b) Complete Part B: Monitoring Protocol Template.

Part B is a PDF containing four narrative reporting sections. These sections include:

- **Section 1. Title page.** The title page is a brief form that the state should complete as part of its monitoring protocol. PMDA will populate some of the rows with the state’s demonstration information. The state should review the populated information for accuracy. The state should complete the remaining rows of the title page form:
 - *Approval period for section 1115 demonstration*
 - *SUD demonstration start date*
 - *Implementation date of SUD demonstration, if different from SUD demonstration start date*
 - *SUD (or if broader demonstration, then SUD-related) demonstration goals and objectives*

¹⁰ For example, consider a state that proposes delaying its first submission of established quality measures by one quarter to account for programming adjustments. In the first row in which the standard schedule indicates the state will report “annual metrics that are established quality measures,” the state should enter “None” in column J to indicate that the state will not report this information in this monitoring report. Moving to the next quarter’s monitoring report, the state should then enter “CYXXXX” in column I in the row associated with the “annual metrics that are established quality measures” reporting category, where “XXXX” stands for the calendar year measurement period on which the state will submit these metrics in this monitoring report.

PMDA will use this information to prepopulate part of the title page of the state's monitoring reports.

- **Section 2. Acknowledgement of narrative reporting requirements.** This section is a companion to the narrative information on implementation requested as part of a state's monitoring reports. The state should review the information requested in Section 3 (Narrative information on implementation) of the Monitoring Report Template and select the appropriate check box to indicate that it will provide the requested narrative information.
- **Section 3. Acknowledgement of budget neutrality reporting requirements.** The Budget Neutrality Workbook will be provided to the state by its CMS demonstration team. To complete Section 3, the state should review the Budget Neutrality Workbook and select the appropriate check box to indicate that it will provide budget neutrality reporting as requested.
- **Section 4. Retrospective reporting.** If a state's monitoring protocol is approved after one or more of its quarterly monitoring report submission due date(s), the state should report metrics data to CMS retrospectively for any prior Qs of section 1115 SUD demonstration implementation that precede the monitoring protocol approval date.¹¹ To complete Section 4, the state should review the retrospective reporting instructions in this section of Part B and select the appropriate check box to indicate that it will report retrospectively as requested, or propose an alternate approach to retrospective reporting. Retrospective reporting is not considered phasing in reporting. CMS understands that if the state plans to phase in reporting on any metrics or subpopulations, these may not be available for retrospective reporting.

3. Submit Parts A and B using PMDA.

3a) Name the files.

After completing Part A and Part B according to the instructions above, name the files according to the following convention:

StateAbbreviation_SUDProtocol_Part-A_DateofSubmission and
StateAbbreviation_SUDProtocol_Part-B_DateofSubmission, where:

- *State abbreviation* is the two-letter abbreviation for the state name

¹¹ While a state does not need to submit metrics data until after its monitoring protocol is approved by CMS, the state should submit quarterly and annual monitoring reports according to the requirements in its STCs with narrative updates on implementation progress, and other information that may be applicable. The state is encouraged to use the Monitoring Report Template, to fulfill this reporting requirement until its monitoring protocol is approved. Please note that if a state chooses to submit metrics data before its monitoring protocol is approved, it may need to resubmit these data after monitoring protocol approval.

- *Date of submission* is the date the monitoring report is submitted using PMDA in YYYYMMDD format

For example, a monitoring protocol submitted on December 31, 2020 would contain two files: XX_SUDProtocol_Part-A_20201231 and XX_SUDProtocol_Part-B_20201231, where XX stands for the state's 2-letter abbreviation.

3b) Upload the files using PMDA.

The state should upload Part A and Part B using PMDA through its state demonstration dashboard. This dashboard will list all section 1115 demonstrations associated with the state. The state can upload Parts A and B by navigating to the appropriate demonstration name (name of the state's stand-alone SUD demonstration or broader demonstration with a SUD component). In the "Actions" column, select "Deliverables" from the drop-down menu and click "Go," to navigate to the state's "Deliverables" page. A list of deliverables including names, types, due dates, and other information will be displayed on this page. The state should go to the deliverable type (i.e., Monitoring Protocol), click "Upload/View Docs" in the drop-down menu under the "Actions" column, and finally click "Go." This will take the state to the "Deliverable Details" page. In the "Add a New State File" section, the state can upload Part A and Part B of its monitoring protocol and provide any additional documents/comments to CMS. The state should make sure to mark the "Ready for CMS Review" button in the "Submission Confirmation" section of the "Deliverable Details" page and click the "Update Status" button to complete its submission. The deliverable status will be displayed as "Submitted" if the state's submission is successful.

