Medicaid Section 1115 Demonstration Monitoring Report (Template Version 2.0)

Note: All cells of the monitoring report contain text to ensure digital acce
modified by the state.

The monitoring report is made up of the following tabs. Instructions for c

1. Overview: The state should complete Table 1 (below), titled Demonstr

2. Executive Summary: The state should provide an executive summary

3. Implementation Updates: To track demonstration progress, the state s
are relevant to the demonstration, or note "The state has no update to repo

4. Metrics: The workbook has one tab for Base metrics, one tab for each
metric data for each metric. The state should explain metrics trends in the
the demonstration.

5. Metrics Context: The state should use the Metrics Context tab to docu
codes the state used to calculate a metric), deviations from the technical s

Table 1. Demonstration Information
State
Demonstration Name
Demonstration Year(DY)
Calendar Dates for DY

Note: Paperwork Reduction Act Disclosure Statement to be added here

ssibility and to comply with section 508 of the Rehabilitation Act; this text should not be removed or

ompleting each tab can be found below:

ration Information.

of the content of the monitoring report, including specific topics identified in the tab.

should respond to the narrative prompts for each Reporting Topic, including policy-specific prompts that ort."

possible demonstration policy, and a tab for state-specific metrics. The state should enter monitoring e "Metric Trends and Explanation" column. The state is only expected to complete metrics tabs relevant to

ument reporting issues (such as delays in data availability), methodology information (such as state-specific pecifications, and/or plans to phase in metrics, as applicable.

IN
Healthy Indiana Plan
DY 11
01/01/2025-12/31/2025

Executive Summary

Overview: Each state with an approved section 1115 demonstration is expected to utilize a monitoring report workbook to complete its monitoring reports, per the demonstration's STCs. In the monitoring report, the state will submit information on monitoring metrics, qualitative summaries of metrics trends, and implementation updates associated with waivers and expenditure authorities approved in its section 1115 demonstration. The state should contact its CMS demonstration team with any questions on the use of this workbook or submitting monitoring reports.

Executive Summary
This Executive Summary should provide a brief overview of the key achievements, highlights, challenges, and/or risks identified during the current reporting period. This section should also identify key changes since the last monitoring report, including the implementation of new program components; programmatic improvements (e.g., increased outreach or any beneficiary or provider education efforts); and/or any unexpected issues or changes (e.g., unexpected increases or decreases in demonstration eligibility and participation or beneficiary complaints, such as appeals and grievances, etc.). The recommended word count for this section is 1000 words or less.
Throughout 2025, the HIP program focused on continuing to provide coverage in accordance with the results of the Rose decision while working toward the HIP 3.0 redesign. Indiana plans to submit the application for the HIP 3.0 1115 demonstration in the latter half of 2026. During 2025, HIP cost-sharing remained paused, no POWER Account Contributions nor copayments were required of HIP members. Eligible members received either HIP Plus or HIP State Plan benefits, with coverage begining on the first day of the month of application. To ensure members were covered by the most appropriate payor, the Office of Medicaid Policy and Planning (OMPP) and the Division of Family Resources (DFR) strengthened processes to shorten the time HIP members remained in HIP when they became eligible for other programs, particularly Medicare. Effective December 31, 2025, MDwise, one of the four MCOs contracted to administer HIP was terminated. Concurrently, Indiana advanced legislative and policy readiness for the next waiver phase, preparing work requirements targeted for January 1, 2027, revising the medically frail designation process, and instituting six-month redeterminations for the adult expansion population. Further, Indiana expanded its crisis response capacity by allowing non-CMHCs to serve as Mobile Crisis Service providers, increasing access and outreach, and now operates 24 Crisis Receiving & Stabilization Services (CRSS) sites statewide. The Division of Mental Health and Addiction, in coordination with OMPP, is finalizing a State Plan Amendment to broaden services available at CRSS sites. Certified Community Behavioral Health Clinics (CCBHCs) are required to support mobile crisis and crisis stabilization, and the CCBHC demonstration established rapid initial and comprehensive evaluation standards that include suicide risk, social service needs, and primary care screening. The State is currently reviewing the assessments and screenings used by CCBHCs. Indiana supports case management and care coordination through both CMHCs and CCBHCs, CMHCs via MRO packages for behavioral health and addiction treatment, and CCBHCs through defined required services providing case management that addresses behavioral health needs, mitigates social barriers, and links clients to primary care and other services identified through screening and monitoring. The State is also finalizing the definition of targeted case management for CCBHCs, with an anticipated completion date of July 1, 2026.

CMS = Centers for Medicare & Medicaid Services; STCs = special terms and conditions.

Implementation Updates

Prompt Number	Reporting Topic and Prompt
EXAMPLE: *1.3*	*EXAMPLE:* *Summarize other contextual factors (e.g., emergencies or disasters), initiatives (e.g., notable innovations), or state activity (e.g., system-wide Medicaid enrollment changes, stakeholder communications, and/or unexpected achievements or outcomes) that may accelerate or create delays in achieving the goals and objectives of the overall demonstration and its individual authorities. [The recommended word count is 200-300 words.]*
1	**Demonstration Operations and Policy.** Using the subsection prompts below, highlight critical demonstration implementation, operations, or policy considerations that might have affected (positively or negatively) eligibility and participation in demonstration programs, access to services, timely provision of services, or any other areas affecting beneficiaries. Summarize any related state activity that may have either a positive or negative effect on achieving the demonstration's approved goals or objectives.
1.1	Summarize implementation, operations, or policy considerations that may affect the demonstration or its beneficiaries, including eligibility and participation in the demonstration. [The recommended word count is 500 words.]
1.2	Describe activities under the below topics as they pertain to the demonstration:
1.2.1	Organizational, administrative, or service delivery changes. [The recommended word count is 200-300 words.]
1.2.2	Legislative activities. [The recommended word count is 150-200 words.]
1.2.3	Fiscal changes and related processes or definitions that would result in changes in access, benefits, populations, enrollment, etc. [The recommended word count is 150-200 words.]
1.2.4	Audit or investigation activity, including findings. [The recommended word count is 150-200 words.]
1.2.5	Litigation activities. [The recommended word count is 200-300 words.]
1.3	Summarize other contextual factors (e.g., emergencies or disasters), initiatives (e.g., notable innovations), or state activity (e.g., system-wide Medicaid enrollment changes, stakeholder communications, and/or unexpected achievements or outcomes) that may accelerate or create delays in achieving the goals and objectives of the overall demonstration and its individual authorities. [The recommended word count is 200-300 words.]

Implementation Updates

Prompt Number	Reporting Topic and Prompt
2	**Data Infrastructure and Health IT.** Provide updates to data infrastructure, IT, or any other system changes or enhancements relevant to the demonstration, including any activities since the state's last update. Include information on system changes affecting demonstration eligibility and enrollment processing, MMIS, how IT is being used to support demonstration initiatives to identify and effectively treat and serve individuals in the demonstration, etc. In addition, include details on adoption and enhancement of IT systems to support data sharing between state Medicaid agencies, participating service providers and facilities, or partner entities assisting in the administration of the demonstration. Describe activities, challenges, and any remediation steps to establishing or maintaining the state's capacity for reporting key demographic data. [The recommended word count is 500 words.]
3	**Demonstration Evaluation.** Provide an update on evaluation efforts. The state should also provide CMS with any information on challenges related to executing the evaluation, such as independent evaluator procurement and data availability, completeness, and quality. The state should include similar updates, as applicable, for any other post-approval assessments (e.g., mid-point assessments or annual availability assessments). If applicable, the state should include an attachment to report the results of beneficiary satisfaction surveys conducted during the year. [The recommended word count is 400 words, not including any applicable attachment.]
4	**Post-Award Public Forum.** Provide a summary of the most recent annual post-award public forum indicating any resulting action items or issues. Include a summary of the public comments for the period during which the forum was held. [The recommended word count is 300 words.]

Implementation Updates

Prompt Number Policy Specific Prompts	Reporting Topic and Prompt
	[The following prompt is applicable to a demonstration with a DSHP and/or SDOH/HRSN policy.]
5	**Provider Payment Rate Increase.** Attest that any required FFS and managed care provider rate increases for primary care services, obstetric care services, and behavioral health services, subject to the STCs, were at least sustained from, if not higher than, the previous year. [The recommended word count is 150 words.]
	[The following prompt is applicable to a demonstration with a continuous eligibility policy.]
6	**Collecting and Providing Eligibility Information for Beneficiaries who Qualify for Continuous Eligibility.** Describe successes and challenges related to activities to annually update beneficiary contact information, provide beneficiaries reminder of continued eligibility, verify beneficiary residency, and confirm that the beneficiary is not deceased, for all beneficiaries who qualify for a continuous eligibility period that exceeds 12 months. [The recommended word count is 250 words.]
	[The following prompts are applicable to a demonstration with an SMI/SED policy and any other relevant authorities per the STCs.]
7	**SMI/SED MOE Funding Outpatient Community-Based Mental Health Services.** Provide the dollar amount, including the level of state appropriations and local funding for outpatient community-based mental health services, for the most recently completed state fiscal year (specify the start and end dates as MM/DD/YYYY).
7.1	Describe and explain any reductions in the MOE dollar amount below the amount provided in the state's application materials. If true, the state should confirm that it did not move resources to increase access to treatment in inpatient or residential settings at the expense of community-based services. [The recommended word count is 250 words.]
8	**Activities to Support Early Intervention in SMI/SED.** Describe activities to promote the availability and use of early intervention services such as screenings, structured assessments, and brief initial interventions. Discuss any challenges encountered and changes in the approach outlined in past monitoring reports, if applicable. [The recommended word count is 250 words.]
9	**Activities to Support SMI Services Availability.** Describe activities to increase access to and utilization of: (1) crisis stabilization services for mental health, including crisis call centers, mobile crisis units, crisis observation and assessment centers, crisis stabilization units, and coordinated community crisis response teams; (2) community-based mental health services, including FQHCs and CMHCs; (3) outpatient mental health services, including intensive outpatient services; and (4) mental health services provided during acute, short-term stays in residential crisis stabilization programs, psychiatric hospitals, and residential treatment settings. Discuss any challenges encountered and changes in the approach outlined in past monitoring reports, if applicable.[The recommended word count is 250 words.]
	[The following prompt is applicable to a demonstration with a reentry, SDOH/HRSN, SMI/SED, and/or SUD policy, and any other relevant authorities per the STCs.]

