South Dakota Department of Social Services

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Re: Medicaid Section 1115 Demonstration Monitoring Report – Former Foster Care Youth Demonstration

The following is the Demonstration Year 8 annual monitoring report for the South Dakota Former Foster Care Youth (FFCY) 1115 Waiver. Due to the size of the population served by this waiver, the metrics on page 4 are redacted. The State continues to operate the FFCY 1115 waiver to provide access to healthcare services to the population who otherwise fall into the eligibility gap in the state plan. Enrollment numbers continue to be minimal, and the State anticipates having only 1 eligible recipient in Demonstration Year 9.

Sincerely,

South Dakota Medicaid

Medicaid Section 1115 Demonstration Monitoring Report
(Template Version 1.0)

Note: All cells of the monitoring report contain text to ensure digital accessibility and to comply with section 508 of the Rehabilitation Act; this text should not be removed or modified by the state.

The monitoring report is made up of the following tabs. Instructions for completing each tab can be found below:

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

2. Executive Summary: The state should provide an executive summary of the content of the monitoring report, including specific topics identified in the tab.

3. Implementation Updates: To track demonstration progress, the state should respond to the narrative prompts for each Reporting Topic, including policy-specific prompts that are relevant to the demonstration, or note "The state has no update to report."

4. Metrics: The workbook has one tab for Base metrics, one tab for each possible demonstration policy and a tab for state-specific metrics. The state should enter monitoring metric data for each metric. The state should explain metrics trends in the "Metric Trends and Explanation" column. The state is only expected to complete metrics tabs relevant to the demonstration.

5. Metrics Context: The state should use the Metrics Context tab to document reporting issues (such as delays in data availability), methodology information (such as state-specific codes the state used to calculate a metric), deviations from the technical specifications, and/or plans to phase in metrics, as applicable.

Table 1. Demonstration Information	
State	South Dakota
Demonstration Name	Former Foster Care Youth
Demonstration Year (DY)	DY8
Calendar Dates for DY	November 1, 2024 - October 31, 2025

Note: Paperwork Reduction Act Disclosure Statement to be added here

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.
The State continues to operate the 1115 FFCY waiver to provide access to healthcare services to the population who otherwise fall into the eligibility gap in the state plan. Enrollment numbers continue to be minimal and the State anticipates having only 1 eligible recipient in DY8.

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

Implementation Updates

Prompt Number	Reporting Topic and Prompt	State Response
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.]*	*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*
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.]	The State has no changes to report
1.2	Describe activities under the below topics as they pertain to the demonstration:	
	Organizational, administrative, or service delivery changes. [The recommended word count is 200-300 words.]	The State has no changes to report
	Legislative activities. [The recommended word count is 150-200 words.]	The State has no changes to report
	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.]	The State has no changes to report
	Audit or investigation activity, including findings. [The recommended word count is 150-200 words.]	The State has no update to report
	Litigation activities. [The recommended word count is 200-300 words].	The State has no update to report
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.]	The State has no update to report
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 400 words.]	The State has no update to report
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.]	The demonstration continues to provide access to healthcare for the small number of individual eligible under the demonstration.
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.]	The most recent public forum was held May 16, 2025. There were no attendees or comments
Policy-Specific Prompts		
[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	
[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 for this section 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 for this section is 250 words.]	
9	**Activities to Support Crisis Stabilization Services.** Describe activities to increase access to and utilization of crisis stabilization services, specifically crisis stabilization services for mental health and substance use disorders, including mobile crisis units, crisis observation and assessment centers, crisis stabilization units, and coordinated community crisis response teams. 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.]		
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 anolicable. [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	
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	
[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	
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 methodoloov. [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.]	

CMS = Centers for Medicare & Medicaid Services; DSHP = designated state health program; FFS = fee-for-service; IT = information technology; MMIS = Medicaid Management Information System; MOE = maintenance of effort; SDOH/HRSN = social determinants of health/health-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 Director's Letter. Include any details on systems or processes for monitoring health and SDOH/HRSNs, for example, scheduled contact with beneficiaries after transitioning to the community.

[b] Applicable if the THCP authority in the dmeonstration 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 conclusion of temporary Medicaid payment for such supports. The state must establish a plan and timeline in the 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 status updates.