If the state does not see the relevant deliverable on its "Deliverables" page, the state should contact the PMDA help desk using phone number (443) 775-3226 between 6:00 am -12:00 am Eastern Time (ET), or by email at pmda1115_cvp_help@cvpcorp.com.

For further instructions on monitoring protocol submission, the state should review the PMDA state user manual (see [Section B.1](#) for instructions on how to access the PMDA state user manual).

APPENDIX A

**GUIDELINES FOR INCLUDING MEDICAID SECTION 1115 SUD
DEMONSTRATIONS MONITORING METRICS AND NARRATIVE INFORMATION
IN MONITORING REPORTS**

This appendix provides reporting instructions applicable to the section 1115 SUD demonstration monitoring metrics and other monitoring information. See Chapter I Section B of the technical specifications manual for additional instructions.

The state should report data to CMS in accordance with the schedule and format agreed upon in the approved monitoring protocol. Given the dynamic nature of Medicaid data, metrics should be produced at the same time in each measurement period throughout the SUD demonstration. This applies even if data are not shared with CMS until a later date. For example, if a state submits data quarterly, the submission should contain three monthly values for each monthly metric, each produced at the same time relative to its measurement period.

Guidelines for including metrics and narrative information in monitoring reports are as follows:

- Each quarterly monitoring report should contain (1) narrative information on implementation for the most recent demonstration quarter, (2) grievances and appeals metrics for the most recent demonstration quarter, and (3) all other monthly and quarterly metrics for the prior quarter (which allows at least 90 days for claims run-out and other considerations for data completeness).
- To allow for adequate time to implement annual specification updates from measure stewards, annual metrics that are established quality measures should be reported as follows:
 - For a state with SUD demonstration years that end July 31 through November 30: in the annual monitoring report
 - For a state with SUD demonstration years that end May 31 or June 30: in the first quarterly monitoring report of the next SUD demonstration year
 - For a state with SUD demonstration years that end February 28 through April 30: in the second quarterly monitoring report of the next SUD demonstration year
 - For a state with SUD demonstration years that end December 31 or January 31: in the third quarterly monitoring report of the next SUD demonstration year
- All other annual metrics should be reported in the first quarterly monitoring report of the next SUD demonstration year, rather than in the annual monitoring report. This allows at least 90 days for claims run-out and other considerations for data completeness.

Table A.1 illustrates these guidelines.

Table A.1. Reporting in quarterly and annual section 1115 SUD monitoring reports

Monitoring report name	DY1Q1 report	DY1Q2 report	DY1Q3 report	DY1Q4 (annual) report ^b	DY2Q1 report	DY2Q2 report	DY2Q3 report
Monitoring report due date:	Due 60 days after quarter ends	Due 60 days after quarter ends	Due 60 days after quarter ends	Due 90 days after quarter ends	Due 60 days after quarter ends	Due 60 days after quarter ends	Due 60 days after quarter ends
Measurement periods, by reporting category							
Narrative information on implementation	DY1Q1	DY1Q2	DY1Q3	DY1Q4	DY2Q1	DY2Q2	DY2Q3
Grievances and appeals	DY1Q1	DY1Q2	DY1Q3	DY1Q4	DY2Q1	DY2Q2	DY2Q3
Other monthly and quarterly metrics	n.a.	DY1Q1	DY1Q2	DY1Q3	DY1Q4	DY2Q1	DY2Q2
Annual metrics that are established quality measures ^a	n.a.	n.a.	n.a.	A state with a DY ending 07/31 – 11/30: CY1	A state with a DY ending on 05/31 or 06/30: CY1	A state with a DY ending on 2/28 – 4/30: CY1	A state with a DY ending on 12/31 or 1/31: CY1
Other annual metrics	n.a.	n.a.	n.a.	n.a.	DY1	n.a.	n.a.

Note: The state is expected to submit retrospective metrics data in the second monitoring report submission after monitoring protocol approval.

^a Metrics that are established quality measures should be calculated for the calendar year. Note that one established quality measure (Metric #22) should be calculated over a 2-year period (starting with the calendar year in which the demonstration began and the calendar year prior). All other metrics should be calculated for the SUD demonstration year.

^b Per the STCs, the state’s Q4 information that would ordinarily be provided in a separate fourth quarterly monitoring report should be reported as distinct information within the annual monitoring report. If the state’s SUD demonstration is part of a broader section 1115 demonstration, the state should consider its broader section 1115 demonstration Q4 monitoring report to be the state’s annual monitoring report.

