

1. Title Page for the State’s SUD Demonstration or SUD Components of Broader Demonstration

The state should complete this Title Page at the beginning of a demonstration and submit as the title page of all SUD Monitoring Reports. The content of this table should stay consistent over time.

State	<i>North Carolina</i>
Demonstration name	<i>North Carolina Medicaid Reform Demonstration</i>
Approval date for demonstration	<i>10/24/2018</i>
Approval period for SUD	<i>01/01/2019 – 10/31/2023</i>
Approval date for SUD, if different from above	
Implementation date of SUD, if different from above	
SUD (or if broader demonstration, then SUD - related) demonstration goals and objectives	<p><i>As part of its commitment to expand access to treatment for substance use disorders (SUDs), North Carolina’s Department of Health and Human Services is pursuing a Section 1115 demonstration waiver to strengthen its SUD delivery system by:</i></p> <ol style="list-style-type: none"> <i>1. Expanding its SUD benefits to offer the complete American Society of Addiction Medicine (ASAM) continuum of SUD services;</i> <i>2. Obtaining a waiver of the Medicaid institution for mental diseases (IMD) exclusion for SUD services;</i> <i>3. Ensuring that providers and services meet evidence-based program and licensure standards;</i> <i>4. Building SUD provider capacity;</i> <i>5. Strengthening care coordination and care management for individuals with SUDs; and</i> <i>6. Improving North Carolina’s prescription drug monitoring program (PDMP).</i>

2. Executive Summary

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

****The North Carolina Department of Health and Human Services' (The Department's) Demonstration Year 2, Quarter 1 SUD monitoring narrative is less detailed than previous submissions because essential contributors were occupied with efforts to mitigate the COVID-19 pandemic.****

The Department's activities since the last reporting period have continued to align with the implementation plan. These activities included:

- Drafting clinical policies related to Opioid Treatment Programs, Diagnostic Assessment, and Ambulatory Withdrawal Management without Extended On-Site Monitoring*
- The state has identified funding for the ASAM training and has initiated coordination to start the planning of ASAM training.*
- Care management provisions related to SUD have been incorporated into the request for applications (RFA) for BH I/DD Tailored Plans. The RFA has not been publicly released yet as it is still in draft form.*

Several risks and issues carried over from the prior measurement period:

The NC Legislature has not passed a 2020 – 2021 budget. Consequently, implementation of Medicaid managed care Standard Plan has been suspended. NC continues work toward the implementation of the BH I/DD Tailored Plans. However, the timeline for implementation is unclear.

The state is taking steps to hold a post-award forum pursuant to CMS policy as soon as possible and annually thereafter.

The Department anticipated having an evaluation implementation contract in place by the end of 2019, however, the implementation contract has not been executed due to competing procurement priorities. The Department is amending the evaluation design contract as a stopgap measure to support the monitoring and baseline activities until the evaluation implementation contract is executed.

3. Narrative Information on Implementation, by Milestone and Reporting Topic

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
1.2 Assessment of Need and Qualification for SUD Services			
1.2.1 Metric Trends			
<input checked="" type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to assessment of need and qualification for SUD services.	<p><i>Since the end of the previous measurement period SUD diagnoses among:</i></p> <ul style="list-style-type: none"> <i>beneficiaries younger than 18 increased by 7.73% (n in last month of measurement period = 3,106)</i> <i>beneficiaries 65 and older decreased by 2.25% (n in last month of measurement period = 5,345)</i> <i>pregnant beneficiaries increased by 12.98% (n in last month of measurement period = 705)</i> <i>justice-involved beneficiaries decreased by 3.75% (n in last month of measurement period = 154)</i> <p><i>The Department is not ready to apply meaning to the trends outlined above given the relative size of the subpopulations (ranging from 0.23% to 7.82% of the overall measure population in the last month of measurement period) and the absence of a longer term trend in which the current quarter's data points can be contextualized.</i></p>	8/01/2019 – 10/31/2019	Medicaid beneficiaries with SUD diagnosis (monthly)
<input type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
1.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: <ul style="list-style-type: none"> <input type="checkbox"/> i) The target population(s) of the demonstration <input type="checkbox"/> ii) The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration 			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			