Base Metrics Data and Trends

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

1

Metric Number	Metric Name	Metric Description	Data Source	Desired Directionality	Metric Trends and Explanation	Measurement Period	Dates Covered by Measurement Period	Demonstration Numerator or Count	Demonstration Denominator	Demonstration Rate/Percentage
EXAMPLE: *BA_1* ***(Do not delete or edit this row)***	*EXAMPLE:* *Total Eligibility for the Demonstration*	*EAMPLE:* *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 eligibilty 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*	*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:* *Month 1*	*EXAMPLE:* *01/01/2024-01/31/2024*	*EXAMPLE: 650*	*EXAMPLE: n.a.*	*EXAMPLE: n.a.*
BA_1	Total Eligibility for the Demonstration	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.	Administrative records	Consistent	*This metric decreased since the last reporting period.*	Demonstration month 1	*11/01/2024-11/30/2024*	**		
						Demonstration month 2	*12/01/2024-12/31/2024*	**		
						Demonstration month 3	*01/01/2025-01/31/2025*	**		
						Demonstration month 4	*02/01/2025-02/28/2025*	**		
						Demonstration month 5	*03/01/2025-03/31/2025*	**		
						Demonstration month 6	*04/01/2025-04/30/2025*	**		
						Demonstration month 7	*05/01/2025-05/31/2025*	**		
						Demonstration month 8	*06/01/2025-06/30/2025*	**		
						Demonstration month 9	*07/01/2025-07/31/2025*	**		
						Demonstration month 10	*08/01/2025-08/31/2025*	**		
						Demonstration month 11	*09/01/2025-09/30/2025*	**		
						Demonstration month 12	*10/01/2025-10/31/2025*	**		
BA_2	Appeals, Eligibility	Number of appeals filed by demonstration beneficiaries during the measurement period regarding Medicaid eligibility.	Administrative records	Consistent	*The metric was consistent from last reporting period*	Demonstration Year	*01/01/2024-10/31/2025*	*0*		
BA_3	Appeals, Benefits	Number of appeals filed by demonstration beneficiaries during the measurement period regarding benefits.	Administrative records	Consistent	*The metric was consistent from last reporting period*	Demonstration Year	*01/01/2024-10/31/2025*	*0*		
BA_4	Grievances	Number of grievances filed by demonstration beneficiaries during the measurement period.	Administrative records	Consistent	*The metric was consistent from last reporting period*	Demonstration Year	*01/01/2024-10/31/2025*	*0*		
BA_5	Emergency Department Utilization, All Use	Total number of ED visits per 1,000 demonstration beneficiary months during the measurement period.	Claims and encounters; other administrative records		*[Insert response here.]*	Demonstration quarter 1	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	#VALUE!
						Demonstration quarter 2	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	#VALUE!
						Demonstration quarter 3	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	#VALUE!
						Demonstration quarter 4	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	#VALUE!
BA_6	Inpatient Admissions	Total number of inpatient admissions per 1,000 demonstration beneficiary months during the measurement period.	Claims and encounters and other administrative records		*[Insert response here.]*	Demonstration quarter 1	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	#VALUE!
						Demonstration quarter 2	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	#VALUE!
						Demonstration quarter 3	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	#VALUE!
						Demonstration quarter 4	*[Insert dates here.]*	*[Insert value here.]*	*[Insert value here.]*	#VALUE!
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	*[Insert response here.]*	Calendar Year				
BA_7.1	Plan all-cause readmissions - index hospital stays	1. Count of Index Hospital Stays (IHS)					*[Insert dates here.]*	*[Insert value here.]*		
BA_7.2	Plan all-cause readmissions - observed 30 day readmissions	2. Count of Observed 30-Day Readmissions					*[Insert dates here.]*	*[Insert value here.]*		
BA_7.3	Plan all-cause readmissions - expected 30 day readmissions	3. Count of Expected 30-Day Readmissions					*[Insert dates here.]*	*[Insert value here.]*		
BA_7.4	Plan all-cause readmissions - beneficiaries in demonstration population	4. Count of beneficiaries in demonstration population					*[Insert dates here.]*	*[Insert value here.]*		
BA_7.5	Plan-all cause readmissions - number of outliers	5. Number of outliers					*[Insert dates here.]*	*[Insert value here.]*		
BA_c_7a	Plan all-cause readmissions - observed 30-day readmission rate <<This Rate is Autocalculated>>	c_7a. Count of observed 30-day readmissions divided by the count of index hospital stays (BA_7.2 / BA_7.1)*100						[Calculated Value.]	[Calculated Value.]	#VALUE!
BA_c_7b	Plan all-cause readmissions - expected readmission rate <<This Rate is Autocalculated>>	c_7b. Count of expected 30-day readmissions divided by the count of index hospital stays (BA_7.3 / BA_7.1)*100						[Calculated Value.]	[Calculated Value.]	#VALUE!
BA_c_7c	Plan all-cause readmissions - observed-to-expected ratio <<This Rate is Autocalculated>>	c_7c. Count of observed 30-day reasmissions divided by count of expected 30-day readmissions (BA_7.2 / BA_7.3)						[Calculated Value.]	[Calculated Value.]	#VALUE!
BA_c_7d	Plan all-cause readmissions - outlier rate <<This Rate is Autocalculated>>	c_7d. Number of outliers divided by count of beneficiaries in demonstration population (BA_7.5 / BA_7.4)*1,000						[Calculated Value.]	[Calculated Value.]	#VALUE!

Note: Licensee and state must prominently display the following notice on any display of Measure rates:
The PCR-AD measure (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). HEDIS measures and specifications are not clinical guidelines, do not establish a standard of medical care and have not been tested for all potential applications. The measures and specifications are provided "as is" without warranty of any kind. NCQA makes no representations, warranties, or endorsements about the quality of any product, test or protocol identified as meeting the requirements of a HEDIS measure or specification. NCQA makes no representations, warranties, or endorsement about the quality of any organization or clinician who uses or reports performance measures and NCQA has no liability to anyone who relies on HEDIS measures or specifications or data reflective of performance under 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. A calculated measure result (a "rate") from a HEDIS measure that has not been certified via NCQA's Measure Certification Program, and is based on adjusted HEDIS specifications, may not be called a "HEDIS rate" until it is audited and designated reportable by an NCQA-Certified HEDIS Compliance Auditor. Until such time, such measure rates shall be designated or referred to as "Adjusted, Uncertified, Unaudited HEDIS rates."

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; ** = Data Suppressed – Numerator is between 1 and 10.
end of worksheet

Metrics Context

The state should use this tab to enter any additional metrics context as outlined in the Monitoring Report Instructions.

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 for further information.

Type	Summary	Relevant Metric(s)	Status
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*	*EXAMPLE: Resolved. Trending from demonstration years prior to the update with demonstration years after the update should be interpreted with caution.*
Reporting Issue	Low enrollment in this demonstration makes completing this standarized template problematic and in some cases not feasible. The State is unable to complete metrics 5-7 due to low enrollment and utilization.	All	N/A