CY = calendar year; CY1 = the calendar year in which the demonstration began; DY = Demonstration year; Q = quarter; n.a. = not applicable (information not expected to be included in report)

Technical assistance. CMS offers technical assistance to help the state collect, report, and use these metrics. For technical assistance, contact the section 1115 demonstration monitoring and evaluation mailbox (1115MonitoringandEvaluation@cms.hhs.gov), copying the state’s CMS demonstration team on the message.

APPENDIX B

INSTRUCTIONS FOR DETERMINING BASELINE REPORTING PERIODS FOR MEDICAID SECTION 1115 SUD DEMONSTRATIONS MONITORING METRICS

To determine baseline reporting periods, the state must first identify the start date of its SUD demonstration. For monitoring purposes, CMS defines the start date of the demonstration as the *effective date* in the state's STCs. 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 for purposes of monitoring.¹²

When reporting metrics, the state should use the following instructions for determining baseline reporting periods:

- ***CMS-constructed and state-specific metrics:*** For CMS-constructed and state-specific metrics where the measurement period is a month, quarter, or year, the baseline reporting period is the first SUD DY (SUD DY1). For example, if the state's SUD demonstration began on March 1, 2020, the baseline reporting period is March 1, 2020 – February 28, 2021.
 - If the state's SUD demonstration began on any other day than the first day of the month, the state should still start its baseline reporting period on the first day of the month for monitoring purposes. This applies to all baseline reporting periods (month, quarter, and year). For example, if a state's demonstration began on March 15, 2020, the state should consider March 1 as the beginning of its baseline reporting period.
 - For a state where the first SUD DY is less than 12 months, the state should report the 12 months preceding the end of SUD DY1 as its baseline reporting period (including months before the start of the SUD demonstration). For example, if the state has a 10-month SUD DY1 that began March 1, 2020 and ended December 31, 2020, the baseline reporting period should be January 1, 2020 – December 31, 2020.
- ***Established quality measures:*** For metrics that are established quality measures, the calendar year in which the demonstration started is the baseline reporting period. For example, if the state's SUD demonstration began on March 1, 2020, the baseline reporting period is January 1, 2020 through December 31, 2020.
 - For measures calculated over a 2-year period (Metric #22: Continuity of Pharmacotherapy for Opioid Use Disorder), the baseline reporting period is the calendar year in which the SUD demonstration started and the prior year. For each subsequent reporting period, shift the period for the denominator forward by one year.
 - For a state where SUD DY1 is less than 12 months, the state should use the last day of SUD DY1 to identify the appropriate calendar year for reporting. If the last day of SUD

¹² The effective date is defined as the first day the state *may* begin its SUD demonstration, as indicated in the state's STCs. Note that 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.

DY1 is December 31, the baseline reporting period would be the same calendar year. For example, if a state has a 10-month SUD DY1 starting March 1, 2020 and ending on December 31, 2020, the baseline reporting period is January 1, 2020 – December 31, 2020 (calendar year 2020). If the last day of SUD DY1 is any other date, the baseline reporting period should be the prior calendar year. For example, if a state has a 10-month SUD DY1 that started on September 1, 2020 and ended June 30, 2021, the baseline period is January 1, 2020 – December 31, 2020 (calendar year 2020).

For any clarifications on measurement periods and baseline reporting periods, the state may send questions to the section 1115 demonstration monitoring and evaluation mailbox (1115MonitoringandEvaluation@cms.hhs.gov), copying the state's CMS demonstration team on the message.

Table B.1 below illustrates these guidelines, using a SUD demonstration that begins March 1, 2020 as an example.

Table B.1. Example of alignment between section 1115 SUD DYs and measurement periods

Section 1115 SUD demonstration approval period start date: March 1, 2020	SUD measurement period					
	Month		Quarter		Year ^a	
	Start date	End date	Start date	End date	Start date	End date
	CMS-constructed and state-specific metrics				Established quality measures	
SUD DY1 March 1, 2020 - Feb 28, 2021 (baseline reporting period) ^b	Mar 1 Apr 1 May 1 June 1 ...	Mar 31 Apr 30 May 31 June 30 ...	Mar 1 June 1 Sep 1 Dec 1	May 31 Aug 31 Nov 30 Feb 28	Jan 1, 2020	Dec 31, 2020
SUD DY2 March 1, 2021 - Feb 28, 2022	Month as defined in the baseline period row	Month as defined in the baseline period row	Quarter as defined in the baseline period row	Quarter as defined in the baseline period row	Jan 1, 2021	Dec 31, 2021
SUD DY3 March 1, 2022 - Feb 28, 2023					Jan 1, 2022	Dec 31, 2022
SUD DY4 March 1, 2023 - Feb 29, 2024					Jan 1, 2023	Dec 31, 2023
SUD DY5 March 1, 2024 - Feb 28, 2025					Jan 1, 2024	Dec 31, 2024