Implementation Updates

Prompt Number	Reporting Topic and Prompt
10	**Case Management and Care Coordination.** Describe activities to connect beneficiaries to services, including primary or behavioral health (specifically, mental health and substance use disorder) care or services to address health-related social needs, including for beneficiaries transitioning from institutional settings, if applicable.[a] Discuss any challenges encountered, changes in the approach outlined in the implementation plan(s), and any changes to the timeline, if applicable. [The recommended word count is 400 words.]
	[The following prompt is applicable to a demonstration with a reentry, SDOH/HRSN, and/or THCP[b] policy.]
11	**Implementation Planning and Capacity Building Expenditures.** Describe activities undertaken, as well as any deviations from the STCs, post-approval protocols,[c] and/or implementation plan, as may be applicable, regarding intended uses, amounts, and recipients of allowable implementation planning, capacity building, infrastructure, and transitional non-service expenditures, including any applicable changes to the timeline. In case of any deviation from previous reporting, include a discussion of corrective steps the state has implemented or will implement. [The recommended word count is 400 words.]
	[The following prompts are applicable to demonstrations with a reentry and/or SDOH/HRSN policy, and any other relevant authorities per the STCs.]
12	**Partnerships with Providers and Other Key Entities.** Describe coordination among key entities participating in the demonstration, including activities to establish and sustain informal or formal partnerships (such as through a contract, memorandum of understanding, or letter of agreement). For example, for demonstrations with an **SDOH/HRSN policy,** describe partnerships with health care providers, health plans, and SDOH/HRSN providers, including details on enrolling qualified providers to provide SDOH/HRSN services in the demonstration. For demonstrations with a **reentry policy,** describe coordination and communication among corrections systems, including the probation and parole system, health care providers and provider organizations, the State Medicaid Agency, and supported employment and supported housing agencies or organizations. Discuss any challenges encountered and any changes to the key entities, approach, or timeline outlined in the implementation plan or other protocols required by the STCs. [The recommended word count is 400 words.]
13	**Beneficiary Engagement.** Describe the activities that the state undertook to solicit input from Medicaid beneficiaries to identify barriers to participation and inform decisions about implementation, monitoring, and evaluation of the SDOH/HRSN and/or reentry demonstration(s). [The recommended word count is 300 words.]
14	**Phasing-In of Services.** Describe any changes to the state's plan for phasing-in of services, regions, or facilities, if applicable. Discuss any challenges encountered, changes in the approach outlined in the implementation plan, and any changes to the timeline, if applicable. [The recommended word count is 250 words.]
	[The following prompts are applicable to a demonstration with an SDOH/HRSN policy.]
15	**SDOH/HRSN Activities to Assist Beneficiaries in Obtaining Non-Medicaid Funded Housing and Nutrition Supports.** Describe the activities the state has undertaken to assist beneficiaries in obtaining non-Medicaid funded housing and nutrition supports, including progress made since the state's last reporting. The state should describe whether and to what extent beneficiaries are accessing the non-Medicaid funded supports. Include discussion of any deviations from the Implementation Plan or the Protocol for SDOH/HRSN Services,[d] including any changes to the timeline, if applicable, and information about mitigation steps the state has implemented or will implement to address any such deviation.[e] [The recommended word count is 250 words.]
16	**SDOH/HRSN MOE Funding Housing and/or Nutrition Programs.** Provide the dollar amount of state funding for social service programs related to housing supports and/or nutrition supports for the most recently completed state fiscal year (specify the start and end dates as MM/DD/YYYY). For annual reporting, the state should use the same methodology used in the baseline MOE report whenever possible. Otherwise, the state should provide an explanation for the deviation from the baseline methodology. [The recommended word count is 250 words.]
16.1	Describe and explain any reductions in the MOE dollar amount below the amount provided in the baseline spending submission. If accurate, the state should confirm that it did not move resources to increase access to approved Medicaid section 1115 housing supports and/or nutrition supports that address SDOH/HRSN at the expense of pre-existing social services in those categories. This may involve explaining any deviations from the methodology used in the baseline MOE report. [The recommended word count is 250 words.]

Implementation Updates

Prompt Number	Reporting Topic and Prompt

CMHC = Community Mental Health Center; CMS = Centers for Medicare & Medicaid Services; DSHP = designated state health program; FFS = fee-for-service; FQHC = Federally Qualified Health Center; IT = information technology; MMIS = Medicaid Ma related social needs; SMI/SED = serious mental illness/serious emotional disturbance; STCs = special terms and conditions; SUD = substance use disorder; THCP = traditional health care practices.

Note: The policy-specific prompts 5 through 16, including any sub-prompts, may apply to additional section 1115 demonstration initiatives in accordance with demonstration STCs.

[a] For demonstrations with a reentry policy, services can include case management to address primary or behavioral health needs and access to nutrition opportunities, education and/or employment, and housing supports, as indicated in the State Medicaid Direct scheduled contact with beneficiaries after transitioning to the community.

[b] Applicable if the THCP authority in the demonstration includes implementation expenditures.

[c] For some states, this information for the HRSN policy is included in the protocol titled "Protocol for Assessment of Beneficiary Eligibility and Needs, Infrastructure Planning, and Provider Qualifications" or the Protocol for SDOH/HRSN Infrastructure.

[d] For some states, this information is included in the protocol titled "Protocol for Assessment of Beneficiary Eligibility and Needs, Infrastructure Planning, and Provider Qualifications."

[e] See the STC regarding Partnerships with State and Local Entities. The state must have in place partnerships with other state and local entities to assist beneficiaries in obtaining non-Medicaid funded housing and nutrition supports, if available, upon the conclu implementation plan, then provide updates in the monitoring report, including whether and to what extent the non-Medicaid funded supports are being accessed by beneficiaries as planned. Once the state's plan is fully implemented, the state may conclude its s

State Response

EXAMPLE:
The state experienced a three-day delay when launching the demonstration website due to IT issues. This delay limited the number of enrollees that could apply for demonstration benefits using the online application during the initial launch of the website. The state worked with its IT vendor to correct the IT issues and has added in additional quality assurance days into future demonstration website update release schedules to mitigate future delays in website update launches. Additionally, since the website and application will remain active during future updates, the state does not anticipate additional delays related to this issue in the future.

In December 2025, CMS accepted Indiana's extension of the SUD/SMI authorities through December 2026 and approved added eligibility for former foster youth up to age 26 under the SUPPORT Act. Throughout the year, all POWER account contributions and copays remained paused and cost-sharing remained suspended. Operationally, a major shift occurred in late 2025 when MDwise announced its exit from HIP effective January 1, 2026, triggering an expanded open enrollment window (Nov 1–Dec 24, 2025) and providing a 90-day plan-switch period post-transition to other managed care entities i.e, Anthem, CareSource, or MHS to ensure continuity of care.

During DY 11 (CY 2025), there was minimal operational, administrative or service delivery changes to the 1115 demonstrations. The State made the decision to remove one health plan from the Healthy Indiana Program beginning 1/1/2026.
Effective Jan. 1, 2027, Indiana will perform full renewals/redeterminations every six months for the adults aged 19-64 in the HIP (expansion) population to be in compliance with the One Big Beautiful Bill Act (H.R. 1) that passed on May 22, 2025. During the rest of 2025, the State awaited CMS' guidance on the transition from the current annual redetermination to the new six-month redeterminations.

No fiscals in 2025.

During 2025, the State and MCE SIU partners focused on ABA and UV coating claim audits. Additionally, as a result of Indiana Executive Order 25-24, an independent audit was completed by Health Management Associates to assure the prudent use of Medicaid funds, including HIP. The results may be found here:https://www.in.gov/gov/files/EO-25-24-Waste-Fraud-and-Abuse-Report.pdf

During DY 11, litigation of the 1115 HIP waiver was ongoing.

Due to the HIP litigation, cost-sharing and other demonstration policies remained paused. HIP continued to provide coverage under the authority derived from the State Plan.

State Response

The State implemented 9115 and is in process of implementing 0057, targeted to go-live June 2026, as required by the Patient Access API Final Rule.

During 2025, the HIP independent evaluator began their tasks on the 2021-2025 HIP Interim Evaluation due to CMS no later than 06/30/2027. Similarly, the SUD and SMI independent evaluators began their tasks to develop the 2021-2025 Summative Evaluation, but in agreement with CMS will include the 1-year renewal, 2026, in the report. As a result, the due date shifted from 6/30/2027 to 6/30/2028. In 2025, due to the upcoming end of their contracts, the State began the process of procuring new HIP and SMI evaluators. Health Managment Associates remains the evaluator for SUD.

Due to changes in MAC and gubernatorial administration, a Post Award Forum was not held in 2025. The State is hoping to complete the Post Award Forum to cover both 2024 and 2025 in CY2026.

State Response
Indiana's 1115 waiver does not include DSHP or SDOH/HRSN policies.
N/A, the only continuous eligibility for the HIP population is 12-month post partum coverage.
The SFY 2025 MOE total (in millions) is $1,196.50. Outpatient community-based mental health expenditures were highest for the HIP and Hoosier Healthwise programs, respectively contributing $362.7 and $342.8 to the total. The SFY 2025 MOE begins to include the PathWays for Aging program, which went live on July 1, 2024 and CCBHCs which began to process claims beginning January 1, 2025. With the exception of PathWays and HIP, over half of each program's MOE spend can be attributed to CCBHCs and ABA expenditures. The expenditures for outpatient community-based mental health services have grown substantially since the waiver's inception in SFY 2019. Expenditures have steadily increased for federal and state shares each year as well (excluding the SFY 2020 state funding which decreased due to enhanced federal match during the public health emergency (PHE)). Indiana's CCBHC demonstration created requirements for CCBHC pilots to quickly provide initial and comprehensive evaluations, adding assessments for suicide risk, social service needs, and primary care screening. In addition, CCBHC pilots have created the ability for same day access to get patients into treatment earlier. Indiana is currently reviewing the assessments and screenings that have been utilized by CCBHCs, to standardize the assessments and screens that are being used by all CCBHCs, as a variety of screening and assessments tools or questionaires were approved for the 8 CCBHC pilots in the first year of implementation of the demonstration. The State has achieved full state coverage for mobile crisis, with a total of 24 mobile crisis teams. DMHA is currently working on implementing a statewide protocol (Mobile Response & Stabilization Services [MRSS]) that will focus on serving children, youth, and families in mobile crisis response. In addition to the mobile crisis teams, the State has 24 Crisis Receiving & Stabilization Services (CRSS) sites statewide. DMHA continues to work on finalizing a State Plan Amendment (SPA) with OMPP to expand available services at the CRSS sites. Indiana's CCBHCs are required to support mobile crisis and crisis stabilization services, providing sustainability for supporting these services. Additionally, 20 inpatient IMDs continue to be available to Medicaid members in addition to 73 SUD residential addiction treatment facilities. As reported in the last Interim Report, the six State Psychiatric Hospitals continue to operate into 2026, as do the 24 CMHCs with services available in every county. Additionally, the count of providers that actively provided intensive outpatient services in 2025 increased to 67 compared to 58 between 2/1/2024 and 1/31/2025.

State Response

Indiana supports case management and care coordination through CMHCs and CCBHCs, in addition to the case managment responsibilities of the managed care organizations. CMHCs have supported case management through MRO packages that provide case management to patients to support their behavioral health and addiction treatment needs. Indiana's CCBHC demonstration program has defined both case management and care coordination as required services, and case management is provided to clients to meet their behavioral health needs, address social needs identified as barriers in their treatment plan, create linkages to other services such as ensuring clients have access to a primary care physician or to address primary care conditions that are identified during primary care screening and monitoring. Indiana is currently finalizing the definition of targeted case management for CCBHCs as well with an anticipated due date of July 1, 2026.

Indiana does not have a demonstration with SDOH/HRSN, reentry, or THCP policies.

Indiana's 1115 waiver does not include SDOH/HRSN, reentry, or THCP policies.

Indiana's 1115 waiver does not include SDOH/HRSN, reentry, or THCP policies. In 2025, Indiana held its first Beneficiary Advisory Council meeting to prioritize input and engagement with Hoosiers that have current or recent Medicaid experience.

Indiana's 1115 waiver does not include SDOH/HRSN, reentry, or THCP policies.

Indiana's 1115 waiver does not include a SDOH/HRSN policy.

Indiana's 1115 waiver does not include a SDOH/HRSN policy.

Indiana's 1115 waiver does not include a SDOH/HRSN policy.

State Response

anagement Information System; MOE = maintenance of effort; SDOH/HRSN = social determinants of health/health-

tor's Letter. Include any details on systems or processes for monitoring health and SDOH/HRSNs, for example,

asion of temporary Medicaid payment for such supports. The state must establish a plan and timeline in the
status updates.

