

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

The state should complete this title page at the beginning of a demonstration and submit as the title page for all monitoring reports. The content of this table should stay consistent over time. Definitions for certain rows are below the table.

State	Minnesota
Demonstration name	Minnesota Substance Use Disorder System Reform
Approval period for section 1115 demonstration	07/01/2019 – 06/30/2024
SUD demonstration start date^a	07/01/2019
Implementation date of SUD demonstration, if different from SUD demonstration start date^b	07/22/2020
SUD (or if broader demonstration, then SUD - related) demonstration goals and objectives	<ol style="list-style-type: none"> 1. Increased rates of identification, initiation, and engagement in treatment for SUD. 2. Increased adherence to and retention in treatment. 3. Fewer readmissions to the same or higher levels of care where the readmission is preventable or medically inappropriate. 4. Improved access to care for physical health conditions among Medicaid beneficiaries. 5. To reduce the number of opioid related overdoses and deaths within the state of Minnesota. 6. To allow for patients to receive a wider array of evidence-based services that are focused on a holistic approach to treatment. 7. Reduced utilization of emergency departments and inpatient hospital settings for treatment where the utilization is preventable or medically inappropriate through improved access to other continuum of care services. 8. Utilizing its CCBHC providers to integrate community mental health care providers into an ASAM-based provider referral network with SUD providers or other health care professionals as needed.
SUD demonstration year and quarter	<i>DY2 Q3</i>
Reporting period	<i>01/01/2021 – 03/31/2021</i>

^a **SUD demonstration start date:** For monitoring purposes, CMS defines the start date of the demonstration as the *effective date* listed in the state’s STCs at time of SUD demonstration approval. For example, if the state’s STCs at the time of SUD demonstration approval note that the SUD demonstration is effective January 1, 2020 – December 31, 2025, the state should consider January 1, 2020 to be the start date of the SUD demonstration. Note that the effective date is considered to be the first day the state may begin its SUD demonstration. In many cases, the effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example, CMS may approve an extension request on 12/15/2020, with an effective date of 1/1/2021 for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

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

2. Executive summary

The executive summary should be reported in the fillable box below. It is intended for summary-level information only. The recommended word count is 500 words or less.

The State received state plan approval for the 10% rate enhancement for outpatient SUD services effective January 1, 2020. COVID-19 response continues to result in resource shortages within Minnesota IT Services' (MNIT) projects. Systems work to implement the 10% enhanced rate for outpatient services delivered through the demonstration is underway.

The State continues to collaborate with the eight early adopter demonstration providers under contract. Operational insights and best practices for implementation of the demonstration's standards continue to be the focus of discussion.

The State, in partnership with The University of Nevada, Reno Center for the Application of Substance Abuse Technologies (UNR-CASAT), through the National Frontier and Rural Telehealth Education Center (NFARtec), and the Great Lakes Addiction Technology and Transfer Center (ATTC) began the 6 month-long web-based ASAM trainings. Trainings conducted this quarter consisted of an introductory "Navigating Levels of Care" webinar and a 6 week enhanced professional learning series focused on the application of the ASAM Criteria.

The State received CMS' approval of the Monitoring Protocol and resubmitted the protocol to CMS. The State continues to work with NORC, the State's independent evaluator, to address CMS' comments on the Evaluation Design Plan (EDP) and to finalize a more robust Provider Capacity Assessment.

The State executed a contract with Kepro Peer Review Organization, Inc., which serves as the CMS certified QIO for Minnesota, to develop a utilization management program for the demonstration.

The state hosted its first annual public forum on January 20, 2021. Due to COVID-19 the state held this public forum on a virtual platform. Public comments were accepted via email between December 15, 2020 and January 11, 2021. A total of 96 people registered to attend the event, and approximately 75 people were present. Focus areas of questions and comments were partial hospitalization and intensive outpatient (IOP) levels of care; supportive housing and lodging for outpatient levels of care; existing rules and statutes not allowing for exact alignment with ASAM patient placement criteria; and concerns about the burden of paperwork and documentation required for SUD services.

In response, the state is exploring the development of a partial hospitalization level of care. This could potentially be added to the State Plan Amendment with the IOP benefit by July 2022, as required in the Implementation Plan. The state is committed to working with external stakeholders and Kepro, the UM vendor, to align supportive housing resources with ASAM

Criteria as part of the utilization review program. With the state's phase out of the 1915(b) waiver of client choice and shift into a direct access to treatment model, the state began identifying existing rules and statutes that can be modified to better align with ASAM's assessment and placement criteria. The state is also exploring a workgroup for reducing paperwork burden.

Minnesota's legislative session began on January 5, 2021. A bill was introduced that would mandate residential SUD providers to enroll and participate in the state's SUD demonstration project.