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Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to assessment of need and qualification for SUD services			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			

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2.2 Access to Critical Levels of Care for OUD and other SUDs (Milestone 1) 2.2.1 Metric Trends			

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<p><input checked="" type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1</p>	<p><i>Since the end of the previous measurement period receipt of any SUD treatment service among:</i></p> <ul style="list-style-type: none"> • beneficiaries younger than 18 increased by 11.08% (n in last month of measurement period = 732) • beneficiaries ages 18 to 64 decreased by 2.14% (n in last month of measurement period = 23,677) • beneficiaries 65 and older increased by 5.93% (n in last month of measurement period = 1,357) • pregnant beneficiaries increased by 4.55% (n in last month of measurement period = 299) • dual eligible beneficiaries decreased by 2.44% (n in last month of measurement period = 4,722) • criminally involved beneficiaries increased by 10.00% (n in last month of measurement period = 11) <p><i>The Department is not ready to apply meaning to the trends outlined above given the absence of a longer-term trend in which the current quarter's data points can be contextualized.</i></p> <p><i>Since the end of the previous measurement period use of early intervention services among:</i></p> <ul style="list-style-type: none"> • all beneficiaries decreased by 11.93% (n in last month of measurement period = 465) • beneficiaries with OUD decreased by 11.46% (n in last month of measurement period = 394) • beneficiaries ages 18 to 64 decreased by 11.83% (n in last month of measurement period = 462) • beneficiaries 65 and older decreased by 25.00% (n in last month of measurement period = 3) • pregnant beneficiaries increased by 4.55% (n in last month of measurement period = 299) • dual eligible beneficiaries decreased by 18.75% (n in last month of measurement period = 13) <p><i>The Department is not ready to apply meaning to the trends outlined above given the size of the subpopulations and the absence of a longer-term trend in which the current quarter's data points can be contextualized.</i></p>	<p>8/01/2019 – 10/31/2019</p>	<p>Any SUD Treatment</p> <p>Early Intervention</p> <p>Intensive outpatient and partial hospitalization</p> <p>Medication Assisted Treatment</p> <p>Outpatient Services</p> <p>Residential and Inpatient Services</p> <p>Withdrawal Management</p>
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	<p><i>Since the end of the previous measurement period use of intensive outpatient and partial hospitalization services among:</i></p> <ul style="list-style-type: none"> • <i>all beneficiaries decreased by 8.45% (n in last month of measurement period = 1,592)</i> • <i>beneficiaries with OUD decreased by 3.36% (n in last month of measurement period = 489)</i> • <i>beneficiaries younger than 18 decreased by 41.25% (n in last month of measurement period = 47)</i> • <i>beneficiaries ages 18 to 64 decreased by 11.83% (n in last month of measurement period = 462)</i> • <i>beneficiaries 65 and older decreased by 25.00% (n in last month of measurement period = 3)</i> • <i>pregnant beneficiaries increased by 4.55% (n in last month of measurement period = 299)</i> • <i>dual eligible beneficiaries decreased by 18.75% (n in last month of measurement period = 13)</i> <p><i>The Department is not ready to apply meaning to the trends outlined above given the absence of a longer-term trend in which the current quarter's data points can be contextualized.</i></p> <p><i>Since the end of the previous measurement period use of Medication Assisted Treatment services among:</i></p> <ul style="list-style-type: none"> • <i>beneficiaries younger than 18 increased by 11.11% (n in last month of measurement period = 60)</i> • <i>beneficiaries 65 and older increased by 3.65% (n in last month of measurement period = 142)</i> • <i>pregnant beneficiaries increased by 4.17% (n in last month of measurement period = 150)</i> • <i>dual eligible beneficiaries decreased by 3.10% (n in last month of measurement period = 718)</i> <p><i>The Department is not ready to apply meaning to the trends outlined above given the absence of a longer-term trend in which the current quarter's data points can be contextualized.</i></p> <p><i>Since the end of the previous measurement period use of Outpatient Services among:</i></p>		