Base Metrics Data and Trends

Technical specifications manual version: Version 1.0

Metric Number	Metric Name	Metric Description	Data Source	Desired Directionality
EXAMPLE: *BA_1* ***(Do not delete or edit this row)***	*EXAMPLE:* *Total Eligibility for the Demonstration*	*EXAMPLE:* *The unduplicated number of beneficiaries eligible for the demonstration and not suspended at any time during the measurement period. This indicator is the total number of unduplicated individuals in the overall demonstration. It includes those newly eligible for the demonstration during the measurement period and those whose eligibility continues from a prior period. This indicator is not a point-in-time count. It captures beneficiaries who were eligible for the demonstration for at least one day during the measurement period. For certain demonstration programs, this metric may capture the count of total program participation instead of count of individuals eligible for the program.*	*EXAMPLE:* *Administrative records*	*EXAMPLE:* *Consistent*
BA_1	Total Eligibility for the Demonstration	The unduplicated number of beneficiaries eligible for the demonstration during the measurement period. This indicator is the total number of unduplicated individuals in the overall demonstration. It includes those newly eligible for the demonstration during the measurement period and those whose eligibility continues from a prior period. This indicator is not a point-in-time count. It captures beneficiaries who were eligible for the demonstration for at least one day during the measurement period. For certain demonstration programs, this metric may capture the count of total program participation instead of count of individuals eligible for the program.	Administrative records	Consistent
BA_2	Appeals, Eligibility	The number of appeals filed by demonstration beneficiaries during the measurement period regarding Medicaid eligibility.	Administrative records	Decrease

Metric Number	Metric Name	Metric Description	Data Source	Desired Directionality
BA_3	Appeals, Benefits	The number of appeals filed by demonstration beneficiaries during the measurement period regarding benefits.	Administrative records	Decrease
BA_4	Grievances	The number of grievances filed by demonstration beneficiaries during the measurement period.	Administrative records	Decrease
BA_5	Emergency Department Utilization, All Use	The number of emergency department (ED) visits per 1,000 demonstration beneficiary months during the measurement period.	Claims and encounters; other administrative records	Decrease
BA_6	Inpatient Admissions	The number of inpatient admissions per 1,000 demonstration beneficiary months during the measurement period.	Claims and encounters and other administrative records	Decrease
BA_7	Plan All-Cause Readmissions (PCR-AD) [NCQA; CMIT# 561; Medicaid Adult Core Set; Adjusted HEDIS specifications]	For beneficiaries aged 18 to 64, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. Data are reported in the following categories:	Claims and encounters	Decrease
BA_7.1	Plan All-Cause Readmissions - Index Hospital Stays	The count of Index Hospital Stays (IHS)		
BA_7.2	Plan All-Cause Readmissions - Observed 30-Day Readmissions	The count of Observed 30-Day Readmissions		
BA_7.3	Plan All-Cause Readmissions - Expected 30-Day Readmissions	The count of Expected 30-Day Readmissions		
BA_7.4	Plan All-Cause Readmissions - Beneficiaries in Demonstration Population	The count of beneficiaries in demonstration population		
BA_7.5	Plan All-Cause Readmissions - Number of Outliers	The number of outliers		
BA_c_7a	Plan All-Cause Readmissions - Observed 30-Day Readmission Rate <<This Rate is Auto-Calculated>>	The count of observed 30-day readmissions divided by the count of index hospital stays (BA_7.2 / BA_7.1)*100		
BA_c_7b	Plan All-Cause Readmissions - Expected Readmission Rate <<This Rate is Auto-Calculated>>	The count of expected 30-day readmissions divided by the count of index hospital stays (BA_7.3 / BA_7.1)*100		
BA_c_7c	Plan All-Cause Readmissions - Observed-to-Expected Ratio <<This Rate is Auto-Calculated>>	The count of observed 30-day readmissions divided by count of expected 30-day readmissions (BA_7.2 / BA_7.3)		

Metric Number	Metric Name	Metric Description	Data Source	Desired Directionality
BA_c_7d	Plan All-Cause Readmissions - Outlier Rate <<This Rate is Auto-Calculated>>	The number of outliers divided by count of beneficiaries in demonstration population (BA_7.5 / BA_7.4)*1,000		

The state must prominently display the following notice on any display of Measure rates:

Measure PCR-AD (Metric BA_7) is a Healthcare Effectiveness Data and Information Set ("HEDIS®") measure that is owned and copyrighted by the National Committee for Quality Assurance ("NCQA"). NCQA makes no representations, warranties, or endorsement about the quality of any organization or physician that uses or reports performance measures and NCQA has no liability to anyone who relies on such measures and specifications.
The measure specification methodology used by CMS is different from NCQA's methodology. NCQA has not validated the adjusted measure specifications but has granted CMS permission to adjust. Calculated measure results, based on the adjusted HEDIS specifications, may be called only "Uncertified, Unaudited HEDIS rates."

Certain non-NCQA measures in the CMS section 1115 demonstration contain HEDIS Value Sets (VS) developed by and included with the permission of the NCQA. Proprietary coding is contained in the VS. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. NCQA disclaims all liability for use or accuracy of the VS with the non-NCQA measures and any coding contained in the VS.

CMS = Centers for Medicare & Medicaid Services; CMIT = CMS Measures Inventory Tool; ED = emergency department; HEDIS = Healthcare Effectiveness Data and Information Set; NCQA = National Committee for Quality Assurance.

Metric Trends and Explanation	Measurement Period	Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator	Demonstration Rate/Percentage
EXAMPLE: *This metric decreased by 5 percent due to an increase in eligibility redeterminations during Unwinding of continuous eligibility, resulting in more people being disenrolled from Medicaid and finding coverage in the Marketplace.*	*EXAMPLE:* *Demonstration Month 1*	*EXAMPLE:* *01/01/2024-01/31/2024*	*EXAMPLE: 650*	*EXAMPLE: n.a.*	*EXAMPLE: n.a.*
In 2025, the average number of beneficiaries in HIP decreased 10% from 704,015 (in 2024) to 632,470. HIP enrollment began to decline in March 2025, driven by a change in FSSA's policy, requiring members that do not qualify for ex parte renewals to respond to a mailer as part of the eligibility redetermination process.	Demonstration Month 1	01/01/2025-01/31/2025	688131		
	Demonstration Month 2	02/01/2025-02/28/2025	690113		
	Demonstration Month 3	03/01/2025-03/31/2025	690988		
	Demonstration Month 4	04/01/2025-04/30/2025	676080		
	Demonstration Month 5	05/01/2025-05/31/2025	652017		
	Demonstration Month 6	06/01/2025-06/30/2025	635399		
	Demonstration Month 7	07/01/2025-07/31/2025	620513		
	Demonstration Month 8	08/01/2025-08/31/2025	605625		
	Demonstration Month 9	09/01/2025-09/30/2025	596780		
	Demonstration Month 10	10/01/2025-10/31/2025	592316		
	Demonstration Month 11	11/01/2025-11/30/2025	576295		
	Demonstration Month 12	12/01/2025-12/31/2025	565383		
In 2025, the number of appeals filed by beneficiaries regarding Medicaid eligibility increased 30% from 4,510 to 5,867.	Demonstration Year	01/01/2025-12/31/2025	5,867		

Metric Trends and Explanation	Measurement Period	Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator	Demonstration Rate/Percentage
In 2025, the number of appeals filed by beneficiaries regarding benefits increased 13% from 1,331 to 1,504. Beginning in 2025, this metric will include appeals filed for SUD and SMI benefits by PathWays for Aging members.	Demonstration Year	01/01/2025-12/31/2025	1504		
In 2025, the number of grievances filed by beneficiaries decreased 22.4% from 8,099 to 6,278.	Demonstration Year	01/01/2025-12/31/2025	6278		
In 2025, the rate of ED visits per 1,000 demonstration beneficiary months increased 2.7% compared to 2024.	Demonstration quarter 1	01/01/2025-03/31/2025	138,618	2,074,226	66.82878336
	Demonstration quarter 2	04/01/2025-06/30/2025	133,056	1,967,843	67.61515019
	Demonstration quarter 3	07/01/2025-09/30/2025	133,383	1,834,210	72.71959045
	Demonstration quarter 4	10/01/2025-12/31/2025	117,713	1,750,795	67.23402797
In 2025, the rate of inpatient admissions per 1,000 demonstration beneficiary months increased 26% compared to 2024. The difference may appear large, but can be attributed to how small the rate numbers are.	Demonstration quarter 1	01/01/2025-03/31/2025	14,348	2,074,226	6.917279024
	Demonstration quarter 2	04/01/2025-06/30/2025	14,353	1,967,843	7.293772928
	Demonstration quarter 3	07/01/2025-09/30/2025	16,424	1,834,210	8.954263688
	Demonstration quarter 4	10/01/2025-12/31/2025	14,807	1,750,795	8.457300826
X	Calendar Year				
		01/01/2025 - 12/31/2025	13,866		
		01/01/2025 - 12/31/2025	640		
		01/01/2025 - 12/31/2025	1,023.53		
		01/01/2025 - 12/31/2025	397,754		
		01/01/2025 - 12/31/2025	1,804		
			640	13866	46.1560652
			1023.5268	13866	73.81557767
			640	1023.5268	625.2889519

Metric Trends and Explanation	Measurement Period	Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator	Demonstration Rate/Percentage
			1804	397754	4.535466645

Family Planning Metrics Data and Trends

Technical specifications manual version: [Enter Technical Specifications Manual Version Number]

Metric Number	Metric Name	Metric Description
EXAMPLE: *FP_1* ***(Do not delete or edit this row)***	*EXAMPLE:* *Total Eligibility for the FP Demonstration*	*EXAMPLE:* *The unduplicated number of demonstration participants in the family planning demonstration.*
FP_1	Total Eligibility for the FP Demonstration	The unduplicated number of demonstration participants in the family planning demonstration.
FP_2	Demonstration Participants Who Utilized Any Services Provided by the Demonstrations	The number of unduplicated demonstration participants who received at least one allowable service through the demonstration during the measurement period. Note: This metric calculates a percentage using the numerator reported for FP_1 as the denominator for FP_2.
FP_3	Contraceptive Care -- All Women (CCW) [OPA; CMIT #1002; Medicaid Adult & Child Core Sets]	Among women ages 15 to 44 at risk of unintended pregnancy, the percent that: 1) Were provided a most effective or moderately effective method of contraception; 2) Were provided a long-acting reversible method of contraception (LARC). The two rates are reported for two age cohorts, adolescent (15-20) and adult (21-44).
FP_3.1	Most Effective or Moderately Effective, Adolescent	The percentage of adolescents (15-20) at risk of unintended pregnancy that were provided a most effective or moderately effective method of contraception.
FP_3.2	Most Effective or Moderately Effective, Adult	The percentage of adults (21-44) at risk of unintended pregnancy that were provided a most effective or moderately effective method of contraception.
FP_3.3	LARC, Adolescent	The percentage of adolescents (15-20) at risk of unintended pregnancy that were provided a LARC.
FP_3.4	LARC, Adult	The percentage of adults (21-44) at risk of unintended pregnancy that were provided a LARC.
FP_4	Percentage of Demonstration Participants Who Obtained Any STI Screening	The percentage of demonstration participants who obtained an STI test during the measurement period.
FP_5	Cervical Cancer Screening (CCS-AD) [NCQA; CMIT #118; Medicaid Adult Core Set; Adjusted HEDIS specifications]	The percentage of women ages 21 to 64 who were recommended for routine cervical cancer screening and were screened using any of the following criteria: • Women ages 21 to 64 who were recommended for routine cervical cancer screening and had cervical cytology performed within the last 3 years; or, • Women ages 30 to 64 who were recommended for routine cervical cancer screening and had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years; or, • Women ages 30 to 64 who were recommended for routine cervical cancer screening and had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.

The state must prominently display the following notice on any display of Measure rates:

Measure CCS_AD (Metric FP_5) is a Healthcare Effectiveness Data and Information Set ("HEDIS®") measure that is owned and copyrighted by the Nat
for Quality Assurance ("NCQA"). NCQA makes no representations, warranties, or endorsement about the quality of any organization or physician that u
performance measures and NCQA has no liability to anyone who relies on such measures and specifications.
The measure specification methodology used by CMS is different from NCQA's methodology. NCQA has not validated the adjusted measure specifications
CMS permission to adjust. Calculated measure results, based on the adjusted HEDIS specifications, may be called only "Uncertified, Unaudited HEDIS r

Proprietary coding is contained in the VS. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. NC
liability for use or accuracy of the VS and any coding contained in the VS.

CMIT = CMS Measure Inventory Tool; ECDS = electronic clinical data systems; EHR = electronic health record; FP = family planning; FQHC = federally qualified health
Healthcare Effectiveness Data and Information Set; hrHPV = high-risk human papillomavirus; LARC = long-acting reversible contraceptive; NCQA = National Committee
Assurance; OPA = Office of Population Affairs; STI = sextually transmitted infection

Data Source	Desired Directionality	Metric Trends and Explanation	Measurement Period
EXAMPLE: Administrative records	*EXAMPLE: Consistent*	*EXAMPLE: This metric increased by 15 percent from the prior demonstration year. This is likely due to an increase in outreach efforts through partnerships with local FQHCs and a statewide enrollment campaign.*	*EXAMPLE: Demonstration Year*
Administrative records	[Select from list]	*[Insert response here.]*	Demonstration Year
Claims and encounters	Consistent	*[Insert response here.]*	Demonstration Year
Claims and encounters	Consistent	*[Insert response here.]*	Calendar Year
Claims and encounters	Increase	*[Insert response here.]*	Demonstration Year
ECDS	Increase	*[Insert response here.]*	Calendar Year

ional Committee
ses or reports

but has granted
ates."

