

1. Title page for the state’s substance use disorder (SUD) demonstration or the SUD component of the broader demonstration

State	West Virginia
Demonstration name	West Virginia Continuum of Care for Medicaid Enrollees with Substance Use Disorders
Approval period for section 1115 demonstration	01/01/2018 – 12/31/2022
SUD demonstration start date^a	01/01/2018
Implementation date of SUD demonstration, if different from SUD demonstration start date^b	01/14/2018
SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives	<p>Under this demonstration, the State expects to achieve the following to promote the objectives of Title XIX:</p> <ul style="list-style-type: none"> • Improve quality of care and population health outcomes for Medicaid enrollees with SUD. • Increase enrollee access to and utilization of appropriate SUD treatment services based on the American Society of Addiction Medicine (ASAM®) Criteria or other comparable, nationally recognized SUD program standards based on evidence-based clinical treatment guidelines for standards of care. • Decrease medically inappropriate and avoidable utilization of high-cost emergency department (ED) and hospital services by enrollees with SUD. • Improve care coordination and care transitions for Medicaid enrollees with SUD.
SUD demonstration year and quarter	DY3 Q3
Reporting period	07/01/2020 – 9/30/2020

^a **SUD demonstration start date:** For monitoring purposes, CMS defines the start date of the demonstration as the *effective date* listed in the state’s STCs at time of SUD demonstration approval. For example, if the state’s STCs at the time of SUD demonstration approval note that the SUD demonstration is effective January 1, 2020 – December 31, 2025, the state should consider January 1, 2020 to be the start date of the SUD demonstration. Note that the effective date is considered to be the first day the state may begin its SUD demonstration. In many cases, the effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example, CMS may approve an extension request on 12/15/2020, with an effective date of 1/1/2021 for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

^b Implementation date of SUD demonstration: The date the state began claiming federal financial participation for services provided to individuals in institutions for mental disease.

2. Executive summary

The West Virginia (State) Bureau for Medical Services (BMS) has continued working to achieve Substance Use Disorder (SUD) demonstration goals, targeting three areas: responding to the COVID-19 public health emergency (PHE), Peer Recovery Support Services (PRSS) policy changes, and analyzing both quarterly and retrospective metrics. These three target areas are described below.

First, the State is communicating with providers, members, and federal partners to help ensure Medicaid beneficiaries have continued access to SUD treatment services during the COVID-19 PHE. The State has continued to temporarily permit greater use of telehealth or telephonic modalities when needed to render services. Additionally, the State resumed on-site reviews in July 2020 after pausing during the previous quarter due to the PHE. On May 26, 2020, the State submitted a COVID-19 1115 waiver to CMS, aiming to provide additional supports for current 1115 SUD waiver members and providers during the PHE.

Second, the State developed Peer Recovery Support Specialist (PRSS) policy changes in response to concerns about PRSS provider qualifications, best practices, and program integrity. These changes shift from the current BMS certification process to the West Virginia Certification Board for Addiction and Prevention Professionals (WVCBAPP) Peer Recovery Certification and allow a transition period from October 1, 2020 – September 30, 2022, during which both the BMS certification and WVCBAPP certification will be reimbursable credentials. The State discussed these changes with CMS on August 14, 2020. CMS did not anticipate that Special Terms and Conditions (STC) updates would be required.

Third, the State analyzed both quarterly and retrospective metrics for this report to better understand waiver progress and areas for future focus.¹ The State compared the actual percent change to the target annual direction and percent change listed in the approved monitoring protocol. The State also analyzed DY3 Q2 metric trends while understanding the COVID-19 PHE was ongoing during DY3 Q2, which might affect data in several ways. Therefore, metric trends have been reported but are not viewed as conclusive at this time. However, one key trend that has remained either steady or continued to progress positively during the PHE has been Metric 12 (Medication Assisted Treatment), which remained steady in the previous report and showed an 18.3% increase compared to DY3 Q1 data.

¹ For more information about retrospective metrics, please see the separate Part A workbook and Part B document.

