

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

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

<b>State</b>	<i>Wisconsin.</i>
<b>Demonstration name</b>	<i>BadgerCare Reform</i>
<b>Approval period for section 1115 demonstration</b>	<i>10/31/2018-12/31/2029</i>
<b>SUD demonstration start date<sup>a</sup></b>	<i>10/31/2018</i>
<b>Implementation date of SUD demonstration, if different from SUD demonstration start date<sup>b</sup></b>	<i>10/31/2018</i>
<b>SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives</b>	<i>Increased rates of identification, initiation, and engagement in SUD treatment, increased adherence to and retention in treatment, fewer readmissions to the same or higher level of care where admissions is preventable, reduction in overdose deaths, reduced inappropriate utilization of emergency departments and inpatient hospital settings via improved access to other SUD continuum of care services.</i>
<b>SUD demonstration year and quarter</b>	<i>DY4Q4</i>
<b>Reporting period</b>	<i>10/1/2024 – 12/31/2024</i>

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

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

## 2. Executive summary

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

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

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

Opioid settlement dollars continue to be used to offset room and board costs for members with OUD via grant funding opportunities to counties and tribal nations. However, lack of funding for room and board continues to be a barrier to member access for individuals affected by other forms of SUD. During Q2 2024, Wisconsin welcomed two additional Residential SUD facilities to the Medicaid provider pool, provided individualized technical assistance to two agencies related to the use of MAT, and attended a provider learning collaborative for residential SUD providers in the southeast region of the state. The policy team also began implementation of an update to streamline the prior authorization process for residential SUD treatment services to enhance member access to treatment.

Wisconsin's Mid-Pont Assessment was submitted to CMS on 6/28/2024.

**Please Note:** The State of Wisconsin will be reporting trends for measurement period 4/1/2024 – 6/30/2024 in this report. This is based on the 6 months approved claims lag by CMS for all planned metrics. We will provide a unique quarterly trend count and month to trend where applicable.

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

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>1. Assessment of need and qualification for SUD services</b>			
<b>1.1 Metric trends</b>			
1.1.1. The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to assessment of need and qualification for SUD services		<i>Metric# 3</i>	Metric #3: For measurement period of 4/1/2024 to 6/30/2024, the unique quarterly total number of beneficiaries who receive MAT or a SUD related treatment service decreased from 69,036 to 65,773. This represents a less than a 4.7% change in beneficiaries from the previous quarter. The counts for months April – June respectively are, 59,191, 58,187 and 57,275. This represents a 1.7% change from April to May and a 1.6% change from May to June. This quarter represents a continuation of the public health emergency unwinding, where states were actively reassessing eligibility status and this may impact enrollment.
<b>1.2 Implementation update</b>			
1.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
1.2.1.i. The target population(s) of the demonstration			
1.2.1.ii. The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration			