^a This example does not apply to Metric #22, which is calculated over a two-year time period. For a SUD demonstration with a March 1, 2020 demonstration start date, the SUD DY1 measurement period for Metric #22 would be January 1, 2019 – December 31, 2020. For SUD DY2, the measurement period for Metric #22 would be January 1, 2020 – December 31, 2021.

^b Baseline reporting period for CMS-constructed and state-specific metrics is SUD DY1. Baseline reporting period for established quality measures is calendar year in which the SUD demonstration started.

DY = demonstration year

APPENDIX C

SELECTING ANNUAL GOALS AND OVERALL DEMONSTRATION TARGETS FOR MEDICAID SECTION 1115 SUD DEMONSTRATIONS MONITORING METRICS

As indicated in the “[Demonstration target and annual goals](#)” section, the state is required to set annual goals and overall demonstration targets for each monitoring metric. This appendix provides further information on selecting goals and targets for Medicaid section 1115 SUD demonstration monitoring metrics. CMS appreciates the challenge of forecasting the need for and use of SUD treatment by type of care over the course of the demonstration. State officials are the most knowledgeable about the specific needs of their Medicaid demonstration populations and potential for their demonstration and other state initiatives to result in shifts in treatment use. Thus, CMS is not prescribing data sources or the approach for setting directional goals and targets. The state should take into account the following sources of information when developing these estimates:

- Projections for state Medicaid spending and/or managed care payment shares associated with SUD treatment services;
- Recent state trends in Medicaid enrollment and SUD prevalence within the Medicaid population;
- Recent trends from the state’s Medicaid program on SUD service use, length of stay and retention in treatment by level of care;
- Findings from evaluations of similar changes in coverage and service delivery in best practice settings or other states or populations;
- Provider capacity constraints; and
- Projected impacts associated with other state programs addressing the opioid epidemic or affecting Medicaid enrollment and the prevalence of SUDs and SUD treatment use among Medicaid enrollees.

Since factors influencing trends in Metrics #3 through #12 have the potential to counteract one another, the state should report its best forecast for the directional targets and goals.

STCs for section 1115 SUD demonstrations include provisions for CMS to defer funds if a state does not demonstrate sufficient progress toward achieving goals and targets. However, when assessing progress toward goals CMS will consider trends in Medicaid enrollment and treatment need (e.g., the prevalence of opioid use disorders and emergency department visits for drug overdose) that may counter a state’s efforts to influence treatment use through the demonstration. For example, a state may target decreased use of residential and inpatient services, but fail to achieve this goal because of continued increases in drug overdose rates. In this case CMS would consider data on trends drug overdose rates provided by that state as a mitigating factor when it reviews the state’s progress. Likewise, a state may target increased use of partial hospitalization and intensive outpatient services, but fail to achieve the target because of declines in Medicaid enrollment or treatment need among those enrolled. CMS would consider data presented by that

state on these trends as a mitigating factor when reviewing the state's progress under the demonstration.

APPENDIX D

**COMPLETING THE “SUD REPORTING SCHEDULE” TAB FOR A STATE WITH
SUD DEMONSTRATION YEAR 1 SHORTER THAN 12 MONTHS**

This appendix provides instructions for how a state with a SUD DY1 less than 12 months long should populate Table 1 and Table 2 in the “SUD reporting schedule” tab. These are alternative instructions to the standard instructions described in the “[“SUD reporting schedule” tab](#)” section for several cells in Table 1. For all the remaining parts of Table 1 and the columns in Table 2, the state should follow the standard instructions mentioned above. Following the instructions, a specific example case is provided.

Please note, for a state where the first SUD DY is less than 12 months, the state should report the 12 months preceding the end of SUD DY1 as its baseline reporting period, including months before the start of the SUD demonstration. (Chapter I Section B of the technical specifications manual contains instructions for defining baseline reporting periods.)