QA disclaims all

center; HEDIS =
for Quality

Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator	Demonstration Rate/Percentage
EXAMPLE: 01/01/2024-12/31/2024	*EXAMPLE: 750*	*EXAMPLE: n.a.*	*EXAMPLE: n.a.*
[Insert dates here.]	*[Insert value here.]*		
[Insert dates here.]	*[Insert value here.]*		*Awaiting data*
[Insert dates here.]	*[Insert value here.]*	*[Insert value here.]*	*Awaiting data*
[Insert dates here.]	*[Insert value here.]*	*[Insert value here.]*	*Awaiting data*
[Insert dates here.]	*[Insert value here.]*	*[Insert value here.]*	*Awaiting data*
[Insert dates here.]	*[Insert value here.]*	*[Insert value here.]*	*Awaiting data*
[Insert dates here.]	*[Insert value here.]*	*[Insert value here.]*	*Awaiting data*
[Insert dates here.]	*[Insert value here.]*	*[Insert value here.]*	*Awaiting data*

THCP Metrics Data and Trends

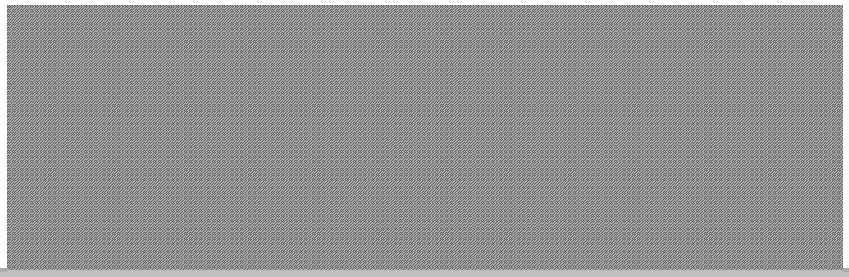
Technical specifications manual version: [Enter Technical Specifications Manual Version Number]

Metric Number	Metric Name	Metric Description
EXAMPLE: *THCP_1* ***(Do not delete or edit this row)***	*EXAMPLE:* *Number of Participating Facilities*	*EXAMPLE:* *The number of unduplicated facilities that provided at least one THCP service through the demonstration during the measurement period.*
THCP_1	Number of Participating Facilities	The count of unduplicated facilities that provided at least one THCP service through the demonstration during the measurement period by facility type. Note: This metric includes four counts, a primary metric and three sub-metrics for the facility types where beneficiaries receive THCP.
THCP_1.1	Total Number of Participating Facilities	The total number of unduplicated facilities that provided at least one THCP service through the demonstration during the measurement period.
THCP_1.2	Number of Participating IHS Facilities	The number of unduplicated IHS facilities that provided at least one THCP service through the demonstration during the measurement period.
THCP_1.3	Number of Participating Tribal Facilities	The number of unduplicated tribal facilities that provided at least one THCP service through the demonstration during the measurement period.
THCP_1.4	Number of Participating UIO Facilities	The number of unduplicated UIO facilities that provided at least one THCP service through the demonstration during the measurement period.
THCP_2	Percent of Beneficiaries Receiving THCP Services	The percent of unduplicated beneficiaries receiving at least one THCP service through the demonstration among beneficiaries who received at least one Medicaid-paid service at an IHS, tribally-affiliated, or UIO facility during the measurement period. Note: This metric includes four percentages, a primary metric and three sub-metrics for the facility types where beneficiaries receive THCP.
THCP_2.1	Percent of Beneficiaries Receiving THCP Services, All Facilities	The percent of unduplicated beneficiaries receiving at least one THCP service through the demonstration among beneficiaries who received at least one Medicaid-paid service at an IHS, tribally-affiliated, or UIO facility during the measurement period.
THCP_2.2	Percent of IHS Users Receiving THCP Services	The percent of unduplicated beneficiaries receiving at least one THCP service through the demonstration among beneficiaries who received at least one Medicaid-paid service at an IHS facility during the measurement period.
THCP_2.3	Percent of Tribal Facility Users Receiving THCP Services	The percent of unduplicated beneficiaries receiving at least one THCP service through the demonstration among beneficiaries who received at least one Medicaid-paid service at a tribally-affiliated facility during the measurement period.
THCP_2.4	Percent of UIO Facility Users Receiving THCP Services	The percent of unduplicated beneficiaries receiving at least one THCP service through the demonstration among beneficiaries who received at least one Medicaid-paid service at a UIO facility during the measurement period.
THCP_3	THCP Services Provided per Beneficiary	The number of unduplicated THCP services provided through the demonstration during the measurement period per beneficiary. Note: This metric includes four rates, a primary metric and three sub-metrics for the facility types where beneficiaries receive THCP. All rates are calculated using the denominator reported for THCP_3.1.
THCP_3.1	THCP Services Provided per Beneficiary	The number of unduplicated THCP services provided through the demonstration during the measurement period per beneficiary.

THCP_3.2	THCP Services Provided at an IHS Facility per Beneficiary	The number of unduplicated THCP services provided at an IHS facility through the demonstration during the measurement period per beneficiary.
THCP_3.3	THCP Services Provided at a Tribally-Affiliated Facility per Beneficiary	The number of unduplicated THCP services provided at a tribally-affiliated facility through the demonstration during the measurement period per beneficiary.
THCP_3.4	THCP Services Provided at a UIO Facility per Beneficiary	The number of unduplicated THCP services provided at a UIO facility through the demonstration during the measurement period per beneficiary.

IHS=Indian Health Service; THCP = Traditional Health Care Practices; UIO = Urban Indian Organization

Data Source	Desired Directionality	Metric Trends and Explanation	Measurement Period
EXAMPLE: Administrative records; Other state-specific databases	*EXAMPLE: Increase*	*EXAMPLE: This metric increased by 5 facilities due to an increase in the number of facilities that provided THCP services during the measurement period.*	*EXAMPLE: Demonstration Year*
Administrative records; Other state-specific databases	Increase	*[Insert response here.]*	Demonstration Year
Administrative records; Claims	Increase	*[Insert response here.]*	Demonstration Year
Claims	Increase	*[Insert response here.]*	Demonstration Year



Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator	Demonstration Rate/Percentage
EXAMPLE: 01/01/2025-12/31/2025	*EXAMPLE: 20*	*EXAMPLE: n.a.*	*EXAMPLE: n.a.*
[Insert dates here.]	*[Insert value here.]*		
[Insert dates here.]	*[Insert value here.]*		
[Insert dates here.]	*[Insert value here.]*		
[Insert dates here.]	*[Insert value here.]*		
[Insert dates here.]	*[Insert value here.]*	*[Insert value here.]*	*Awaiting data*
[Insert dates here.]	*[Insert value here.]*	*[Insert value here.]*	*Awaiting data*
[Insert dates here.]	*[Insert value here.]*	*[Insert value here.]*	*Awaiting data*
[Insert dates here.]	*[Insert value here.]*	*[Insert value here.]*	*Awaiting data*
[Insert dates here.]	*[Insert value here.]*	*[Insert value here.]*	*Awaiting data*

[Insert dates here.]	*[Insert value here.]*		*Awaiting data*
[Insert dates here.]	*[Insert value here.]*		*Awaiting data*
[Insert dates here.]	*[Insert value here.]*		*Awaiting data*

SMI/SED Metrics Data and Trends

Technical specifications manual version: Version 5.0

Metric Number	Metric Name	Metric Description	Data Source	Desired Directionality
EXAMPLE: *SMI_20* ***(Do not delete or edit this row)***	*EXAMPLE:* *Beneficiaries With SMI/SED Treated in an IMD (IMDs Receiving FFP Only) for Mental Health*	*EXAMPLE:* *The number of beneficiaries in the demonstration population who have a claim for inpatient or residential treatment for mental health in an IMD during the reporting year.*	*EXAMPLE:* *Claims*	*EXAMPLE:* *Decrease*
SMI_2	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH) [NCQA; CMIT #743; Medicaid Child Core Set; Adjusted HEDIS specifications]	The percentage of children and adolescents ages 1 to 17 who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.	Claims	Increase
SMI_4	30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (IPF) [CMIT #3]	The rate of unplanned, 30-day, readmission for demonstration beneficiaries with a primary discharge diagnosis of a psychiatric disorder or dementia/Alzheimer's disease. The measurement period used to identify cases in the measure population is 12 months from January 1 through December 31.	Claims	Decrease
SMI_6	Medication Continuation Following Inpatient Psychiatric Discharge [CMIT #438]	This measure assesses whether psychiatric patients admitted to an inpatient psychiatric facility (IPF) for major depressive disorder (MDD), schizophrenia, or bipolar disorder filled a prescription for evidence-based medication within 2 days prior to discharge and 30 days post-discharge. The measurement period for the measure is two years.	Claims	Increase
SMI_7	Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17 (FUH-CH) [NCQA; CMIT #268; Medicaid Child Core Set; Adjusted HEDIS specifications]	The percentage of discharges for beneficiaries ages 6 to 17 who were hospitalized for a principal diagnosis of mental illness or any diagnosis of intentional self-harm and had a mental health follow-up service. Two rates are reported:	Claims	Increase
SMI_7.1	30-Day FUH-CH	The percentage of discharges for which the child received follow-up within 30 days after discharge.		
SMI_7.2	7-Day FUH-CH	The percentage of discharges for which the child received follow-up within 7 days after discharge.		
SMI_8	Follow-Up After Hospitalization for Mental Illness: Age 18 and Older (FUH-AD) [NCQA; CMIT #268; Medicaid Adult Core Set; Adjusted HEDIS specifications]	The percentage of discharges for beneficiaries age 18 and older who were hospitalized for a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and had a mental health follow-up service. Two rates are reported:	Claims	Increase
SMI_8.1	30-Day FUH-AD	The percentage of discharges for which the beneficiary received follow-up within 30 days after discharge.		

Metric Number	Metric Name	Metric Description	Data Source	Desired Directionality
SMI_8.2	7-Day FUH-AD	The percentage of discharges for which the beneficiary received follow-up within 7 days after discharge.		
SMI_10	Follow-Up After Emergency Department Visit for Mental Illness: Age 18 and Older (FUM-AD) [NCQA; CMIT #265; Medicaid Adult Core Set; Adjusted HEDIS specifications]	The percentage of emergency department (ED) visits for beneficiaries age 18 and older with a principal diagnosis of mental illness, or any diagnosis of intentional self-harm and had a mental health follow-up service. Two rates are reported:	Claims	Increase
SMI_10.1	30-Day FUM-AD	The percentage of ED visits for mental illness for which the beneficiary received follow-up within 30 days of the ED visit (31 total days).		
SMI_10.2	7-Day FUM-AD	The percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 7 days of the ED visit (8 total days).		
SMI_13	Mental Health Services Utilization – Inpatient	The number of beneficiaries in the demonstration population who use inpatient services related to mental health during the measurement period.	Claims	Increase
SMI_14	Mental Health Services Utilization – Intensive Outpatient and Partial Hospitalization	The number of beneficiaries in the demonstration population who use intensive outpatient and/or partial hospitalization services related to mental health during the measurement period.	Claims	Increase

Metric Number	Metric Name	Metric Description	Data Source	Desired Directionality
SMI_15	Mental Health Services Utilization – Outpatient	The number of beneficiaries in the demonstration population who used outpatient services (including telehealth services) related to mental health during the measurement period.	Claims	Increase
SMI_16	Mental Health Services Utilization – ED	The number of beneficiaries in the demonstration population who use emergency department services for mental health during the measurement period.	Claims	Decrease

Metric Number	Metric Name	Metric Description	Data Source	Desired Directionality
SMI_18	Mental Health Services Utilization – Any Services	The number of beneficiaries in the demonstration population who used any services related to mental health during the measurement period.	Claims	Increase
SMI_19b	Average Length of Stay in IMDs (IMDs receiving FFP only)	The ALOS for beneficiaries with SMI discharged from an inpatient or residential stay in an IMD receiving FFP. Three rates are reported:	Claims; State-specific IMD database	No more than 30 days
SMI_19b.1	Average Length of Stay in IMDs Receiving FFP (overall)	The ALOS for all IMDs and populations.		
SMI_19b.2	Average Length of Stay in IMDs Receiving FFP (short-term stays: ≤ 60 days)	The ALOS among short-term stays (less than or equal to 60 days).		
SMI_19b.3	Average Length of Stay in IMDs Receiving FFP (long-term stays: > 60 days)	The ALOS among long-term stays (greater than 60 days).		
SMI_19c	Average Length of Stay in IMDs (IMDs receiving FFP only) that are QRTPs	The ALOS for beneficiaries with SMI discharged from a residential stay in an IMD that is a QRTP. Only states claiming FFP for QRTPs that are IMDs are required to report for this metric. States should report each rate for the subset of beneficiaries with SMI discharged from a residential stay in a QRTP that is an IMD. Three rates are reported:	Claims; State-specific IMD database	No more than 30 days
SMI_19c.1	Average Length of Stay in IMDs Receiving FFP that are QRTPs (overall)	The ALOS for all IMDs that are QRTPs and populations.		