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

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

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<p>2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1</p>		<p><i>Metrics# 6-12</i></p>	<p>Metric #6: For measurement period of 4/1/2024 to 6/30/2024, the unique quarterly total number of beneficiaries who receive any SUD treatment service, facility claim, or pharmacy claim decreased from 36,609 to 34,846. This represents a less than 4.8% change in beneficiaries from the previous quarter. The counts for months April - June respectively are, 23534, 23034, and 22136. This represents a 2.1 % (April to May) and 3.9% (May to June) change from month to month. This quarter represents a continuation of the public health emergency unwinding, where states were actively reassessing eligibility status and this may impact enrollment.</p> <p>Metric #7: The unique quarterly total number of beneficiaries who receive used early intervention services (such as procedure codes associated with SBIRT) decreased from 35 to 30. This represents a 14.3% change from the previous quarter. The counts for months April – June respectively are, 12, 14 and 5. This represents a 16.7% (April to May) and a 16.4% (May to June) change from month to month. The small number of impacted beneficiaries magnifies the change in terms of percentage from month to month. This quarter represents a continuation of the public health emergency unwinding, where states were actively reassessing eligibility status and this may impact enrollment.</p> <p>Metric #8: The unique quarterly total number of beneficiaries who receive outpatient services for SUD (such as outpatient recovery or motivational enhancement therapies, step down care, and monitoring for stable patients) decreased from 27963 to 26515. This represents an 5.2% change from the previous quarter. The counts for months April - June respectively are, 17196, 16612 and 15826. This represents a 3.3% (April to May) and a 4.7% (May to June) change from month to month. This quarter represents a continuation of the</p>
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			<p>public health emergency unwinding, where states were actively reassessing eligibility status and this may impact enrollment</p> <p>Metric #9: The unique quarterly total number of beneficiaries who used intensive outpatient and/or partial hospitalization services for SUD (such as specialized outpatient SUD therapy or other clinical services) increased from 786 to 797. This represents a 1.4% change from the previous quarter. The counts for months April - June respectively are, 395, 405 and 394. This represents a 2.5% (April to May) and 2.7% (May to June) change from month to month.</p> <p>Metric #10: The unique quarterly total number of beneficiaries who use residential and/or inpatient services for SUD decreased from 2407 to 2359. This represents a 1.9% change from the previous quarter. The counts for months (April – June) respectively are, 945, 931 and 893. This represents an 1.5% (April to May) and a 4.1% (May to June) change from month to month.</p> <p>Metric #11: The unique quarterly total number of beneficiaries who use withdrawal management services (such as outpatient, inpatient, or residential) decreased from 1515 to 1324. This represents a less than 12.6% change from the previous quarter. The counts for months April - June respectively are, 495, 491, and 512. This represents 0.1% change (April to May) and 4.3% from May to June. This quarter represents a continuation of the public health emergency unwinding, where states were actively reassessing eligibility status and this may impact enrollment.</p> <p>Metric #12: The unique quarterly total number of beneficiaries who had a claim for MAT for SUD increased</p>
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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			from 15606 to 15041. This represents a 3.6% change from the previous quarter. The counts for months April – June respectively are, 12321, 12225 and 11996. This represents 0.8% (April to May) and 1.9% (May to June) change from month to month. This quarter represents a continuation of the public health emergency unwinding, where states were actively reassessing eligibility status and this may impact enrollment.
<b>2.2 Implementation update</b>			
2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
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)			
2.2.1.ii. SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential treatment, medically supervised withdrawal management, and medication-assisted treatment services provided to individual IMDs			
2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1	X		



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

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

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

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5		Metrics# 23	Metric# 23: For measurement period of 4/1/2024 to 6/30/2024, the unique quarterly total number of beneficiaries who had an emergency department visit for SUD decreased from 7763 to 7514. This represents a 3.2% change in beneficiaries from the previous quarter. The counts for months January - March respectively are, 2995, 3001 and 2882. This represents a 0.2% (April to May) and 3.9% (May to June) change from month to month. This quarter represents a continuation of the public health emergency unwinding, where states were actively reassessing eligibility status and this may impact enrollment.
<b>6.2 Implementation update</b>			
6.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:	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			
6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5	X		
<b>7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)</b>			
<b>7.1 Metric trends</b>			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
7.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6	X		
<b>7.2 Implementation update</b>			
7.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: Implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports			
7.2.2 The state expects to make other program changes that may affect metrics related to Milestone 6	X		
<b>8. SUD health information technology (health IT)</b>			
<b>8.1 Metric trends</b>			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<p>8.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics</p>		<p>Metrics# Q1 and Q2</p>	<p>Metric# Q1: For measurement period of 04/1/2024 to 06/30/2024, the total number of active prescribers, dispensers&amp; delegates as of the last day each month April - June respectively are, 885, 992 and 1,011. This represents a 12.1% (April to May) and 1.9% (May to June) change from month to month.</p> <p>For measurement period of 04/1/2024 to 06/30/2024, the total number of checks made by all prescribers, dispensers and delegates during that quarter is 2,355,908. The counts for months April - June respectively are, 837,305, 789,975 and 728,628. This represents a 5.7% (April to May) and 7.7% (May to June) change from month to month.</p> <p>Metric# Q2: For measurement period of 04/1/2024 to 06/30/2024, the number of High-Intensity RSUD PAs real-time approved during this quarter is 491. The counts for months April - June respectively are, 172, 164 and 155. This represents a 4.7% (April to May) and 5.5% (May to June) change from month to month.</p> <p>For measurement period of 04/1/2023 to 06/30/2023, the number of Low-Intensity RSUD PAs real-time approved during this quarter is 145. The counts for months April - June respectively are, 53, 56 and 36. This represents a 5.7% (April to May) and 35.7% (May to June) change from month to month.</p>
<b>8.2 Implementation update</b>			