- Instructions for completing Table 1. Substance Use Disorder Demonstration Reporting Periods Input Table
 - *Dates of first SUD demonstration year (SUD DY1):*
 - *Start date (MM/DD/YYYY) (row 12):* The state should enter the start date of its demonstration period.
 - *End date (MM/DD/YYYY) (row 13):* The state should enter the end date of its demonstration period.
 - *Dates of first quarter of the baseline reporting period for CMS-constructed metrics:*
 - *Reporting period (SUD DY and Q) (Format DY#Q#; e.g., DY1Q1) (row 15):* The state should always enter “DY1Q1” regardless of the start date of its baseline reporting period.
 - *Start date (MM/DD/YYYY) (row 16):* The state should enter the start date of the first Q of the baseline reporting period for CMS-constructed metrics. Note that this start date will not align with the start date of the SUD demonstration (entered in row 12). Instead, this start date should align with the date twelve months prior to the end of the state’s DY1, even if that date falls outside of the state’s SUD demonstration period.
 - *End date (MM/DD/YYYY) (row 17):* The state should enter the end date of the first Q of the baseline reporting period for CMS-constructed metrics. This date should be three months after the baseline reporting period start date.
 - *Broader section 1115 demonstration reporting period corresponding with the first SUD reporting quarter, if applicable. If there is no broader demonstration, fill in the first SUD reporting period. (Format DY#Q#; e.g., DY3Q1) (row 18):* If the SUD component is part of a state’s broader section 1115 demonstration, the state should enter the broader DY and Q that aligns with the start and end dates listed in rows 16 and 17. If a state has a standalone SUD demonstration, it can enter DY1Q1 into this row.

- *First SUD monitoring report due date (per STCs) (MM/DD/YYYY)* (row 19): The state should enter the date obtained by adding the number of days a state has to submit a quarterly monitoring report after the end of the reporting period, per the STCs, to the date in row 17. Please note, that for a state with a DY1 that is less than 12 months long, this due date may fall prior to the demonstration approval period, which is acceptable. Per the instructions below, the state will have an opportunity in Table 2 to indicate that it’s DY1 is less than 12 months, which will explain to CMS why it has a monitoring report due date that falls prior to demonstration approval.
- Instructions for completing Table 2. Substance Use Disorder Demonstration Reporting Schedule
 - For any baseline reporting Qs that occurred before the SUD demonstration start date:
 - *Deviation from standard reporting schedule (Y/N)*: The state should enter “Y” in this column to indicate that the state will deviate from the standard reporting schedule for the baseline Qs that occur prior to the demonstration start date.
 - *Explanation for deviations (if column H = “Y”)*: The state should enter the following explanation: “SUD DY1 is less than 12 months. The state is aligning SUD reporting quarters with the broader demonstration. This data is for the baseline period before the demonstration start date and will be included in retrospective reporting.” If the state shortened its SUD DY1 to align with a broader section 1115 DY, the state should include the following in its explanation: “The state is aligning SUD reporting quarters with the broader demonstration.”
 - *Proposed deviation in measurement period from standard reporting schedule in column G (Format DY#Q#; e.g., DY1Q3)*: The state should enter “n.a. – in retrospective reporting” in this column.
 - Please note that the state only needs to enter this information for reporting categories that have a DY and Q populated in column G.
 - For any reporting Qs that occur after the SUD demonstration start date, the state should complete the columns of Table 2 according to the standard instructions.

Example: The state should start by completing Table 1. Substance Use Disorder Demonstration Reporting Periods Input Table (see example text in red in Figure D.1). If a state has an 8-month-long SUD DY1 that began May 1, 2022 and ended December 31, 2022, it would start by entering these dates into rows 12 and 13 (i.e., “05/01/2022” and “12/31/2022”). In this example, the baseline reporting period for CMS-constructed metrics should be January 1, 2022 – December 31, 2022. The state should enter “DY1Q1” in row 15, and the first Q of the baseline reporting period in rows 16 and 17 (i.e., “01/01/2022” and “03/31/2022”).

In this example, January 1, 20122 – March 31, 2022 aligns with DY16Q1 of the state’s broader section 1115 demonstration (row 18). The state’s STCs require the state to submit quarterly monitoring reports 60 days after a Q ends. To calculate the due date of the first SUD quarterly monitoring report (row 19), the state should add 60 days to the end date listed in in row 17 (“05/30/2022”).

Next, the state should complete Table 2. Substance Use Disorder Demonstration Reporting Schedule (see example text in red in Figure D.2). The state is not expected to submit a SUD monitoring report for baseline reporting Qs that occurred prior to the SUD demonstration start date, May 1, 2022 in this example. The state should document this as a deviation from the standard reporting schedule as shown in Figure D.2. Since the state shortened its SUD DY1 to align with a broader section 1115 DY, the state should include this information as shown in Figure D.2. The state should still submit a quarterly monitoring report for this Q as required for its broader section 1115 demonstration.