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	<ul style="list-style-type: none"> • beneficiaries younger than 18 increased by 18.50% (n in last month of measurement period = 506) • beneficiaries ages 18 to 64 decreased by 2.01% (n in last month of measurement period = 16,462) • beneficiaries 65 and older increased by 3.54% (n in last month of measurement period = 615) • dual eligible beneficiaries decreased by 5.17% (n in last month of measurement period = 2,621) <p><i>The Department is not ready to apply meaning to the trends outlined above given the absence of a longer-term trend in which the current quarter's data points can be contextualized.</i></p> <p><i>Since the end of the previous measurement period use of Residential and Inpatient services among:</i></p> <ul style="list-style-type: none"> • all beneficiaries decreased by 6.73% (n in last month of measurement period = 277) • beneficiaries with OUD decreased by 25.00% (n in last month of measurement period = 63) • beneficiaries ages 18 to 64 decreased by 7.72% (n in last month of measurement period = 263) • beneficiaries 65 and older decreased by 18.8% (n in last month of measurement period = 3) • pregnant beneficiaries increased by 100% (n in last month of measurement period = 2) • dual eligible beneficiaries increased by 19.05% (n in last month of measurement period = 50) <p><i>The Department is not ready to apply meaning to the trends outlined above given the size of the subpopulations and the absence of a longer-term trend in which the current quarter's data points can be contextualized.</i></p> <p><i>Since the end of the previous measurement period use of Withdrawal Management services among:</i></p> <ul style="list-style-type: none"> • all beneficiaries increased by 25.00% (n in last month of measurement period = 70) • beneficiaries with OUD increased by 33.33% (n in last month of measurement period = 12) 		
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	<ul style="list-style-type: none"> • beneficiaries ages 18 to 64 increased by 30.77% (n in last month of measurement period = 68) • beneficiaries 65 and older decreased by 50.00% (n in last month of measurement period = 2) • pregnant beneficiaries decreased by 100% (n in last month of measurement period = 0) • dual eligible beneficiaries decreased by 28.57% (n in last month of measurement period = 10) <p><i>The Department is not ready to apply meaning to the trends outlined above given the size of the subpopulations and the absence of a longer-term trend in which the current quarter's data points can be contextualized.</i></p>		
<input type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
2.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> i) Planned activities to improve access to SUD treatment services across the continuum of care for Medicaid beneficiaries (e.g. outpatient services, intensive outpatient services, medication assisted treatment, services in intensive residential and inpatient settings, medically supervised withdrawal management) <input checked="" type="checkbox"/> ii) SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential treatment, medically supervised withdrawal management, and medication assisted treatment services provided to individuals in IMDs 	<ul style="list-style-type: none"> • <i>The draft of new new clinical coverage policy associated with Opioid Treatment Programs and Diagnostic Assessment is almost complete. The new policy includes a billing rate that bundles services and medication assisted treatment.</i> • <i>DHHS is updating clinical coverage policy associated with Ambulatory Withdrawal Management 1WM and drafting a new Ambulatory Withdrawal Management 2WM.</i> • <i>Implementation of these policy changes is dependent on provider ASAM training. The state has identified funding for ASAM training and has initiated coordination to start the planning of ASAM training.</i> 	8/01/2019 – 10/31/2019	
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			