3. Narrative information on implementation, by milestone and reporting topic

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1. Assessment of need and qualification for SUD services			
1.1 Metric trends			
1.1.1. The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to assessment of need and qualification for SUD services		#2: Medicaid Beneficiaries with Newly Initiated SUD Treatment/Diagnosis	The number of beneficiaries with a newly initiated SUD Treatment/Diagnosis in the last quarter decreased by 4.0 percent. Overall, the count of recipients dropped in DY2 Q1 in line with the COVID pandemic emergency and has remained lower across each quarter since. Analysis of the equivalent quarter to quarter change from the previous year, shows a decrease of 2.8% which may indicate seasonal fluctuation. Further, Minnesota began shifting to Direct Access, creating a parallel system until the sunseting of the 1915(b) waiver of client choice which may have had an impact on billing and claims as providers adjust to the new system. No 1115 activities (including provider enrollment) had been in process at this time.
1.2 Implementation update			
1.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes to: 1.2.1.i. The target population(s) of the demonstration	X		
1.2.1.ii. The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration	X		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.2.2 The state expects to make other program changes that may affect metrics related to assessment of need and qualification for SUD services	X		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2. Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)			
2.1 Metric trends			
2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1			<p>In this reporting period there was a decrease in the number of beneficiaries who used early intervention services (SBIRT) (-57.1 percent) and the number of beneficiaries who used withdrawal management services (-11.3 percent). No 1115 activities (including provider enrollment) had been in process at this time that would explain any changes in these metrics.</p> <p>In Minnesota there is no standard or widespread usage of SBIRT for early intervention leading to low uptake and therefore small numbers (<5 in any quarter) with a related instability in percent change. Withdrawal management increased every quarter since the same quarter in the previous year. There was a billing issue in December with withdrawal management which may have contributed to a decrease. Analysis of the equivalent quarter to quarter change from the previous year, shows a decrease of 10.9% which may indicate a seasonal fluctuation may also contribute.</p> <p>In this reporting period the number of beneficiaries with a claim for MAT increased by 2.4%. This increase may be related to increased SUD need in Minnesota in line with rising SUD during the COVID emergency. No 1115 activities (including provider enrollment) had been in process at this time to explain any relationship to the 1115 work.</p>
2.2 Implementation update			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 2.2.1.i. Planned activities to improve access to SUD treatment services across the continuum of care for Medicaid beneficiaries (e.g. outpatient services, intensive outpatient services, medication-assisted treatment, services in intensive residential and inpatient settings, medically supervised withdrawal management)	X		
2.2.1.ii. SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential treatment, medically supervised withdrawal management, and medication-assisted treatment services provided to individual IMDs	X		
2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1	X		

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

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)			
4.1 Metric trends			
4.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3 <i>Note: There are no CMS-provided metrics related to Milestone 3. If the state did not identify any metrics for reporting this milestone, the state should indicate it has no update to report.</i>	X		
4.2 Implementation update			
4.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 4.2.1.i. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards	X		
4.2.1.ii. Review process for residential treatment providers' compliance with qualifications.	X		
4.2.1.iii. Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site	X		
4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3	X		

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

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5		#23: Emergency Department Utilization for SUD per 1,000	<p>In this reporting period there was a decrease in the total number of ED visits for SUD per 1,000 beneficiaries (-12.8%). No 1115 activities (including provider enrollment) had been in process at this time.</p> <p>Analysis of the equivalent quarter to quarter change from the previous year, shows a decrease of 8.4% which may indicate a seasonal fluctuation may be part of the decrease. The COVID pandemic also continues in Minnesota and increasing COVID cases in the quarter may also have contributed to the as beneficiaries may have engaged in less care seeking behavior. Minnesota began shifting to Direct Access during this quarter, creating a parallel system until the sunseting of the 1915(b) waiver of client choice which may have an impact on billing and claims as providers adjust to the new system.</p>
6.2 Implementation update			
6.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
6.2.1.i. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD			
6.2.1.ii. Expansion of coverage for and access to naloxone	X		
6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5	X		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)			
7.1 Metric trends			
7.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6	X		
7.2 Implementation update			
7.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: Implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports	X		
7.2.2 The state expects to make other program changes that may affect metrics related to Milestone 6	X		
8. SUD health information technology (health IT)			
8.1 Metric trends			
8.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics	X		
8.2 Implementation update			
8.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 8.2.1.i. How health IT is being used to slow down the rate of growth of individuals identified with SUD	X		
How health IT is being used to treat effectively individuals identified with SUD			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.2.1.ii. How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD	X		
8.2.1.iii. Other aspects of the state’s plan to develop the health IT infrastructure/capabilities at the state, delivery system, health plan/MCO, and individual provider levels	X		
8.2.1.iv. Other aspects of the state’s health IT implementation milestones	X		
8.2.1.v. The timeline for achieving health IT implementation milestones	X		
8.2.1.vi. Planned activities to increase use and functionality of the state’s prescription drug monitoring program	X		
8.2.2 The state expects to make other program changes that may affect metrics related to health IT	X		
9. Other SUD-related metrics			
9.1 Metric trends			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
9.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics		#24: Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries	<p>In this reporting period there was a decrease in inpatient stays for SUD per 1,000 Medicaid Beneficiaries (- 11.8%). No 1115 activities (including provider enrollment) had been in process at this time.</p> <p>The COVID pandemic also continues in Minnesota and increasing COVID cases in the quarter may also have contributed to the as beneficiaries may have engaged in less care seeking behavior. Minnesota began shifting to Direct Access during this quarter, creating a parallel system until the sunseting of the 1915(b) waiver of client choice which may have an impact on billing and claims as providers adjust to the new system.</p>
9.2 Implementation update			
9.2.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics	X		