Figure D.1. Completing Table 1 of the “SUD reporting schedule” tab for a state with a SUD DY1 less than 12 months and part of a broader section 1115 demonstration*

	A	B	C
9	Table 1. Substance Use Disorder Demonstration Reporting Periods Input Table		
10		Demonstration reporting periods/dates	
11	Dates of first SUD demonstration year (SUD DY1)		
12	Start date (MM/DD/YYYY)	05/31/2022	
13	End date (MM/DD/YYYY)	12/31/2022	
14	Dates of first quarter of the baseline reporting period for CMS-constructed metrics		
15	Reporting period (SUD DY and Q) (Format DY#Q#; e.g., DY1Q1)	DY1Q1	
16	Start date (MM/DD/YYYY) ⁴	01/01/2022	
17	End date (MM/DD/YYYY)	03/31/2022	
18	Broader section 1115 demonstration reporting period corresponding with the first SUD reporting quarter, if applicable. If there is no broader demonstration, fill in the first SUD reporting period. (Format DY#Q#; e.g., DY3Q1)	DY16Q1	
19	First SUD monitoring report due date (per STCs) (MM/DD/YYYY)	05/30/2022	

*Red text in Figure D.1. is an example entry from a figurative state.

Figure D.2. Completing Table 2 of the “SUD reporting schedule” tab for a state with a SUD DY1 less than 12 months (starting on May 1, 2022) with quarters that contain baseline reporting period months and no SUD DY1 months**

A	B	F	G	H	I	J
Table 2. Substance Use Disorder Demonstration Reporting Schedule						
SUD reporting quarter start date (MM/DD/YYYY)	SUD reporting quarter end date (MM/DD/YYYY)	Reporting category	For each reporting category, measurement period for which information is captured in monitoring report per standard reporting schedule (Format DY#Q#; e.g., DY1Q3) ^b SUD	Deviation from standard reporting schedule (Y/N/n.a.)	Explanation for deviations (if column H="Y")	Proposed deviation in measurement period from standard reporting schedule in column G (Format DY#Q#; e.g., DY1Q3)
01/01/2022	03/31/2022	Narrative information	DY1Q1	Y	SUD DY1 is less than 12 months. The state is aligning SUD reporting quarters with the broader demonstration. This data is for the baseline period before the demonstration start date and will be included in retrospective reporting.	n.a. - in retrospective reporting
		Grievances and appeals	DY1Q1	Y		
		Other monthly and quarterly metrics		N	SUD DY1 is less than 12 months. The state is aligning SUD reporting quarters with the broader demonstration. This data is for the baseline period before the demonstration start date and will be included in retrospective reporting.	n.a. - in retrospective reporting
		Annual metrics that are established quality measures		N		
		Other annual metrics		N		
04/01/2022	06/30/2022	Narrative information	DY1Q2	N		
		Grievances and appeals	DY1Q2	N		
		Other monthly and quarterly metrics	DY1Q1	N		
		Annual metrics that are established quality measures		N		
		Other annual metrics		N		

**Red text in Figure D.2. is an example entry from a figurative state. The state should not use the specific entries in the completion of its “SUD reporting schedule” tab. Columns C-E have been hidden in the figure in order to display columns A and B alongside columns F-J.

APPENDIX E

**COMPLETING THE “SUD REPORTING SCHEDULE” TAB FOR A STATE WITH
APPROVED SUD DEMONSTRATION EXTENSION**

This appendix provides alternative instructions for how a state with an approved SUD demonstration extension should populate Table 1 and Table 2 in the “SUD reporting schedule” tab. These are alternative instructions to the standard instructions described in the “[SUD reporting schedule’ tab](#)” section for Table 1. The state should follow the standard instructions listed above to complete Table 2. Following the instructions, a specific example case is detailed below.