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<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to Milestone 1			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
3.2 Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)			
3.2.1 Metric Trends			
<input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2			
<input checked="" type="checkbox"/> The state has no trends to report for this reporting topic.			
<input checked="" type="checkbox"/> The state is not reporting metrics related to Milestone 2.			
3.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> i) Planned activities to improve providers’ use of evidence-based, SUD-specific placement criteria <input checked="" type="checkbox"/> ii) Implementation of a utilization management approach to ensure (a) beneficiaries have access to SUD services at the appropriate level of care, (b) interventions are appropriate for the diagnosis and level of care, or (c) use of independent process for reviewing placement in residential treatment settings 	<i>The state has identified funding for ASAM training and has initiated planning of ASAM training but the state believes this effort will take more time. The state estimates that approximately 5000 providers will need to be trained. The state will need to secure trainers, training locations, and conduct outreach to providers and Local Management Entities-Managed Care Organizations (LME-MCOs) to facilitate registration for the training sessions. The state continues to coordinate the ASAM training while drafting policies and establishing billing rates, where applicable. Therefore, the state does not anticipate that training sessions will begin in June 2020 as contemplated in the SUD Implementation Plan.</i>	8/01/2019 – 10/31/2019	
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to Milestone 2			

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<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input checked="" type="checkbox"/> The state is not reporting metrics related to Milestone 2.			
4.2 Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)			
4.2.1 Metric Trends			
<input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3			
<input checked="" type="checkbox"/> The state has no trends to report for this reporting topic.			
<input checked="" type="checkbox"/> The state is not reporting metrics related to Milestone 3.			
4.2.2 Implementation Update			
<p>Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> i) Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards <input type="checkbox"/> ii) State review process for residential treatment providers' compliance with qualifications standards <input type="checkbox"/> iii) Availability of medication assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site 			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to Milestone 3			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state is not reporting metrics related to Milestone 3.			

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Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
5.2 Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)			
5.2.1 Metric Trends			
<input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4	<i>Metric 23 – Emergency Department Utilization for SUD per 1,000 beneficiaries increased during this reporting quarter. The rate for this quarter is 2.49 per 1,000 beneficiaries, compared to 1.71 last quarter, a 66% increase. The Department has not found any reason for this increase in ED utilization. There are no program changes or outside factors that we are aware of in the August to October 2019 timeframe to which the increase could be attributed.</i>		<i>Emergency Department Utilization for SUD (per 1,000 beneficiaries)</i>
<input checked="" type="checkbox"/> The state has no trends to report for this reporting topic.			
5.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: <input type="checkbox"/> Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to Milestone 4			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
6.2 Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			
6.2.1 Metric Trends			
<input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5			
<input checked="" type="checkbox"/> The state has no trends to report for this reporting topic.			

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6.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: <input type="checkbox"/> i) Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD <input type="checkbox"/> ii) Expansion of coverage for and access to naloxone			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to Milestone 5			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
7.2 Improved Care Coordination and Transitions between Levels of Care (Milestone 6)			
7.2.1 Metric Trends			
<input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6			
<input checked="" type="checkbox"/> The state has no trends to report for this reporting topic.			
7.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: <input checked="" type="checkbox"/> Implementation of policies supporting beneficiaries’ transition from residential and inpatient facilities to community-based services and supports	<i>The first phase of NC’s Medicaid transformation – the implementation of “Standard Plans” has been suspended. SUD-specific care management provisions are included in the contracts for Standard Plans. SUD-specific care management provisions are also being incorporated into the forthcoming request for applications (RFA) for BH I/DD Tailored Plans and will be included in the contracts once awarded.</i>	08/01/2019 – 10/31/2019	
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			

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<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to Milestone 6			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
8.2 SUD Health Information Technology (Health IT)			
8.2.1 Metric Trends			
<input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its Health IT metrics			
<input checked="" type="checkbox"/> The state has no trends to report for this reporting topic.			

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8.2.2 Implementation Update			
<p>Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> i) How health IT is being used to slow down the rate of growth of individuals identified with SUD <input type="checkbox"/> ii) How health IT is being used to treat effectively individuals identified with SUD <input type="checkbox"/> iii) How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD <input type="checkbox"/> iv) Other aspects of the state’s plan to develop the health IT infrastructure/capabilities at the state, delivery system, health plan/MCO, and individual provider levels <input type="checkbox"/> v) Other aspects of the state’s health IT implementation milestones <input type="checkbox"/> vi) The timeline for achieving health IT implementation milestones <input type="checkbox"/> vii) Planned activities to increase use and functionality of the state’s prescription drug monitoring program 			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to Health IT			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			