3. Narrative information on implementation, by milestone and reporting topic

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1. Assessment of need and qualification for SUD services			
1.1 Metric trends			
1.1.1. 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		1, 2, 3	The State’s quarterly metrics reporting below analyzes each change greater than 2 percent related to assessment of need and qualification for SUD services. The percent change is calculated in comparison with DY3 Q1 data. 1: Assessed for SUD Treatment Needs Using a Standardized Screening Tool <ul style="list-style-type: none"> • Change: -26.2% • Comments: The monitoring protocol targets an increase in this metric. It seems likely the metric was affected by a reduction in beneficiaries being assessed during the COVID-19 PHE. The State has observed ebbs and flows in beneficiaries seeking assessments and treatment. 2: Medicaid Beneficiaries with Newly Initiated SUD Treatment/Diagnosis <ul style="list-style-type: none"> • Change: -21.8% • Comments: Unlike other metrics, Metric 2 is inversely impacted by claims data lag. This means that as new claims come in, the count goes down instead of up, because new claims might determine a previously identified “new” SUD treatment/diagnosis is not new. The State expects the overall percentage change to be a larger decrease once the data is adjusted with new claims. The State’s monitoring protocol goal was to see an increase in Metric 2; however, it is likely this quarter’s decrease is an

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			exception due to the ongoing PHE. The State has observed ebbs and flows in beneficiaries seeking assessments and treatment. 3: Medicaid Beneficiaries with SUD Diagnosis (Monthly) <ul style="list-style-type: none"> • Change: +12.1% • Comments: It seems likely this metric was affected by the COVID-19 PHE, which BMS observed resulted in additional Medicaid beneficiaries with a SUD diagnosis during this time frame.
1.2 Implementation update			
1.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes to: 1.2.1.i. The target population(s) of the demonstration	X		
1.2.1.ii. The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration	X		
1.2.2 The state expects to make other program changes that may affect metrics related to assessment of need and qualification for SUD services	X		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2. Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)			
2.1 Metric trends			
2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1		7, 8, 9, 10, 12	The State’s quarterly metrics reporting below analyzes each change greater than 2 percent related to Milestone 1. The percent change is calculated in comparison with DY3 Q1 data. <p>7. Early Intervention</p> <ul style="list-style-type: none"> • Change: -29.4% • Comments: While the State’s goal is to increase this metric by 5% annually—and this report shows a 29.4% decrease instead—it is likely this trend is an exception due to the ongoing PHE. In operations, the State observed a decrease in beneficiaries seeking evaluations for services overall. <p>8. Outpatient Services</p> <ul style="list-style-type: none"> • Change: +89.0% • Comments: Though this percent change appears large, BMS has improved system logic for retrieving Metric 8 data (within the same monitoring protocol parameters) while developing the retrospective and DY3 Q3 reports. The percent change when comparing between quarters using data reported in the retrospective Part A (instead of the DY3 Q2 report) is +1.9%. <p>10. Residential and Inpatient Services</p> <ul style="list-style-type: none"> • Change: +90% • Comments: Though this percent change appears large, BMS has improved system logic for retrieving Metric 10 data (within the same