- Instructions for completing Table 1. Substance Use Disorder Demonstration Reporting Periods Input Table
 - *Dates of first SUD demonstration year (SUD DY1):*
 - *Start date (MM/DD/YYYY) (row 12):* If a state is approved for a SUD demonstration extension, the state should enter the start date of its extension period.
 - *End date (MM/DD/YYYY) (row 13):* The state should enter the end date of the first year of its extension period.
 - *Dates of first quarter of the baseline reporting period for CMS-constructed metrics:*
 - *Reporting period (SUD DY and Q) (Format DY#Q#; e.g., DY1Q1) (row 15):* The state should enter the first SUD DY and Q of the extension period (i.e., the state should number the SUD DY and Q continuously from the previous approval period).
 - *Start date (MM/DD/YYYY) (row 16):* The state should enter the start date of the DY and Q listed in row 15.
 - *End date (MM/DD/YYYY) (row 17):* The state should enter the end date of the DY and Q listed in row 15.
 - *Broader section 1115 demonstration reporting period corresponding with the first SUD reporting quarter, if applicable. If there is no broader demonstration, fill in the first SUD reporting period. (Format DY#Q#; e.g., DY3Q1) (row 18):* If the state has a broader demonstration along with a SUD component, the state should enter the broader DY and Q associated with the SUD DY and Q listed in row 15.
 - *First SUD monitoring report due date (per STCs) (MM/DD/YYYY) (row 19):* The state should enter due date of the monitoring report associated with the SUD DY and Q listed in row 15. This is the first monitoring report due date of the extension period.
 - *First SUD monitoring report in which the state plans to report annual metrics that are established quality measures (EQMs):*
 - *Baseline period for EQMs (Format CY#; e.g., CY2019) (row 21):* The state should enter the calendar year in which the demonstration extension period began.

- *SUD DY and Q associated with monitoring report (Format DY#Q#; e.g., DY1Q1)* (row 22): The state should enter the SUD DY and Q associated with the monitoring report in which EQMs should first be reported for its demonstration extension, according to the instructions in Appendix A.
- *SUD DY and Q start date (MM/DD/YYYY)* (row 23): The state should enter the start date of the reporting Q associated with the monitoring report in row 22.
- *SUD DY and Q end date (MM/DD/YYYY)* (row 24): The state should enter the end date of the reporting Q associated with the monitoring report in row 22.
- *Dates of last SUD reporting quarter:*
 - *Start date (MM/DD/YYYY)* (row 26): The state should enter the start date of the last reporting Q in the SUD demonstration extension.
 - *End date (MM/DD/YYYY)* (row 27): The state should enter the end date of the last reporting Q in the SUD demonstration extension (usually the end date of the approved demonstration extension period).
- Instructions for completing Table 2. Substance Use Disorder Demonstration Reporting Schedule
 - For reporting categories referencing prior measurement periods that occurred before the SUD demonstration extension start date not reflected in column G:
 - *Deviation from standard reporting schedule (Y/N)*: The state should enter “Y” in this column to indicate that the state will deviate from the standard reporting schedule to reference Qs of data occurring prior to the demonstration extension start date.
 - *Explanation for deviations (if column H = “Y”)*: The state should enter the following explanation: “Reporting to continue per previously approved reporting schedule.”
 - *Proposed deviation in measurement period from standard reporting schedule in column G (Format DY#Q#; e.g., DY1Q3)*: The state should enter the measurement period occurring prior to the demonstration extension start date in this column.
 - For any reporting Qs that occur after the SUD demonstration extension start date, the state should complete the columns of Table 2 according to the standard instructions.

Example: A state’s original SUD component of its broader demonstration ended on December 31, 2021, which was the SUD DY5Q4 reporting period. The state recently received a 5-year demonstration extension to begin January 1, 2022 and end on December 31, 2026. The state’s first SUD DY in this new extension period runs from January 1, 2022 to December 31, 2022. Therefore, the state should enter “01/01/2022” and “12/31/2022” into rows 12 and 13,

respectively. This also means that the first report in the approved extension period would be DY6Q1. The state should enter “DY6Q1” in row 15, and the start and end dates of this reporting period in rows 16 and 17 (i.e., “01/01/2022” and “03/31/2022”). See text in red in Figure E.1 below. The state should also enter the broader section 1115 DY and Q that aligns with SUD reporting period. In this example, DY6Q1 also aligns with DY16Q1 of the state’s broader section 1115 demonstration. This broader DY and Q was entered into row 18.

Because the state’s STCs require it to submit quarterly monitoring reports 60 days after a Q ends, the state should add 60 days to the end date in row 17 to calculate the due date of the first SUD monitoring report which in this example would be May 30, 2022 (see row 19).

The state’s baseline period for EQMs is the calendar year in which the demonstration extension period begins. Since the state’s demonstration extension period begins on January 1, 2022, the state should enter “CY2022” in row 21. Because the first SUD DY and Q of the extension period is DY6Q1, the first monitoring report in which the state will report EQMs will be DY7Q3 (row 22). The state should then enter the start and end dates of this reporting period in rows 23 and 24 (i.e., “07/01/2023” and “09/30/2023”).