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9.2 Other SUD-Related Metrics			
9.2.1 Metric Trends			
<input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics			
<input checked="" type="checkbox"/> The state has no trends to report for this reporting topic.			
9.2.2 Implementation Update			
<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to other SUD-related metrics			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
10.2 Budget Neutrality			
10.2.1 Current status and analysis			
<input checked="" type="checkbox"/> If the SUD component is part of a broader demonstration, the state should provide an analysis of the SUD-related budget neutrality and an analysis of budget neutrality as a whole. Describe the current status of budget neutrality and an analysis of the budget neutrality to date.	<i>There has been no analysis of SUD Budget Neutrality to date as the state has yet to report related expenditures to CMS via the CMS-64 SUD waiver schedules.</i>	08/01/2019 – 10/31/2019	
10.2.2 Implementation Update			
<input type="checkbox"/> The state expects to make other program changes that may affect budget neutrality			
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			

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11.1 SUD-Related Demonstration Operations and Policy			
11.1.1 Considerations			
<input checked="" type="checkbox"/> States should highlight significant SUD (or if broader demonstration, then SUD-related) demonstration operations or policy considerations that could positively or negatively affect beneficiary enrollment, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the SUD demonstration’s approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail.	<p><i>The NC Legislature has not passed a 2020 – 2021 budget. Consequently, implementation of Medicaid managed care has been suspended. NC continues work toward the implementation of the Behavioral Health and I/DD Tailored Plans. However, the timeline for implementation is unclear. In the interim, Medicaid beneficiaries remain enrolled in NC Medicaid Direct (fee-for-service) for their physical health services and LME-MCOs for their behavioral health services.</i></p> <p><i>Most of the necessary policy changes are contingent on all providers being fully trained in ASAM and the greatest impediment for achieving the SUD demonstration goals had been difficulty securing funding for ASAM training. However, funding for ASAM has now been identified and planning of ASAM training is underway.</i></p>	08/01/2019 – 10/31/2019	
<input type="checkbox"/> The state has no related considerations to report for this reporting topic.			
11.1.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> i) How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service) <input type="checkbox"/> ii) Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes) <input type="checkbox"/> iii) Partners involved in service delivery 	<p><i>Implementation of Medicaid managed care has been suspended. In the interim, Medicaid beneficiaries remain enrolled in NC Medicaid Direct (fee-for-service) for their physical health services and LME-MCOs for their behavioral health services.</i></p>	08/01/2019 – 10/31/2019	
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			

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<input type="checkbox"/> The state experienced challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers) and/or noted any performance issues with contracted entities			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input checked="" type="checkbox"/> The state is working on other initiatives related to SUD or OUD			
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The initiatives described above are related to the SUD or OUD demonstration (States should note similarities and differences from the SUD demonstration)			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
12. SUD Demonstration Evaluation Update			
12.1. Narrative Information			
<input checked="" type="checkbox"/> Provide updates on SUD evaluation work and timeline. The appropriate content will depend on when this report is due to CMS and the timing for the demonstration. See report template instructions for more details.	<i>CMS has approved the designs for the Department's independent evaluations of the 1115 demonstration, Residential and Inpatient Treatment for Individuals with a Substance Use Disorder (SUD) Program, and the Enhanced Case Management (ECM) and Other Services Pilot Program.</i>	08/01/2019 – 10/31/2019	
<input type="checkbox"/> The state has no SUD demonstration evaluation update to report for this reporting topic.			