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

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
9.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics		Metric# 24	Metric #24: For measurement period of 4/1/2024 to 6/30/2024, the unique quarterly total number of beneficiaries who had an inpatient stay for SUD decreased from 5111 to 4873. This represents a 4.6% change from the previous quarter. The counts for months January - March respectively are, 1876, 1814 and 1810. This represents a 3.3% (April to May) and 0.2% (May to June) change from month to month. This quarter represents a continuation of the public health emergency unwinding, where states were actively reassessing eligibility status and this may impact enrollment.
<b>9.2 Implementation update</b>			
9.2.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics	X		

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

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



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Prompts	State has no update to report (Place an X)	State response
10.1.1 If the SUD component is part of a broader demonstration, the state should provide an analysis of the SUD-related budget neutrality and an analysis of budget neutrality as a whole. Describe the current status of budget neutrality and an analysis of the budget neutrality to date.		
<b>10.2 Implementation update</b>		
10.2.1 The state expects to make other program changes that may affect budget neutrality		
<b>11. SUD-related demonstration operations and policy</b>		
<b>11.1 Considerations</b>		
11.1.1 The state should highlight significant SUD (or if broader demonstration, then SUD-related) demonstration operations or policy considerations that could positively or negatively affect beneficiary enrollment, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the SUD demonstration’s approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail.		
<b>11.2 Implementation update</b>		
11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:		The State of Wisconsin originally planned to launch the benefit through the managed care system. Based on input from stakeholders and further consideration by the policy team, the benefit launched on 2/1/2021 as a fee-for-service benefit.
11.2.1.i. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)		
11.2.1.ii. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)		
11.2.1.iii. Partners involved in service delivery		

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Prompts	State has no update to report (Place an X)	State response
11.2.2 The state experienced challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers) and/or noted any performance issues with contracted entities		
11.2.3 The state is working on other initiatives related to SUD or OUD		Separate from this demonstration project, the state launched a pilot SUD health home project as of 7/1/2021. The pilot program is geographically limited to 8 counties and 4 tribes.
11.2.4 The initiatives described above are related to the SUD or OUD demonstration (The state should note similarities and differences from the SUD demonstration)		Some members receiving SUD health home services via the pilot may be referred for residential SUD treatment, which may modestly increase treatment utilization and compliance. Health home services and residential SUD treatment are non-duplicative.
<b>12. SUD demonstration evaluation update</b>		
<b>12.1 Narrative information</b>		
12.1.1 Provide updates on SUD evaluation work and timeline. The appropriate content will depend on when this report is due to CMS and the timing for the demonstration. There are specific requirements per Code of Federal Regulations (CFR) for annual reports. See report template instructions for more details.		The evaluation of Wisconsin's Medicaid § 1115 waiver proceeds according to the workplan but has required various adjustments due to the COVID-19 pandemic. The Wisconsin Medicaid program, with the federal and state public health emergency (PHE), delayed or suspended several of the provisions attached to the waiver. As well, the circumstances of the PHE have required other adjustments to data collection.
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		The evaluation of Wisconsin's Medicaid § 1115 waiver proceeds according to the workplan but has required various adjustments due to the COVID-19 pandemic. The Wisconsin Medicaid program, with the federal and state public health emergency (PHE), delayed or suspended several of the provisions attached to the waiver. As well, the circumstances of the PHE have required other adjustments to data collection.
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates		

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

Prompts	State has no update to report (Place an X)	State response
<b>14. Notable state achievements and/or innovations</b>		
<b>14.1 Narrative information</b>		
14.1.1 Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SUD (or if broader demonstration, then SUD related) demonstration or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries.		During the period of 1/1/2021 and 6/30/2024, over 10,413 beneficiaries had approved prior authorizations for residential SUD treatment. Additionally, 10,949 beneficiaries received at least 497,865 days of treatment.

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

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

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