The final two rows of Table 1 ask for the start and end dates of the last SUD reporting quarter. Since the last quarter of the demonstration extension period will begin October 1, 2026 and end December 31, 2026, the state should enter “10/01/2026” and “12/31/2026” in rows 26 and 27.

Next, the state should complete Table 2. Substance Use Disorder Demonstration Reporting Schedule (see example text in red in Figure E.2). In this example, the state is expected to submit monthly and quarterly metrics for the DY5Q4 measurement period and other annual metrics for the DY5 measurement period in the first monitoring report of the demonstration extension (SUD DY6Q1). In addition, the state is expected to report EQMs for the CY2021 measurement period in the DY6Q3 monitoring report. The state should document this as a deviation from the standard reporting schedule as shown in Figure E.2.

Figure E.1. Completing Table 1 of the “SUD reporting schedule” tab for a state with an approved section 1115 SUD demonstration extension*

	A	B	C
9	Table 1. Substance Use Disorder Demonstration Reporting Periods Input Table		
10		Demonstration reporting periods/dates	
11	Dates of first SUD demonstration year (SUD DY1)		
12	Start date (MM/DD/YYYY)	01/01/2022	
13	End date (MM/DD/YYYY)	12/31/2022	
14	Dates of first quarter of the baseline reporting period for CMS-constructed metrics		
15	Reporting period (SUD DY and Q) (Format DY#Q#, e.g., DY1Q1)	DY6Q1	
16	Start date (MM/DD/YYYY) ^a	01/01/2022	
17	End date (MM/DD/YYYY)	03/31/2022	
18	Broader section 1115 demonstration reporting period corresponding with the first SUD reporting quarter, if applicable. If there is no broader demonstration, fill in the first SUD reporting period. (Format DY#Q#, e.g., DY3Q1)	DY16Q1	
19	First SUD monitoring report due date (per STCs) (MM/DD/YYYY)	05/30/2022	
20	First SUD monitoring report in which the state plans to report annual metrics that are established quality measures (EQMs)		
21	Baseline period for EQMs (Format CY#; e.g., CY2019)	CY2022	
22	SUD DY and Q associated with monitoring report (Format DY#Q#, e.g., DY1Q1)	DY7Q3	
23	SUD DY and Q start date (MM/DD/YYYY)	07/01/2023	
24	SUD DY and Q end date (MM/DD/YYYY)	09/30/2023	
25	Dates of last SUD reporting quarter:		
26	Start date (MM/DD/YYYY)	10/01/2026	
27	End date (MM/DD/YYYY)	12/31/2026	

*Red text in Figure E.1 is an example entry from a figurative state.

Figure E.2. Completing Table 2 of the “SUD reporting schedule” tab for a state with an approved section 1115 SUD demonstration extension starting on SUD DY6Q1**

A	B	F	G	H	I	J
Table 2. Substance Use Disorder Demonstration Reporting Schedule						
SUD reporting quarter start date (MM/DD/YYYY)	SUD reporting quarter end date (MM/DD/YYYY)	Reporting category	For each reporting category, measurement period for which information is captured in monitoring report per standard reporting schedule (Format DY#Q#; e.g., DY1Q3) ^b SUD	Deviation from standard reporting schedule (Y/N/n.a.)	Explanation for deviations (if column H="Y")	Proposed deviation in measurement period from standard reporting schedule in column G (Format DY#Q#; e.g., DY1Q3)
01/01/2022	03/31/2022	Narrative information	DY6Q1	N		
		Grievances and appeals	DY6Q1	N		
		Other monthly and quarterly metrics		Y	Reporting to continue per previously approved reporting schedule	DY5Q4
		Annual metrics that are established quality measures		N		
		Other annual metrics		Y	Reporting to continue per previously approved reporting schedule	DY5
04/01/2022	06/30/2022	Narrative information	DY6Q2	N		
		Grievances and appeals	DY6Q2	N		
		Other monthly and quarterly metrics	DY6Q1	N		
		Annual metrics that are established quality measures		N		
		Other annual metrics		N		
07/01/2022	09/30/2022	Narrative information	DY6Q3	N		
		Grievances and appeals	DY6Q3	N		
		Other monthly and quarterly metrics	DY6Q2	N		
		Annual metrics that are established quality measures		Y	Reporting to continue per previously approved reporting schedule	CY2021
		Other annual metrics		N		

**Red text in Figure E.2. is an example entry from a figurative state. The state should not use the specific entries in the completion of its “SUD reporting schedule” tab. Columns C-E have been hidden in the figure in order to display columns A and B alongside columns F-J.