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Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
<input checked="" type="checkbox"/> Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs.	<i>The Department anticipated having an evaluation implementation contract in place by the end of 2019 so the Department’s independent evaluators could produce a summary of evaluation activities for this report. However, the implementation contract has not been executed due to competing procurement priorities. The Department is amending the evaluation design contract as a stopgap measure to support monitoring and baselining activities until the evaluation implementation contract is executed. As of the end of the measurement period, the Department was targeting early April to deliver the first draft of the amendment to the evaluation design contract to its independent evaluators. However, the timeline may be impacted by COVID-19 mitigation activities.</i>	08/01/2019 – 10/31/2019	
<input type="checkbox"/> The state has no SUD demonstration evaluation update to report for this reporting topic.			
<input checked="" type="checkbox"/> List anticipated evaluation-related deliverables related to this demonstration and their due dates.	<ul style="list-style-type: none"> • Quarterly Report - 60 days after end of each DY quarter, except 4th quarter • Annual Report - 90 days after end of each DY/4th quarter • Interim Report - Draft due October 31, 2022, or with renewal application; Final due 60 days after receipt of CMS comments • Summative Report - Draft due within 18 months after October 31, 2024; Final due 60 days after receipt of CMS comments 	08/01/2019 – 10/31/2019	
<input type="checkbox"/> The state has no SUD demonstration evaluation update to report for this reporting topic.			
13.1 Other Demonstration Reporting			
13.1.1 General Reporting Requirements			
<input type="checkbox"/> The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol			
<input checked="" type="checkbox"/> The state has no updates on general requirements to report for this reporting topic.			

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Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
<input type="checkbox"/> The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes			
<input checked="" type="checkbox"/> The state has no updates on general requirements to report for this reporting topic.			
Compared to the demonstration design and operational details, the state expects to make the following changes to: <ul style="list-style-type: none"> <input type="checkbox"/> i) The schedule for completing and submitting monitoring reports <input checked="" type="checkbox"/> ii) The content or completeness of submitted reports and/or future reports 	<p><i>Due to competing procurement priorities the implementation contract for the independent evaluation has not been executed in time for the state's independent evaluators to produce a summary of evaluation activities for this report.</i></p> <p><i>The state is carrying forward an issue in the 'Data and reporting issues' tab of the 1115-SUD-Monitoring-Workbook-v4.0_NC Medicaid Reform Demonstration_DY2Q1'. The state needs to operationalize 'Access to additional services using Provider Resource Directory - connecting primary care to SUD service offerings - Total number of providers and resources managed in provider/resource directory; accuracy of information; frequency of information update'. This state identified metric, associated with SUD Health IT, cannot be reported until a methodology has been determined. The state's follow-up responses to CMS's initial responses to this and other issues documented in the state's Demonstration Year 1 Quarter 4 submission are included in 'Appendix 12 - NC 1115 SUD Questions_02212020_NC follow-up with DY2Q1 submission'.</i></p> <p><i>The state has yet to hold a post-award public forum pursuant to 42 CFR § 431.420(c). The initial forum will be held as soon as possible and summarized in a subsequent monitoring report. However, the initial forum might be held later than expected because the Department is prioritizing COVID-19 mitigation activities.</i></p>		
<input type="checkbox"/> The state has no updates on general requirements to report for this reporting topic.			
<input type="checkbox"/> The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation			

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Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
<input checked="" type="checkbox"/> The state has no updates on general requirements to report for this reporting topic.			
13.1.2 Post-Award Public Forum			
<input checked="" type="checkbox"/> If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicating any resulting action items or issues. A summary of the post-award public forum must be included here for the period during which the forum was held and in the annual report.	<p><i>The state held a public webcast on 10/26/2018, two days after the 1115 Demonstration Waiver application was approved. The presentation, delivered by NC DHHS Secretary Mandy Cohen, can be reviewed in 'Appendix 13 - NC 1115 Waiver Webcast Slides'. A transcript of the presentation, including questions posed by attendees and the associated responses, can be reviewed in 'Appendix 14 - NC 1115 Waiver Webcast Transcript'.</i></p> <p><i>The state is taking steps to hold a post-award public forum pursuant to 42 CFR § 431.420(c) as soon as possible and annually thereafter.</i></p>	8/01/2019 – 10/31/2019	
<input type="checkbox"/> No post-award public forum was held during this reporting period and this is not an annual report, so the state has no post-award public forum update to report for this topic.			
14.1 Notable State Achievements and/or Innovations			
14.1 Narrative Information			
<input type="checkbox"/> Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SUD (or if broader demonstration, then SUD related) demonstration or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries.			
<input checked="" type="checkbox"/> The state has no notable achievements or innovations to report for this reporting topic.			

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

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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."

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