Metric Number	Metric Name	Metric Description	Data Source	Desired Directionality
SMI_19c.2	Average Length of Stay in IMDs Receiving FFP that are QRTPs (short-term stays: ≤ 60 days)	The ALOS among short-term stays (less than or equal to 60 days).		
SMI_19c.3	Average Length of Stay in IMDs Receiving FFP that are QRTPs (long-term stays: > 60 days)	The ALOS among long-term stays (greater than 60 days).		
SMI_20	Beneficiaries With SMI/SED Treated in an IMD (IMDs Receiving FFP Only) for Mental Health	The percentage of beneficiaries in the demonstration population who have a claim for inpatient or residential treatment for mental health in an IMD receiving FFP during the reporting year.	Claims; State-specific IMD database	Increase
SMI_21	Count of Beneficiaries With SMI/SED (monthly)	The number of beneficiaries in the demonstration population during the measurement period and/or in the 11 months before the measurement period.	Claims	Consistent
SMI_29	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH) [NCQA; CMIT #448; Medicaid Child Core Set; Adjusted HEDIS specifications]	The percentage of children and adolescents ages 1 to 17 who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported:	ECDS	Increase
SMI_29.1	Blood Glucose Testing	The percentage of children and adolescents on antipsychotics who received blood glucose testing.		
SMI_29.2	Cholesterol Testing	The percentage of children and adolescents on antipsychotics who received cholesterol testing.		

Metric Number	Metric Name	Metric Description	Data Source	Desired Directionality
SMI_29.3	Blood Glucose and Cholesterol Testing	The percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing.		
SMI_30	Follow-Up Care for Adult Medicaid Beneficiaries Who Are Newly Prescribed an Antipsychotic Medication [CMIT #270]	The percentage of new antipsychotic prescriptions for Medicaid beneficiaries who meet the following criteria: • age 18 years and older, and • completed a follow-up visit with a provider with prescribing authority within four weeks (28 days) of prescription of an antipsychotic medication.	Claims	Increase
SMI_42	Psychiatrists and Other Mental Health Prescribers Availability	The number of Medicaid-enrolled psychiatrists and other mental health prescribers who were authorized to prescribe psychiatric medications.	Provider enrollment databases; Claims (if necessary); Other state-specific data sources	Increase
SMI_43	Non-Prescriber Mental Health Practitioners Availability	The number of Medicaid-enrolled mental health practitioners who were certified or licensed to independently treat mental illness during the measurement period and were not authorized to prescribe psychiatric medications.	Provider enrollment databases; State licensing agencies; Claims (if necessary)	Increase

The state must prominently display the following notice on any display of Measure rates:

Measures APP-CH, FUH-CH, FUH-AD, FUM-AD, and APM-CH [Metrics SMI_2, 7, 8, 10, and 29] are Healthcare Effectiveness Data and Information Set ("HEDIS®") measures that are owned and copyrighted by the National Committee for Quality Assurance ("NCQA"). NCQA makes no representations, warranties, or endorsement about the quality of any organization or physician that uses or reports performance measures and NCQA has no liability to anyone who relies on such measures and specifications.
The measure specification methodology used by CMS is different from NCQA's methodology. NCQA has not validated the adjusted measure specifications but has granted CMS permission to adjust. Calculated measure results, based on the adjusted HEDIS specifications, may be called only "Uncertified, Unaudited HEDIS rates."

Certain non-NCQA measures in the CMS section 1115 serious mental illness and serious emotional disturbance demonstration contain HEDIS Value Sets (VS) developed by and included with the permission of the NCQA. Proprietary coding is contained in the VS. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. NCQA disclaims all liability for use or accuracy of the VS with the non-NCQA measures and any coding contained in the VS.

ALOS = average length of stay; AOD = alcohol and other drug; CMS = Centers for Medicare & Medicaid Services; CMIT = CMS Measures Inventory Tool; ECDS = electronic clinical data systems; ED = emergency department; FFP = federal financial participation; HEDIS = Healthcare Effectiveness Data and Information Set; IMD = institutions for mental diseases; IPF = inpatient psychiatric facility; MDD = major depressive disorder; NCQA = National Committee for Quality Assurance; QRTP = Qualified Residential Treatment Programs; SMI/SED = serious mental illness/serious emotional disturbance.

Metric Trends and Explanation	Measurement Period	Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator
EXAMPLE: *The number of beneficiaries with SMI/SED who were treated for mental health in an IMD decreased by 5% due to an increase in crisis stabilization services in the state.*	*EXAMPLE:* *Demonstration Year*	*EXAMPLE:* *01/01/2024-12/31/2024*	*EXAMPLE: 1500*	*EXAMPLE: n.a.*
In 2025, the rate of children and adolescents ages 1 to 17 who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment increased 0.42% compared to 2024, from 56.0 to 56.3.	Calendar Year	1/1/2025-12/31/2025	2608	4636
In 2025, the rate of unplanned, 30-day, readmissions with a primary discharge diagnosis of a psychiatric disorder or dementia/Alzheimer's disease decreased 9.9% compared to 2024, from 47.9 to 43.1.	Calendar Year	1/1/2025-12/31/2025	2616	6066
In 2025, the rate of medication continuation following a inpatient psychiatric discharge decreased 6.1% compared to 2024, from 58.1 to 54.5.	Calendar Year	1/1/2025-12/31/2025	15362	28157
SMI_7.1: In 2025, the rate of discharges for which the child received follow-up within 30 days after discharge increased 2.9% compared to 2024, from 59.3 to 61.0. SMI_7.2: In 2025, the rate of discharges for which the child received follow-up within 7 days after discharge increased 11% compared to 2024, from 37.5 to 41.7.	Calendar Year			
		1/1/2025-12/31/2025	2988	4894
		1/1/2025-12/31/2025	2039	4894
SMI_8.1: In 2025, the rate of discharges for which the beneficiary received follow-up within 30 days after discharge increased 0.15% compared to 2024, from 40.25 to 40.31. SMI_8.2: In 2025, the rate of discharges for which the beneficiary received follow-up within 7 days after discharge decreased 2.34% compared to 2024, from 24.5 to 23.9.	Calendar Year			
		1/1/2025-12/31/2025	5317	13191

Metric Trends and Explanation	Measurement Period	Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator
		1/1/2025-12/31/2025	3153	13191
In 2025 the rate of ED visits for mental illness for which the beneficiary received follow-up within 30 days of the ED visit (31 total days) decreased 0.65% compared to 2024, from 44.0 to 43.7. In 2025 the rate of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 7 days of the ED visit (8 total days) decreased 2.4% compared to 2024, from 27.9 to 27.3.	Calendar Year			
		1/1/2025-12/31/2025	2574	5893
		1/1/2025-12/31/2025	1607	5893
In 2025, the average number of beneficiaries in the demonstration population who use inpatient services related to mental health decreased 23.4% compared to 2024 from 3,609 to 2,761	Demonstration Month 1	01/01/2025-01/31/2025	4274	
	Demonstration Month 2	02/01/2025-02/28/2025	2420	
	Demonstration Month 3	03/01/2025-03/31/2025	3124	
	Demonstration Month 4	04/01/2025-04/30/2025	2545	
	Demonstration Month 5	05/01/2025-05/31/2025	2732	
	Demonstration Month 6	06/01/2025-06/30/2025	2619	
	Demonstration Month 7	07/01/2025-07/31/2025	2791	
	Demonstration Month 8	08/01/2025-08/31/2025	2582	
	Demonstration Month 9	09/01/2025-09/30/2025	2788	
	Demonstration Month 10	10/01/2025-10/31/2025	2516	
	Demonstration Month 11	11/01/2025-11/30/2025	2358	
	Demonstration Month 12	12/01/2025-12/31/2025	2390	
During the State's transition to version 5 of the technical specifications, Indiana expanded the provider types included in the mental health provider definition. As a result, the number of beneficiaries eligible for this metric increased significantly compared to counts reported under v4.	Demonstration Month 1	01/01/2025-01/31/2025	9002	
	Demonstration Month 2	02/01/2025-02/28/2025	9243	
	Demonstration Month 3	03/01/2025-03/31/2025	10157	
	Demonstration Month 4	04/01/2025-04/30/2025	10623	
	Demonstration Month 5	05/01/2025-05/31/2025	9848	
	Demonstration Month 6	06/01/2025-06/30/2025	7312	

Metric Trends and Explanation	Measurement Period	Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator
	Demonstration Month 7	07/01/2025-07/31/2025	7129	
	Demonstration Month 8	08/01/2025-08/31/2025	8608	
	Demonstration Month 9	09/01/2025-09/30/2025	9153	
	Demonstration Month 10	10/01/2025-10/31/2025	9633	
	Demonstration Month 11	11/01/2025-11/30/2025	8459	
	Demonstration Month 12	12/01/2025-12/31/2025	8196	
During the State's transition to version 5 of the technical specifications, Indiana expanded the provider types included in the mental health provider definition. As a result, the number of beneficiaries eligible for this metric increased significantly compared to counts reported under v4.	Demonstration Month 1	01/01/2025-01/31/2025	128296	
	Demonstration Month 2	02/01/2025-02/28/2025	126927	
	Demonstration Month 3	03/01/2025-03/31/2025	131746	
	Demonstration Month 4	04/01/2025-04/30/2025	135753	
	Demonstration Month 5	05/01/2025-05/31/2025	129369	
	Demonstration Month 6	06/01/2025-06/30/2025	118432	
	Demonstration Month 7	07/01/2025-07/31/2025	119996	
	Demonstration Month 8	08/01/2025-08/31/2025	121337	
	Demonstration Month 9	09/01/2025-09/30/2025	124781	
	Demonstration Month 10	10/01/2025-10/31/2025	125302	
	Demonstration Month 11	11/01/2025-11/30/2025	114103	
	Demonstration Month 12	12/01/2025-12/31/2025	114154	
During the State's transition to version 5 of the technical specifications, Indiana expanded the provider types included in the mental health provider definition. As a result, the number of beneficiaries eligible for this metric increased significantly compared to counts reported under v4.	Demonstration Month 1	01/01/2025-01/31/2025	1473	
	Demonstration Month 2	02/01/2025-02/28/2025	1476	
	Demonstration Month 3	03/01/2025-03/31/2025	1587	
	Demonstration Month 4	04/01/2025-04/30/2025	1545	
	Demonstration Month 5	05/01/2025-05/31/2025	1604	
	Demonstration Month 6	06/01/2025-06/30/2025	1380	
	Demonstration Month 7	07/01/2025-07/31/2025	1317	
	Demonstration Month 8	08/01/2025-08/31/2025	1345	

Metric Trends and Explanation	Measurement Period	Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator
	Demonstration Month 9	09/01/2025-09/30/2025	1269	
	Demonstration Month 10	10/01/2025-10/31/2025	1234	
	Demonstration Month 11	11/01/2025-11/30/2025	1107	
	Demonstration Month 12	12/01/2025-12/31/2025	1064	
During the State's transition to version 5 of the technical specifications, Indiana expanded the provider types included in the mental health provider definition. As a result, the number of beneficiaries eligible for this metric increased significantly compared to counts reported under v4.	Demonstration Month 1	01/01/2025-01/31/2025	129744	
	Demonstration Month 2	02/01/2025-02/28/2025	128475	
	Demonstration Month 3	03/01/2025-03/31/2025	133466	
	Demonstration Month 4	04/01/2025-04/30/2025	137362	
	Demonstration Month 5	05/01/2025-05/31/2025	130974	
	Demonstration Month 6	06/01/2025-06/30/2025	120050	
	Demonstration Month 7	07/01/2025-07/31/2025	121454	
	Demonstration Month 8	08/01/2025-08/31/2025	122776	
	Demonstration Month 9	09/01/2025-09/30/2025	126295	
	Demonstration Month 10	10/01/2025-10/31/2025	126759	
	Demonstration Month 11	11/01/2025-11/30/2025	115594	
	Demonstration Month 12	12/01/2025-12/31/2025	115642	
In 2025, the number of inpatient IMDs eligible for FFP remained the same as in 2024. Despite the same IMD providers, the State modified the logic to include members ages 21-64 only and therefore eligible for FFP. As a result, rates are not comparable to previous reports.	Demonstration Year			
		1/1/2025 - 12/31/2025	86595	9375
		1/1/2025 - 12/31/2025	78573	9346
		1/1/2025 - 12/31/2025	8022	29
Indiana Medicaid does not have IMDs that are QRTPs.	Demonstration Year			
		1/1/2025-12/31/2025	0	0