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			monitoring protocol parameters) while developing the retrospective and DY3 Q3 reports. The percent change when comparing between quarters using data reported in the retrospective Part A (instead of the DY3 Q2 report) is +16.8%. The State anticipated an increase in Metric 10 due to additional approved beds. 12. MAT <ul style="list-style-type: none"> • Change: +18.3% • Comments: The State appears to have met its monitoring protocol goal so far, which was to increase the number of Medicaid beneficiaries with SUD diagnosis by 5 percent annually. MAT appears to be one of the more consistent SUD waiver services beneficiaries are accessing during the PHE.
2.2 Implementation update			
2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 2.2.1.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)	X		
2.2.1.ii. SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential treatment, medically supervised withdrawal management, and medication-	X		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
assisted treatment services provided to individual IMDs			
2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1	X		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
3. Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)			
3.1 Metric trends			
3.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2	X		
3.2. Implementation update			
3.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 3.2.1.i. Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria			The State is still strongly considering purchasing license subscriptions for tools to help providers determine the ASAM® LOC and help the State manage and monitor bed availability, State Opioid Response (SOR) Grant Government Performance and Results Act (GPRA) Reporting, and Prevention.
3.2.1.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	X		
3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2	X		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)			
4.1 Metric trends			
4.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3 <i>Note: There are no CMS-provided metrics related to Milestone 3. If the state did not identify any metrics for reporting this milestone, the state should indicate it has no update to report.</i>	X		
4.2 Implementation update			
4.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 4.2.1.i. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards	X		
4.2.1.ii. Review process for residential treatment providers' compliance with qualifications.	X		
4.2.1.iii. Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site	X		
4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3	X		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
5. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)			
5.1 Metric trends			
5.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4	X		
5.2 Implementation update			
5.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care			Due to the COVID-19 PHE, BMS is monitoring updates from RAS/crisis stabilization unit (CSU) facilities regarding COVID-19 disruptions. During this quarter, providers did not report new disruptions as a result of the COVID-19 PHE, with the exception of facilities that experienced COVID-19 cases and temporarily stopped accepting new patients while the facility completed appropriate protocols.
5.2.2 The state expects to make other program changes that may affect metrics related to Milestone 4	X		
6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			
6.1 Metric trends			
6.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5	X		
6.2 Implementation update			
6.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 6.2.1.i. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD	X		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.2.1.ii. Expansion of coverage for and access to naloxone	X		
6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5	X		
7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)			
7.1 Metric trends			
7.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6	X		
7.2 Implementation update			
7.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: Implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports	X		
7.2.2 The state expects to make other program changes that may affect metrics related to Milestone 6	X		
8. SUD health information technology (health IT)			
8.1 Metric trends			
8.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics	X		
8.2 Implementation update			
8.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.2.1.i. How health IT is being used to slow down the rate of growth of individuals identified with SUD			
How health IT is being used to treat effectively individuals identified with SUD	X		
8.2.1.ii. How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD	X		
8.2.1.iii. 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	X		
8.2.1.iv. Other aspects of the state’s health IT implementation milestones	X		
8.2.1.v. The timeline for achieving health IT implementation milestones	X		
8.2.1.vi. Planned activities to increase use and functionality of the state’s prescription drug monitoring program	X		
8.2.2 The state expects to make other program changes that may affect metrics related to health IT	X		
9. Other SUD-related metrics			
9.1 Metric trends			
9.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics		23	The State’s quarterly metrics reporting below analyzes each change greater than 2 percent related to other SUD-related metrics. The percent change is calculated in comparison with DY3 Q1 data. 23. Emergency Department (ED) Utilization for SUD per 1,000 Medicaid Beneficiaries

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<ul style="list-style-type: none"> • Change: -3.6% • Comments: This metric appears to be going in the target direction for decreasing ED utilization for SUD per 1,000 Medicaid beneficiaries. However, it seems likely the data is affected by the COVID-19 PHE, with a reduction in beneficiaries seeking services. The State will continue to monitor and analyze this metric’s progress.
9.2 Implementation update			
9.2.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics		23	Please refer to updates under 9.1.1.

4. Narrative information on other reporting topics

Prompts	State has no update to report (Place an X)	State response
10. Budget neutrality		
10.1 Current status and analysis		
10.1.1 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.	X	
10.2 Implementation update		
10.2.1 The state expects to make other program changes that may affect budget neutrality	X	

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Prompts	State has no update to report (Place an X)	State response
11. SUD-related demonstration operations and policy		
11.1 Considerations		
<p>11.1.1 The state 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>		<p>The State continues efforts to increase access to services. On September 18, 2020, the State had 910 residential adult services (RAS) beds—an increase of 121 since the last report. Of the 910 approved RAS beds, 489 were flexible capacity beds that could offer either 3.1 or 3.5 Level of Care (LOC), an increase of 70. The State had also approved and certified 777 Peer Recovery Support Specialists (PRSS) who can render services to Medicaid members, an increase of 184. At the end of October 2020,² the State had 63 intensive outpatient program (IOP) providers for adults, 15 for adolescents, and 19 IOP mental health (MH) providers.</p> <p>The State is transitioning to a state PRSS certification process through the WVCBAPP under its Peer Recovery Certification. Beginning October 1, 2020, and for the next two years, the State will accept either the BMS certification or the WVCBAPP Peer Recovery Certification as credentials to be reimbursed for PRSS. For individuals who are certified through BMS or grandfathered into the BMS certification, there is a two-year period to transition to the state WVCBAPP Peer Recovery Certification by October 1, 2022. BMS will terminate its certification process on September 30, 2022. Only those individuals possessing the WVCBAPP Peer Recovery Certification on October 1, 2022, will be eligible for reimbursement. The State is implementing this change to help ensure PRSS provider qualifications are based on best practices, work toward a decertification process if PRSS providers fail to meet program requirements, and ultimately better serve beneficiaries.</p>