4. Narrative information on other reporting topics

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

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Prompts	State has no update to report (Place an X)	State response
10.1.1 If the SUD component is part of a broader demonstration, the state should provide an analysis of the SUD-related budget neutrality and an analysis of budget neutrality as a whole. Describe the current status of budget neutrality and an analysis of the budget neutrality to date.	X	
10.2 Implementation update		
10.2.1 The state expects to make other program changes that may affect budget neutrality	X	
11. SUD-related demonstration operations and policy		
11.1 Considerations		
11.1.1 The state should highlight significant SUD (or if broader demonstration, then SUD-related) demonstration operations or policy considerations that could positively or negatively affect beneficiary enrollment, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the SUD demonstration’s approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail.		Refer to executive summary for detail.
11.2 Implementation update		
11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:	X	
11.2.1.i. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)		
11.2.1.ii. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)	X	
11.2.1.iii. Partners involved in service delivery	X	

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Prompts	State has no update to report (Place an X)	State response
11.2.2 The state experienced challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers) and/or noted any performance issues with contracted entities		DHS ended its contract with FastTracker in CY 2020 and was unable to provide information from DY1, but DHS identified funding for FastTracker in early CY 2021 to continue working on collecting the information. DHS will continue to work with FastTracker to evaluate collection of the data for the relevant Health IT metric(s) moving forward. Will impact metrics Q3, S1
11.2.3 The state is working on other initiatives related to SUD or OUD		<i>Ending the State’s 1915(b) waiver Establishing an Integrated Behavioral Health Fund (IBHF).</i>
11.2.4 The initiatives described above are related to the SUD or OUD demonstration (The state should note similarities and differences from the SUD demonstration)		<i>Direct access billing became live on October 1 and will run parallel to the State’s 1915(b) waiver until 06/30/2022 when direct access will become the sole option for SUD services.</i>
12. SUD demonstration evaluation update		
12.1 Narrative information		
12.1.1 Provide updates on SUD evaluation work and timeline. The appropriate content will depend on when this report is due to CMS and the timing for the demonstration. There are specific requirements per Code of Federal Regulations (CFR) for annual reports. See report template instructions for more details.	X	
12.1.2 Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs		CMS provided comments on the Evaluation Design Plan and returned those comments to DHS and NORC. DHS worked with NORC to get the comments addressed and the Evaluation Design Plan was resubmitted February 17, 2021.
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates		Mid-point Assessment due 12/31/2021 (The STC had conflicting dates, and CMS has clarified 12/31/2021, not 12/31/2022, as the date for the Mid-point assessment) Interim Evaluation Report due 06/30/2023 Final Evaluation Report due 12/31/2025

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Prompts	State has no update to report (Place an X)	State response
13. Other demonstration reporting		
13.1 General reporting requirements		
13.1.1 The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol	X	
13.1.2 The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes	X	
13.1.3 Compared to the demonstration design and operational details, the state expects to make the following changes to: 13.1.3.i. The schedule for completing and submitting monitoring reports	X	
13.1.3.ii. The content or completeness of submitted reports and/or future reports	X	
13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation	X	
13.2 Post-award public forum		
13.2.2 If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicating any resulting action items or issues. A summary of the post-award public forum must be included here for the period during which the forum was held and in the annual report.	X	

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Prompts	State has no update to report (Place an X)	State response
14. Notable state achievements and/or innovations		
14.1 Narrative information		
14.1.1 Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SUD (or if broader demonstration, then SUD related) demonstration or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries.	X	

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

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

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