

AHCCCS-Mandated Performance Improvement Project Methodology for: **INITIATION AND ENGAGEMENT OF SUBSTANCE USE DISORDER TREATMENT**

CREATION DATE: June 2025

IMPLEMENTATION DATE: July 1, 2025

APPLICABLE PROGRAM(S)/POPULATION(S)¹: ALTCS-EPD

BACKGROUND

Substance Use Disorder (SUD) continues to be a pressing public health issue in the United States. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), in 2022, 48.7 million individuals 12 years of age or older (approximately 17.3% of the population) had a substance use disorder (SUD) within the past year. Despite this high prevalence, only 10.9% of individuals received any form of treatment (SAMHSA, 2023). This substantial treatment gap highlights a critical need for strategies that promote earlier and more consistent access to care. Research shows that timely initiation and sustained engagement in SUD treatment demonstrates improved outcomes for SUD care (Setodji, et al.).

SUD among older adults is often underrecognized yet it is a growing public health concern, as it poses serious mental and physical health risks. Common risk factors for substance misuse are bereavement, forced retirement, and health problems (Abrams, 38). According to the 2021 and 2022 National Surveys on Drug Use and Health, approximately 7.1 million older adults had a SUD in the past year, with alcohol and prescription drugs being the most used substances. However, rates of diagnosis and initiation of treatment remain low in this age group, potentially due to ageism, stigma, transportation, and challenges navigating the healthcare system.

According to the National Institute on Drug Abuse, timely initiation and engagement in treatment are critical for improving positive care outcomes in older adults with SUD. When older adults are properly diagnosed and engaged in age-appropriate evidence-based care, they respond well to treatment and can achieve significant improvement in function and quality of life. As such, AHCCCS has identified Initiation and Engagement in Substance Use Disorder Treatment among older adults as an opportunity for improvement and is therefore implementing this performance improvement project.

PROJECT OVERVIEW²

Purpose

To improve the health of older adults with SUD, this performance improvement project focuses on improving initiation of SUD treatment and engagement of SUD treatment.

¹ ALTCS-EPD: Arizona Long Term Care System – Elderly and Physical Disabilities

² PIP selected based on consideration of population/line of business and Contractor performance as well as the inclusion of measure(s) within the CMS (Adult and/or Child) Core Sets.

Aim

The goal of this project is to demonstrate a statistically significant and sustained improvement in each of the project indicators at the end of the second remeasurement period.

Timeline

Measurement Periods ³	
Baseline Measurement	January 1, 2025, through December 31, 2025
First Remeasurement	January 1, 2026, through December 31, 2026
Second Remeasurement	January 1, 2027, through December 31, 2027

Study Question(s)

What is the number and percentage, overall and by Contractor, of:

- New SUD episodes that result in treatment initiation within 14 days, and
- New SUD episodes that have evidence of treatment engagement within 34 days of initiation?

PROJECT INDICATOR(S)

The project indicators shall be calculated and reported in alignment with the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®) technical specifications. For the purposes of this project, improvement shall be monitored and measured through the following indicators:

Title XIX ⁴	
Indicator 1: Initiation of SUD Treatment	
Description: 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.	Numerator: The number of members who have initiation of SUD treatment within 14 days of the SUD episode date.
	Denominator: The eligible population, as defined by the associated measure specifications.
Indicator 2: Engagement of SUD Treatment	
Description: Percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation.	Numerator: The number of members who have evidence of treatment engagement within 34 days of initiation.
	Denominator: The eligible population, as defined by the associated measure specifications.

³ Additional remeasurement periods may be required by AHCCCS.

⁴ Title XIX is inclusive of M-CHIP members.

Eligible Population

The eligible population shall be determined based on the criteria outlined within the associated measure specifications.

Population Exclusions

All associated exclusions and exceptions shall be applied as outlined within the associated measure specifications.

Population Stratification

Project indicator results shall be stratified, analyzed, and reported in alignment with the requirements outlined within the Analysis Plan section below.

Sampling Requirements

None.

DATA COLLECTION METHODOLOGY AND VALIDATION

Frequency

Contractors shall report the project data annually as part of the AHCCCS-Mandated PIP report submission and in alignment with contract requirements.

Data Sources

Contractor-specific claims data will be used to identify indicator data.

Data Collection Methodology

Contractors shall utilize the administrative methodology (including all allowable data sources) to determine the indicator rate in alignment with the NCQA HEDIS® technical specifications.

Confidentiality

AHCCCS, its External Quality Review Organizations (EQROs), and its Contractors, maintain compliance with the Health Insurance Portability and Accountability Act (HIPAA) requirements. AHCCCS employees and EQRO staff who analyze data for this project may have access to the associated data. Member names are never identified or used in AHCCCS reporting; AHCCCS PIP data are used only for the purposes of performing health care operations, conducting oversight of the health care system, or conducting research.

Quality Assurance

Contractor-specific claims data, data collection methodology, data sources, performance measure results, and other indicator results will be reviewed and validated by an AHCCCS EQRO in alignment with CMS Protocols 1 and 2⁵.

⁵ CMS External Quality Review (EQR) Protocols, February 2023:

<https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf>

ANALYSIS PLAN

Contractor Analysis Requirements

The Contractor shall conduct and report the following analyses:

- Geographic service area, county, age, and any other stratifications determined by AHCCCS or deemed meaningful for improvement by the Contractor,
- Statistical testing to determine improvement (e.g., statistical significance, relative change) in alignment with AHCCCS Medical Policy Manual (AMPM) Policy 980 and EQRO requirements, and
- Other analyses, as determined by the Contractor or as required by AHCCCS.

Comparative Analysis

AHCCCS will conduct analyses that are deemed appropriate and meaningful, including analyses that may compare the Contractor's results with:

- Prior year(s) to identify changes and trends,
- Other Contractor and aggregate results [which may include population/line of business results, overall project results, and statewide results], and
- Results of other similar studies, if available.

PROJECT/DATA LIMITATIONS

None noted at this time

AHCCCS KEY CONTACTS

For general questions regarding this methodology, please contact:

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For technical questions regarding this methodology, please contact:

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WORKS CITED

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