Metric Trends and Explanation	Measurement Period	Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator
		1/1/2025-12/31/2025	0	0
		1/1/2025-12/31/2025	0	0
In 2025, the number of inpatient IMDs eligible for FFP remained the same as in 2024. Despite the same IMD providers, the State modified the numerator's logic to include members ages 21-64 only and therefore eligible for FFP. As a result, rates are not comparable to previous reports.	Demonstration Year	1/1/2025 - 12/31/2025	7016	573337
During the State's transition to version 5 of the technical specifications, Indiana included the 11 month lookback and updated the eligible population's definition. As a result, the counts increased significantly from v4.	Demonstration Month 1	01/01/2025-01/31/2025	546223	
	Demonstration Month 2	02/01/2025-02/28/2025	550007	
	Demonstration Month 3	03/01/2025-03/31/2025	555065	
	Demonstration Month 4	04/01/2025-04/30/2025	560049	
	Demonstration Month 5	05/01/2025-05/31/2025	561119	
	Demonstration Month 6	06/01/2025-06/30/2025	564443	
	Demonstration Month 7	07/01/2025-07/31/2025	566957	
	Demonstration Month 8	08/01/2025-08/31/2025	569550	
	Demonstration Month 9	09/01/2025-09/30/2025	573280	
	Demonstration Month 10	10/01/2025-10/31/2025	574404	
	Demonstration Month 11	11/01/2025-11/30/2025	574174	
	Demonstration Month 12	12/01/2025-12/31/2025	572945	
SMI_29.1: In 2025, the rate of children and adolescents on antipsychotics who received blood glucose testing increased to 51.0% compared to 48.7% in 2024. SMI_29.2: In 2025, the rate of children and adolescents on antipsychotics who received cholesterol testing increased to 35.1% compared to 30.5% in 2024. SMI_29.3: In 2025, the rate of children and adolescents on antipsychotics who received blood glucose and cholesterol testing increased to 33.7% compared to 29.4% in 2024.	Calendar Year			
		1/1/2025-12/31/2025	6427	12595
		1/1/2025-12/31/2025	4417	12595

Metric Trends and Explanation	Measurement Period	Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator
		1/1/2025-12/31/2025	4241	12595
In 2025, the percentage of new prescriptions for Medicaid beneficiaries that met the criteria decreased 8.18% to 69.9% compared to 76.1% in 2024.	Calendar Year	1/1/2025-12/31/2025	42845	61335
Indiana will report on this metric in the annual report due in 2027.	Demonstration Year	1/1/2025-12/31/2025	NA	
Indiana will report on this metric in the annual report due in 2027.	Demonstration Year	1/1/2025-12/31/2025	NA	

Demonstration Rate/Percentage
EXAMPLE: n.a.
56.25539258
43.1256182
54.55836914
61.05435227
41.66326114
40.30778561

Demonstration Rate/Percentage
23.90266091
43.67894112
27.26964195

Demonstration Rate/Percentage

Demonstration Rate/Percentage
[redacted]
923.68
840.7126043
27662.06897
[redacted]
Error: Division by zero

Demonstration Rate/Percentage
Error: Division by zero
Error: Division by zero
1.223713104
51.02818579
35.06947201

Demonstration Rate/Percentage
33.6720921
69.85408005

SUD Metrics Data and Trends

Technical specifications manual version: Version 6.0

Metric Number	Metric Name	Metric Description	Data Source	Desired Directionality
EXAMPLE: *SUD_3* ***(Do not delete or edit this row)***	*EXAMPLE:* *Medicaid Beneficiaries with SUD Diagnosis (monthly)*	*EXAMPLE:* *The number of beneficiaries who receive MAT or a SUD-related treatment service with an associated SUD diagnosis during the measurement period and/or in the 11 months before the measurement period*	*EXAMPLE:* *Claims*	*EXAMPLE:* *Consistent*
SUD_3	Medicaid Beneficiaries With SUD Diagnosis (monthly)	The number of beneficiaries who receive MAT or a SUD-related treatment service with an associated SUD diagnosis during the measurement period and/or in the 11 months before the measurement period.	Claims	Increase
SUD_4	Medicaid Beneficiaries With SUD Diagnosis (annually)	The number of beneficiaries who receive MAT or a SUD-related treatment service with an associated SUD diagnosis during the measurement period and/or in the 12 months before the measurement period.	Claims	Increase
SUD_5	Medicaid Beneficiaries Treated in an IMD for SUD	The number of beneficiaries with a claim for inpatient/residential treatment for SUD in an IMD during the measurement period.	Claims; State-specific IMD database	Increase
SUD_6	Any SUD Treatment	The number of beneficiaries enrolled in the measurement period receiving any SUD treatment service, facility claim, or pharmacy claim during the measurement period.	Claims	Increase

Metric Number	Metric Name	Metric Description	Data Source	Desired Directionality
SUD_7	Early Intervention	The number of beneficiaries who used early intervention services (such as procedure codes associated with SBIRT) during the measurement period.	Claims	Increase
SUD_8	Outpatient Services	The number of beneficiaries who used outpatient services for SUD (such as outpatient recovery or motivational enhancement therapies, step down care, and monitoring for stable patients) during the measurement period.	Claims	Increase
SUD_9	Intensive Outpatient and Partial Hospitalization Services	The number of beneficiaries who used intensive outpatient and/or partial hospitalization services for SUD (such as specialized outpatient SUD therapy or other clinical services) during the measurement period.	Claims	Increase

Metric Number	Metric Name	Metric Description	Data Source	Desired Directionality
SUD_10	Residential and Inpatient Services	The number of beneficiaries who use residential and/or inpatient services for SUD during the measurement period.	Claims	Increase
SUD_11	Withdrawal Management	The number of beneficiaries who use withdrawal management services (such as outpatient, inpatient, or residential) during the measurement period.	Claims	Increase
SUD_12	Medication-Assisted Treatment	The number of beneficiaries who have a claim for MAT for SUD during the measurement period.	Claims	Increase

Metric Number	Metric Name	Metric Description	Data Source	Desired Directionality
SUD_13	SUD Provider Availability	The number of providers who were enrolled in Medicaid and qualified to deliver SUD services during the measurement period.	Provider enrollment database; Claims (if necessary)	Increase
SUD_15	Initiation and Engagement of Substance Use Disorder Treatment (IET-AD) [NCQA; CMIT #394; Medicaid Adult Core Set; Adjusted HEDIS specifications]	The percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement. Two rates are reported: •Initiation of SUD Treatment—the percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit, or medication treatment within 14 days. •Engagement of SUD Treatment—the percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation. The following diagnosis cohorts are reported for each rate: (1) Alcohol use disorder, (2) Opioid use disorder, (3) Other substance use disorder, and (4) Total (the total is the sum of the SUD diagnosis cohort stratifications). A total of 8 separate rates are reported for this measure.	Claims or Electronic Health Records	Increase
SUD_15.1	Initiation AUD	Initiation of SUD Treatment - Alcohol use disorder (rate 1, cohort 1)		
SUD_15.2	Initiation OUD	Initiation of SUD Treatment - Opioid use disorder (rate 1, cohort 2)		
SUD_15.3	Initiation Other SUD	Initiation of SUD Treatment - Other substance use disorder (rate 1, cohort 3)		
SUD_15.4	Initiation Total	Initiation of SUD Treatment - Total (rate 1, cohort 4)		
SUD_15.5	Engagement AUD	Engagement of SUD Treatment - Alcohol use disorder (rate 2, cohort 1)		
SUD_15.6	Engagement OUD	Engagement of SUD Treatment - Opioid use disorder (rate 2, cohort 2)		
SUD_15.7	Engagement Other SUD	Engagement of SUD Treatment - Other substance use disorder (rate 2, cohort 3)		

Metric Number	Metric Name	Metric Description	Data Source	Desired Directionality
SUD_15.8	Engagement Total	Engagement of SUD Treatment - Total (rate 2, cohort 4)		
SUD_17(1)	Follow-Up After Emergency Department Visit for Substance Use: Age 18 and Older (FUA-AD) [NCQA; CMIT #264; Medicaid Adult Core Set; Adjusted HEDIS specifications]	The percentage of emergency department (ED) visits for beneficiaries age 18 and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose for which there was follow-up. Two rates are reported:	Claims	Increase
SUD_17(1).1	Follow-Up After Emergency Department Visit for Substance Use - Age 18 and Older, 30 days	The percentage of ED visits for which the beneficiary received follow-up within 30 days of the ED visit (31 total days).		
SUD_17(1).2	Follow-Up After Emergency Department Visit for Substance Use - Age 18 and Older, 7 days	The percentage of ED visits for which the beneficiary received follow-up within 7 days of the ED visit (8 total days).		
SUD_23	Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries	The total number of ED visits for SUD per 1,000 beneficiaries in the measurement period.	Claims	Decrease
SUD_24	Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries	The total number of inpatient stays per 1,000 beneficiaries in the measurement period.	Claims	Decrease

Metric Number	Metric Name	Metric Description	Data Source	Desired Directionality
SUD_25	Readmissions Among Beneficiaries with SUD	The rate of all-cause readmissions during the measurement period among beneficiaries with SUD.	Claims	Decrease
SUD_27	Overdose Deaths	The rate of overdose deaths per 1,000 beneficiaries during the measurement period among Medicaid beneficiaries living in a geographic area covered by the demonstration.	State data on cause of death	Decrease
SUD_36	Average Length of Stay in IMDs	The average length of stay for beneficiaries discharged from IMD inpatient/residential treatment for SUD.	Claims; State-specific IMD database	No more than 30 days
SUD_37 [NCQA; Adjusted HEDIS specifications]	Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)	The percentage of acute inpatient hospitalizations, residential treatment or withdrawal management visits for a diagnosis of substance use disorder among members 18 years of age and older that result in a follow-up visit or service for substance use disorder. Two rates are reported:	Claims	Increase
SUD_37.1	Follow-Up After High-Intensity Care for Substance Use Disorder - Age 18 and Older, 30 days	The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 30 days after the visit or discharge.		
SUD_37.2	Follow-Up After High-Intensity Care for Substance Use Disorder - Age 18 and Older, 7 days	The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 7 days after the visit or discharge.		

The state must prominently display the following notice on any display of Measure rates:

Measures IET-AD, FUA-AD, and FUI [Metrics SUD_15, 17(1), and 37] are Healthcare Effectiveness Data and Information Set ("HEDIS®") measures that are owned and copyrighted by the National Committee for Quality Assurance ("NCQA"). NCQA makes no representations, warranties, or endorsement about the quality of any organization or physician that uses or reports performance measures and NCQA has no liability to anyone who relies on such measures and specifications.
The measure specification methodology used by CMS is different from NCQA's methodology. NCQA has not validated the adjusted measure specifications but has granted CMS permission to adjust. Calculated measure results, based on the adjusted HEDIS specifications, may be called only "Uncertified, Unaudited HEDIS rates."

Certain non-NCQA measures in the CMS section 1115 substance use disorder demonstration contain HEDIS Value Sets (VS) developed by and included with the permission of the NCQA. Proprietary coding is contained in the VS. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. NCQA disclaims all liability for use or accuracy of the VS with the non-NCQA measures and any coding contained in the VS.

ALOS = average length of stay; AUD = alcohol use disorder; CMS = Centers for Medicare & Medicaid Services; CMIT = CMS Measures Inventory Tool; ED = emergency department; FFP = federal financial participation; HEDIS = Healthcare Effectiveness Data and Information Set; IMD = institutions for mental diseases; MAT = medication-assisted treatment; NCQA = National Committee for Quality Assurance; OUD = opioid use disorder; SBIRT = screening, brief intervention, and referral to treatment; SUD = substance use disorder.

