



State Innovation Model

Guidance for Round 2 Test State Final Report

State Innovation Model (SIM) Cooperative Agreement Program Test State Awardees:

As outlined in the funding opportunity announcement and the SIM Award Terms and Conditions, recipients are required to submit a Final Report to their HHS Grants Management Specialist and to their CMMI Project Officer within 90 days after the project period end date.

CMS requires recipients to submit the Final Report in the form of an email attachment and via GrantSolutions. The Final Report must include the following:

- A summary of activities and major accomplishments and milestones that occurred during the entire cooperative agreement term, including a complete discussion of project activities, analysis of the effectiveness/success of the project, lessons learned to date, and description of project activities that will be continued after the cooperative agreement activities have ceased.
- A summary of the sustainability strategies the recipient will employ to sustain SIM initiatives.
- An updated, final Metrics Report through the end of the SIM period following the same format as the Quarterly Metrics Report. Recipients should provide the most recently available data for all required reporting elements. If data are not yet available through the end of the SIM period at the time of reporting (due to data lag), the recipient should include a note in the Final Metrics Report explaining any missing/incomplete data.
- A summary of final, actual SIM expenditures across several categories, as outlined in the instructions on pages 2-3 of this guidance.
- A disclaimer that the opinions expressed are those of the recipient and do not necessarily reflect the official view of HHS or any of its agencies.

The Recipient shall provide (60) days written prior notice to the CMS Project Officer before the final progress report is published or released. It is CMS's expectation that recipients will make their Final Reports publicly available online as a resource to other states and interested stakeholders.

There is no required format for the Final Report, and while there are no character or page limits, recipients are encouraged to be thorough, yet concise, with their Final Reports.

If you have any questions, please do not hesitate to reach out to your Project Officer.

Final SIM Spending Information

Instructions for States: In an effort to better understand how SIM states have invested federal funds across key program areas, all SIM Test States must provide information on their SIM expenditures across several categories, as depicted in the table below. States should provide the total dollar amount of actual SIM funds within each of the 6 categories in the table below. If a state believes certain expenditures do not fall within one of the 6 defined categories, the state can include such expenditures in the “Other” category (in this case, please include a brief description of the undefined category of spending). Any remaining unspent funds should be included as a separate line item.

States should include examples of the major “buckets” of expenditures within each category. See list of examples below.

Spending Tables should be submitted with the state’s SIM Final Report.

Categories of SIM Spending (should equal total SIM award, including actual spend and any unspent funds)

Category of Investment	Examples of state strategies	Total dollar amount	% of Expended Funds	% of SIM Budget
1. Delivery System Transformation/Learning Resource Site	TA and practice reimbursement to support primary care practice transformation across the State into patient-centered medical homes (PCMHs).	8,624,688	23.96%	21.73
2. Payment Models	Stakeholder engagement and data collection, synthesis, and analysis to understand and align payment mechanisms across payers as well as overall healthcare costs.	1,312,670	3.65	3.31
3. Health IT and Data Analytics	Improve care coordination through the use of electronic health records (EHRs) and health data connections among PCMHs and across the medical neighborhood.	12,018,248	30.29%	30.29
4. Population Health	Establish seven Regional Collaboratives to support the integration of each PCMH with the broader medical neighborhood.	5,080,654	12.80%	12.80
5. Project Management/Operations	Project Management, Facilitation, Stakeholder Engagement	5,017,592	13.95%	12.64
6. Evaluation	State Led Evaluation	2,484,929	6.90%	6.26
7. Other (state defined)	Support the development of the Virtual PCMH model in Idaho by utilizing CHWs, CHEMS, and integration of telehealth into rural and underserved areas to improve access to physical, behavioral, and specialty healthcare services.	1,451,028	4.03%	3.66
	Total Funds Expended	35,989,809	100%	
8. Unspent funds (if applicable)	39,683,813 – 35,989,809 = 3,694,004 = 90.69 % SPEND RATE	3,694,004		9.31
Sum*	39,683,813	Total SIM award	100%	100%

*The amounts provided in this table should total 100% of the state's 4 year SIM award. This means that dollars should not be double-counted (e.g., the state should make its own determination if a HIT analytics staff person falls into the "Health IT and Data Analytics" or "Project Management and/or Operations" category rather than including the expenditure in both categories). Additionally, this table should reflect both actual funds expended to date AND unspent award funds.

Examples across categories: Please note this is not an exhaustive list, it is meant for illustrative purposes only.

Delivery System Transformation

- Design PCMH Specifications
- Practice transformation for behavioral health and substance use disorder interventions
- Provider outreach and training for care coordination
- Training community health workers

Payment Models

- Design and financial modeling for VBP and shared savings
- Stakeholder engagement for quality metric design and implementation
- Actuarial support to develop and test episodes-based payments
- Beneficiary and multi-payer outreach for new payment models

Health IT and Data Analytics

- APCDs
- HIE interoperability
- ADT data feeds
- Advanced analytics

Population Health

- Identify population health measures for payment models
- Implement community-based interventions to address SDOH
- TA to link social services and medical care
- ACHs, C3s, CHIRs, etc.

Project Management/Operations

- Personnel
- Project management

Evaluation

- Independent state evaluation
- Continuous/rapid cycle improvement activities