Metric Trends and Explanation	Measurement Period	Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator
EXAMPLE: *The number of beneficiaries with a SUD diagnosis increased by 8%. This may be because the state implemented use of a standardized screening process for all individuals that are being seen by an emergency department where there is suspected substance use.*	*EXAMPLE:* *Demonsration Month 1*	*EXAMPLE:* *01/01/2024-1/31/2024*	*EXAMPLE: 650*	*EXAMPLE: n.a.*
During the State's transition to version 6 of the technical specifications, Indiana updated the eligible population. As a result, the number of beneficiaries eligible for this metric changed significantly compared to counts reported under v5.	Demonstration Month 1	01/01/2025-01/31/2025	95237	
	Demonstration Month 2	02/01/2025-02/28/2025	95537	
	Demonstration Month 3	03/01/2025-03/31/2025	96461	
	Demonstration Month 4	04/01/2025-04/30/2025	97326	
	Demonstration Month 5	05/01/2025-05/31/2025	97933	
	Demonstration Month 6	06/01/2025-06/30/2025	98808	
	Demonstration Month 7	07/01/2025-07/31/2025	99382	
	Demonstration Month 8	08/01/2025-08/31/2025	99873	
	Demonstration Month 9	09/01/2025-09/30/2025	100576	
	Demonstration Month 10	10/01/2025-10/31/2025	101227	
	Demonstration Month 11	11/01/2025-11/30/2025	101358	
	Demonstration Month 12	12/01/2025-12/31/2025	101396	
During the State's transition to version 6 of the technical specifications, Indiana updated the eligible population. As a result, the number of beneficiaries eligible for this metric changed significantly compared to counts reported under v5.	Demonstration Year	1/1/2025 - 12/31/2025	140549	
In DY 2025, the number of beneficiaries with a claim for inpatient/residential treatment for SUD in an IMD decreased 8% compared to 16,751 beneficiaries in 2024. For v6, the State modified the logic to include members ages 21-64 only and therefore eligible for FFP. As a result, rates are not perfectly comparable to v5.	Demonstration Year	1/1/2025 - 12/31/2025	15413	
In 2025, the average number of beneficiaries enrolled in the measurement period receiving any SUD treatment service, facility claim, or pharmacy claim decreased 11.2% compared to 2024 from 45,469 to 40,368.	Demonstration Month 1	01/01/2025-01/31/2025	41753	
	Demonstration Month 2	02/01/2025-02/28/2025	41438	
	Demonstration Month 3	03/01/2025-03/31/2025	42648	
	Demonstration Month 4	04/01/2025-04/30/2025	42351	
	Demonstration Month 5	05/01/2025-05/31/2025	40810	
	Demonstration Month 6	06/01/2025-06/30/2025	40104	
	Demonstration Month 7	07/01/2025-07/31/2025	40148	

Metric Trends and Explanation	Measurement Period	Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator
	Demonstration Month 8	08/01/2025-08/31/2025	39487	
	Demonstration Month 9	09/01/2025-09/30/2025	39770	
	Demonstration Month 10	10/01/2025-10/31/2025	40219	
	Demonstration Month 11	11/01/2025-11/30/2025	38003	
	Demonstration Month 12	12/01/2025-12/31/2025	37686	
In 2025, the average number of beneficiaries who used early intervention services (such as procedure codes associated with SBIRT) decreased 31.4% compared to 2024 from 24 to 17. The decrease may appear significant, but is due to the small count of beneficiaries across both years.	Demonstration Month 1	01/01/2025-01/31/2025	21	
	Demonstration Month 2	02/01/2025-02/28/2025	9	
	Demonstration Month 3	03/01/2025-03/31/2025	11	
	Demonstration Month 4	04/01/2025-04/30/2025	18	
	Demonstration Month 5	05/01/2025-05/31/2025	17	
	Demonstration Month 6	06/01/2025-06/30/2025	13	
	Demonstration Month 7	07/01/2025-07/31/2025	22	
	Demonstration Month 8	08/01/2025-08/31/2025	13	
	Demonstration Month 9	09/01/2025-09/30/2025	16	
	Demonstration Month 10	10/01/2025-10/31/2025	12	
	Demonstration Month 11	11/01/2025-11/30/2025	19	
	Demonstration Month 12	12/01/2025-12/31/2025	30	
In 2025, the average number of beneficiaries who used outpatient services for SUD (such as outpatient recovery or motivational enhancement therapies, step down care, and monitoring for stable patients) decreased 32.4% compared to 2024 from 31,457 to 21,270. The average difference may be due to the updated Technical Specifications.	Demonstration Month 1	01/01/2025-01/31/2025	22508	
	Demonstration Month 2	02/01/2025-02/28/2025	22569	
	Demonstration Month 3	03/01/2025-03/31/2025	23212	
	Demonstration Month 4	04/01/2025-04/30/2025	22895	
	Demonstration Month 5	05/01/2025-05/31/2025	21666	
	Demonstration Month 6	06/01/2025-06/30/2025	21155	
	Demonstration Month 7	07/01/2025-07/31/2025	21179	
	Demonstration Month 8	08/01/2025-08/31/2025	21184	
	Demonstration Month 9	09/01/2025-09/30/2025	21078	
	Demonstration Month 10	10/01/2025-10/31/2025	20034	
	Demonstration Month 11	11/01/2025-11/30/2025	19094	
	Demonstration Month 12	12/01/2025-12/31/2025	18660	
In 2025, the average 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 2.4% compared to 2024 from 993 to 1,017.	Demonstration Month 1	01/01/2025-01/31/2025	924	
	Demonstration Month 2	02/01/2025-02/28/2025	949	
	Demonstration Month 3	03/01/2025-03/31/2025	1026	

Metric Trends and Explanation	Measurement Period	Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator
	Demonstration Month 4	04/01/2025-04/30/2025	1029	
	Demonstration Month 5	05/01/2025-05/31/2025	1044	
	Demonstration Month 6	06/01/2025-06/30/2025	1025	
	Demonstration Month 7	07/01/2025-07/31/2025	1024	
	Demonstration Month 8	08/01/2025-08/31/2025	1030	
	Demonstration Month 9	09/01/2025-09/30/2025	1055	
	Demonstration Month 10	10/01/2025-10/31/2025	1127	
	Demonstration Month 11	11/01/2025-11/30/2025	980	
	Demonstration Month 12	12/01/2025-12/31/2025	986	
In 2025, the average number of beneficiaries who used residential and/or inpatient services for SUD increased 5.3% compared to 2024 from 2,861 to 3,014. The State followed the metric requirements and did not limit the settings in this metric to inpatient and residential IMDs.	Demonstration Month 1	01/01/2025-01/31/2025	2848	
	Demonstration Month 2	02/01/2025-02/28/2025	2880	
	Demonstration Month 3	03/01/2025-03/31/2025	3054	
	Demonstration Month 4	04/01/2025-04/30/2025	2899	
	Demonstration Month 5	05/01/2025-05/31/2025	2932	
	Demonstration Month 6	06/01/2025-06/30/2025	3121	
	Demonstration Month 7	07/01/2025-07/31/2025	3125	
	Demonstration Month 8	08/01/2025-08/31/2025	3132	
	Demonstration Month 9	09/01/2025-09/30/2025	3158	
	Demonstration Month 10	10/01/2025-10/31/2025	3133	
	Demonstration Month 11	11/01/2025-11/30/2025	2918	
	Demonstration Month 12	12/01/2025-12/31/2025	2965	
In 2025, the average number of beneficiaries who use withdrawal management services (such as outpatient, inpatient, or residential) increased 5.3% compared to 2024 from 2,664 to 2,806.	Demonstration Month 1	01/01/2025-01/31/2025	2675	
	Demonstration Month 2	02/01/2025-02/28/2025	2694	
	Demonstration Month 3	03/01/2025-03/31/2025	2847	
	Demonstration Month 4	04/01/2025-04/30/2025	2704	
	Demonstration Month 5	05/01/2025-05/31/2025	2748	
	Demonstration Month 6	06/01/2025-06/30/2025	2887	
	Demonstration Month 7	07/01/2025-07/31/2025	2922	
	Demonstration Month 8	08/01/2025-08/31/2025	2941	
	Demonstration Month 9	09/01/2025-09/30/2025	2946	
	Demonstration Month 10	10/01/2025-10/31/2025	2893	
	Demonstration Month 11	11/01/2025-11/30/2025	2667	
	Demonstration Month 12	12/01/2025-12/31/2025	2748	
In 2025, the average number of beneficiaries who have a claim for MAT for SUD decreased 5.7% compared to 2024 from 21,854 to 20,617.	Demonstration Month 1	01/01/2025-01/31/2025	21314	
	Demonstration Month 2	02/01/2025-02/28/2025	21093	

Metric Trends and Explanation	Measurement Period	Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator
	Demonstration Month 3	03/01/2025-03/31/2025	21462	
	Demonstration Month 4	04/01/2025-04/30/2025	21564	
	Demonstration Month 5	05/01/2025-05/31/2025	21004	
	Demonstration Month 6	06/01/2025-06/30/2025	20720	
	Demonstration Month 7	07/01/2025-07/31/2025	20706	
	Demonstration Month 8	08/01/2025-08/31/2025	20212	
	Demonstration Month 9	09/01/2025-09/30/2025	20324	
	Demonstration Month 10	10/01/2025-10/31/2025	20405	
	Demonstration Month 11	11/01/2025-11/30/2025	19260	
	Demonstration Month 12	12/01/2025-12/31/2025	19337	
In 2025, the number of providers who were enrolled in Medicaid and qualified to deliver SUD services increased 14.7% compared to 2024 from 7,893 to 9,051.	Demonstration Year	1/1/2025 - 12/31/2025	9051	
A comparison to 2024 is not included due to the significant changes between the v5 and v6 Technical Specifications.	Calendar Year			
		1/1/2025 - 12/31/2025	4	900
		1/1/2025 - 12/31/2025	1	428
		1/1/2025 - 12/31/2025	3	736
		1/1/2025 - 12/31/2025	8	2,064
		1/1/2025 - 12/31/2025	1	900
		1/1/2025 - 12/31/2025	0	428
		1/1/2025 - 12/31/2025	1	736

Metric Trends and Explanation	Measurement Period	Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator
		1/1/2025 - 12/31/2025	2	2,064
A comparison to 2024 is not included due to the significant changes between the v5 and v6 Technical Specifications.	Calendar Year			
		1/1/2025 - 12/31/2025	498	3751
		1/1/2025 - 12/31/2025	538	3751
In 2025, the average rate of ED visits for SUD per 1,000 beneficiaries decreased 25.7% compared to 2024 from 0.40 to 0.30. During the transition to v6 of the Technical Specifications, the eligible population's definition was updated. This impacted the denominator and the rates.	Demonstration Month 1	01/01/2025-01/31/2025	4629	1612803
	Demonstration Month 2	02/01/2025-02/28/2025	4155	1612176
	Demonstration Month 3	03/01/2025-03/31/2025	4789	1612262
	Demonstration Month 4	04/01/2025-04/30/2025	4776	1596889
	Demonstration Month 5	05/01/2025-05/31/2025	4791	1571420
	Demonstration Month 6	06/01/2025-06/30/2025	4713	1538814
	Demonstration Month 7	07/01/2025-07/31/2025	4801	1512953
	Demonstration Month 8	08/01/2025-08/31/2025	4691	1484737
	Demonstration Month 9	09/01/2025-09/30/2025	4530	1469859
	Demonstration Month 10	10/01/2025-10/31/2025	4385	1460338
	Demonstration Month 11	11/01/2025-11/30/2025	3863	1438948
	Demonstration Month 12	12/01/2025-12/31/2025	3885	1422716
In 2025, the average rate of inpatient stays per 1,000 beneficiaries decreased 18.7% compared to 2024 from 0.18 to 0.15. During the transition to v6 of the Technical Specifications, the eligible population's definition was updated. This impacted the denominator and the rates.	Demonstration Month 1	*01/01/2025-01/31/2025*	2216	1612803
	Demonstration Month 2	*02/01/2025-02/28/2025*	2146	1612176
	Demonstration Month 3	*03/01/2025-03/31/2025*	2295	1612262
	Demonstration Month 4	*04/01/2025-04/30/2025*	2192	1596889
	Demonstration Month 5	*05/01/2025-05/31/2025*	2323	1571420
	Demonstration Month 6	*06/01/2025-06/30/2025*	2323	1538814
	Demonstration Month 7	*07/01/2025-07/31/2025*	2580	1512953
	Demonstration Month 8	*08/01/2025-08/31/2025*	2437	1484737
	Demonstration Month 9	*09/01/2025-09/30/2025*	2383	1469859
	Demonstration Month 10	*10/01/2025-10/31/2025*	2376	1460338
	Demonstration Month 11	*11/01/2025-11/30/2025*	2079	1438948

Metric Trends and Explanation	Measurement Period	Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator
	Demonstration Month 12	*12/01/2025-12/31/2025*	2107	1422716
In 2025, the rate of all-cause readmissions among beneficiaries with SUD decreased 5.3% compared to 2024 from 10.7 to 10.2.	Demonstration Year	1/1/2025 - 12/31/2025	408	4019
In 2025, the number of overdose deaths increased from 2024, from 489 to 546.	Demonstration Year	1/1/2025 - 12/31/2025	546	1803784
In 2025, the number of inpatient IMDs eligible for FFP remained the same as in 2024, but residential IMDs did not. In addition to new or removed residential IMDs, the State modified the logic to include members ages 21-64 only and therefore eligible for FFP. As a result, rates are not comparable to previous reports.	Demonstration Year	1/1/2025 - 12/31/2025	394421	31618
Since this metric is new, introduced in v6, a comparison to previous calendar years is not available.	Calendar Year			
		1/1/2025 - 12/31/2025	1949	6700
		1/1/2025 - 12/31/2025	645	6700

Demonstration Rate/Percentage
EXAMPLE: n.a.

Demonstration Rate/Percentage

Demonstration Rate/Percentage

Demonstration Rate/Percentage
0.444444444
0.23364486
0.407608696
0.387596899
0.111111111
0
0.135869565

Demonstration Rate/Percentage
0.096899225
13.27645961
14.34284191
0.287015835
0.257726204
0.29703609
0.299081527
0.304883481
0.306274832
0.317326447
0.315948212
0.308192827
0.300272951
0.268460014
0.273069256
0.137400538
0.133112018
0.142346591
0.137266898
0.147828079
0.150960415
0.170527439
0.164136813
0.162124394
0.162702059
0.144480551

Demonstration Rate/Percentage
0.14809702
10.15177905
0.0302697
1247.457145
29.08955224
9.626865672

Metrics Context

The state should use this tab to enter any additional metrics context as outlined in the Monitoring Report Instructions. Right click on the grey row at the end of the table and select insert to add

Note: Some metrics require the state to report additional methodology information. Please refer to Appendix B of the Medicaid Section 1115 Demonstration Monitoring Report Instructions fo

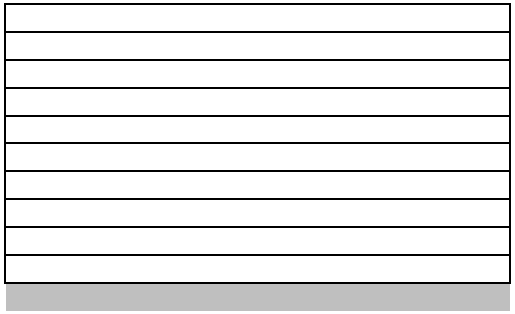
Type	Summary	Relevant Metric(s)
EXAMPLE: Reporting Issue ***(Do not delete or edit this row)***	*EXAMPLE:* *One large managed care plan updated its system for reporting its grievances in June 2023. This led to a significant increase in total number of grievances filed.*	*EXAMPLE:* *BA_4*
Deviation	With CMS' approval, Indiana is only including beneficiaries enrolled in the 1115 Healthy Indiana Plan (HIP) to avoid over reporting. This 1115 approval includes the SUD and SMI-SED IMD waiver authority, which unlike HIP does not have structured eligibility categories. Further, benefits under the SUD and SMI-SED demonstrations are not limited to HIP. Therefore, results would have included members from all Indiana Medicaid programs, including Fee-for-Service, which would not accurately represent this 1115 demonstration.	BA_1, BA_2, BA_5, BA_6, and BA_7
Methodology	Appeals and grievances for SUD and SMI benefits, across all Medicaid programs, were included in these metrics in addition to HIP's.	BA_3 and BA_4
Deviation	The State is unable to include suspended, pending, or denied claims for these measures as requested in the specifications. Indiana's HEDIS engine, used for these measures, only uses paid claims and encounters.	SMI_2, SMI_7, SMI_8, SMI_10 and SMI_29
Deviation	Metrics with a population of interest with full benefits enrolled in Medicaid for any amount of time were aligned with metrics that require at least one month of eligibility. The State does not have enrollment less than 30 consecutive days and consequently all members are enrolled at least one month.	SMI_13, SMI_14, SMI_15, SMI_16, SMI_18, SMI_21
Methodology	During implementation of v5 of the Technical Specifications, the State expanded the provider types included in the mental health provider definition. Newly added provider types are Emergency Medicine Practitioners, Family Practitioners, General Practitioners, Neurologists, Pediatric Surgeons, General Internists, General Pediatricians, and Certified Community Behavioral Health Clinics (CCBHCs). Providers that were already included in previous versions of the technical specifications includes: Pediatric Nurse Practitioners, Obstetric Nurse Practitioners, Family Nurse Practitioners, Clinical Nurse Specialists, Certified Nurse Midwifes, Physician Assistants, Outpatient Mental Health Clinics, Community Mental Health Centers (CMHC), Health Service Providers in Psychology (HSPP), Adult Mental Health and Habilitation (AMHH) Service Providers, Psychiatrists, Child Mental Health Wraparound (CMHW) Service Providers, Behavioral and Primary Healthcare Coordination (BPHC) Providers, Applied Behavior Analysis (ABA) Therapists, Licensed Psychologists, Licensed Independent Practice School Psychologists, Licensed Clinical Social Workers (LCSW), Licensed Marriage and Family Therapists (LMFT), Licensed Mental Health Counselors (LMHC), Licensed Clinical Addiction Counselors (LCAC), Opioid Treatment Programs, and Substance Use Disorder (SUD) Residential Addiction Treatment Facilities.	SMI_14, SMI_15, SMI_16, SMI_18
Deviation	The State disregarded the Visit Setting Unspecified with POS 53 requirement. The Technical Specifications require that the claim be in an ED setting, therefore the State removed the CMHC setting.	SMI_16

Methodology	The State limited these metrics to inpatient IMDs that are eligible for FFP as indicated in the specifications. Inpatient IMDs have a Private Mental Health Institution license from the Division of Mental Health and Addiction and a psychiatric hospital designation (011) with Indiana Medicaid. All providers are required to meet the minimum bed count to be an IMD and are eligible for reporting even if not enrolled as a Medicaid provider for the entirety of the reporting period. For example, if a facility was only an IMD for half of the reporting period, any eligible claims and encounters during enrollment are included. In addition to limiting the settings, only beneficiaries eligible for FFP, those between 21-64 years old, are included in this metric.	SMI 19b, SMI 20
Deviation	Indiana does not have any QRTPs that are IMDs.	SMI 19c
Phased-In Reporting	Indiana will report on these metrics in the 2027 annual report as required by CMS' updates in 2026.	SMI_42, SMI_43
Deviation	Metrics with a population of interest with full benefits enrolled in Medicaid for any amount of time were aligned with metrics that require at least one month of eligibility. The State does not have enrollment less than 30 consecutive days and consequently all members are enrolled at least one month.	SUD_3, SUD_6, SUD_7, SUD_8, SUD_9, SUD_10, SUD_11, SUD_12, SUD_23, SUD_24
Methodology	The State modified the SUD provider definition during the transition to v6 to capture a more accurate rendering provider count. Providers that continue to be included are Health Service Providers in Psychology, Licensed Psychologists, Licensed Independent Practice School Psychologists, Licensed Clinical Social Workers (LCSW), Licensed Marriage and Family Therapists (LMFT), Licensed Mental Health Counselors (LMHC), Licensed Clinical Addiction Counselors (LCAC), Psychiatrists, and Substance Use Disorder (SUD) Residential Addiction Treatment Facilities. Outpatient Mental Health Clinics, Community Mental Health Centers (CMHC), Opioid Treatment Programs were removed since their rendering providers are already captured. In the event any provider was missed, the State used the following procedure codes on paid claims to identify additonal SUD providers: 90792, 90832 SC, 90833 SC , 90834 SC , 90836 SC , 90837 SC , 90838 SC , G0533 G2067 , G2068 , G2069 , G2073 , G2074 , G2076 , G2077 , G2078 , G2079 , G2080 99408, 99409, H0015, C7903, H2034 U1 , H2034 U2 , H0010 U1 , H0010 U2 , H2035 HW, H2035 HW HR, H2035 HW HS, H0005 HW, H0005 HW HR, H0005 HW HS, T1040	SUD_13
Methodology	The State limited these metrics to inpatient and residential IMDs that are eligible for FFP. Inpatient IMDs have a Private Mental Health Institution license from the Division of Mental Health and Addiction and a psychiatric hospital designation (011) with Indiana Medicaid. Residential IMDs are Sub-Acute Stabilization Facilities with an ASAM designation level of either 3.1 or 3.5 with DMHA and enrolled as an 836 with Indiana Medicaid. All settings are required to meet the minimum bed count to be an IMD and are eligible for reporting even if not enrolled as a Medicaid provider for the entirety of the reporting period. For example, if a facility was only an IMD for half of the reporting period, any eligible claims and encounters are included. In addition to limiting the settings, only beneficiaries eligible for FFP, those between 21-64 years old, are included in this metric.	SUD_5, SUD_36
Methodology	As required by the Technical Specifications, the State excludes partial duals and all other restricted benefit categories in addition to inmates in a facility by operation of criminal law. Under the previous specifications, the State excluded all beneficiaries with any TPL including Medicare. When transitioning to the new Technical Specifications, the State updated the TPL exclusion process by removing members with active TPL codes including Medical, Mental Health, and Pharmacy other than Medicaid or Medicare for any period in the measurement year.	All SUD and SMI Metrics

ł additional rows. If prompted, select "Entire row."
ɔr further information.

Status
EXAMPLE: *Resolved. Trending from demonstration years prior to the update with demonstration years after the update should be interpreted with caution.*
Ongoing. CMS has released new guidance in v2 of the technical specifications to address this circumstance and will be implemented accordingly by the State.
No action required. Aligns with technical specifications.
Ongoing.
Ongoing. No action required.
No action required. This is a State specific definition.
No action required.

No action required. This is a State specific definition.
No action required.
No action required.
Ongoing. No action required.
No action required. This is a State specific definition.
No action required. This is a State specific definition.
No action required. This is a State specific definition.



State-Specific Metrics Data and Trends

The state should use this tab to enter any state-specific metrics as outlined in the Monitoring Report Instructions. Right click on the grey row at the end of the table and select "Insert" to add additional rows. If prompted, select "Entire row."

Metric Number	Metric Name	Metric Description	Data Source	Desired Directionality
EXAMPLE: *XX_S_1* ***(Do not delete or edit this row)***	*EXAMPLE:* *Peer Recovery Support Services*	*EXAMPLE:* *Number of members who receive peer recovery support services in conjunction with other SUD treatment during the measurement period.*	*EXAMPLE:* *Claims*	*EXAMPLE:* *Increase*
[Insert response here.]	*[Insert response here.]*	*[Insert response here.]*	*[Insert response here.]*	*[Insert response here.]*

Metric Trends and Explanation	Measurement Period	Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator	Demonstration Rate/Percentage
EXAMPLE: *There was a 10% increase in the use of peer recovery support services from December 2023 to January 2024 with the rollout of on-site peer specialists in emergency departments across the state. Peer specialists connections are required for all beneficiaries reporting to the emergency department with a chief complaint related to a substance use disorder.*	*EXAMPLE:* *Demonsration Month 1*	*EXAMPLE:* *01/01/2024-1/31/2024*	*EXAMPLE: 650*	*EXAMPLE: n.a.*	*EXAMPLE: n.a.*
[Insert response here.]	[Select from list]	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here, if applicable.]*	*[Insert value here, if applicable.]*