² The State recognizes that October 2020 is later than the timeframe for this monitoring report. Due to reporting limitations for the vendor that tracks IOPs, it is not possible to pull reports based on a past date (i.e., the report is only available for current providers and does not maintain a historical record at this time).

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Prompts	State has no update to report (Place an X)	State response
11.2 Implementation update		
11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 11.2.1.i. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)	X	
11.2.1.ii. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)	X	
11.2.1.iii. Partners involved in service delivery	X	
11.2.2 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	X	
11.2.3 The state is working on other initiatives related to SUD or OUD	X	
11.2.4 The initiatives described above are related to the SUD or OUD demonstration (The state should note similarities and differences from the SUD demonstration)	X	
12. SUD demonstration evaluation update		
12.1 Narrative information		
12.1.1 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. There are specific requirements per Code of Federal Regulations (CFR) for annual reports. See report template instructions for more details.		The Evaluation Team has continued to meet on a biweekly basis and has implemented the original work plan agreement between the Evaluation Team and BMS. In addition, the Medicaid 1115 SUD Waiver Evaluation contract outlines three achievable objectives and two deliverables for the current contract period. A brief summary of the objectives and corresponding deliverables are provided below.

<p>12.1.2 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</p>	<p>Objective 1 Summary</p> <p>Consult with BMS and CMS, as well as other relevant state and national partners, to finalize a rigorous evaluation plan.</p> <p>Objective 1 Deliverable(s)</p> <p>Revise and resubmit revised evaluation plan if needed, after receiving CMS feedback.</p> <p>Update:</p> <ul style="list-style-type: none"> • This objective was completed during Quarter 2. CMS approved the evaluation plan on May 29, 2020. <p>Objective 2 Summary</p> <p>Manage collection and/or receipt of evaluation data.</p> <p>Objective 2 Deliverable(s)</p> <p>There are no deliverables under Objective 2; however, updates on activities are provided below:</p> <ul style="list-style-type: none"> • Claims data collection activities are ongoing. The Evaluation Team has received all Medicaid claims data from West Virginia for years 2016 – 2018. The Evaluation Team has also obtained all originally requested Medicaid claims data from an anonymous comparison state during Quarter 3. The Evaluation Team is currently reviewing this comparison state data and plans to request additional data from the comparison state as needed. • The Evaluation Team has conducted six focus groups with SUD treatment providers; with a total of 22 participants from six SUD treatment facilities. Although these focus groups were originally intended to be in-person, the Evaluation Team has worked diligently to adapt to the COVID-19 PHE and therefore organized the focus groups via teleconferencing to stay within the estimated timeline. All six focus group recordings have
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Prompts	State has no update to report (Place an X)	State response
		<p>been transcribed and will soon be analyzed by the Evaluation Team.</p> <p>Objective 3 Summary</p> <p>Conduct preliminary data analyses and present findings to BMS leadership.</p> <p>Objective 3 Deliverable(s)</p> <p>Provide semi-annual presentation of results to state stakeholders.</p> <p>Update:</p> <ul style="list-style-type: none"> • The semi-annual presentations are scheduled to take place at 6-months and 12-months into the contract period. The first preliminary results presentation to stakeholders took place on August 11, 2020, during which descriptive waiver utilization and cost statistics were shared with BMS. • The second presentation is planned for February 2021, and there is no foreseeable delay in this timeline. Contents of this presentation are yet to be finalized, but topics that may be covered include updated BMS claims analyses, waiver cost analyses, results from analyses on the comparison state’s data, and emerging themes and qualitative results from the provider focus groups held during the fall of 2020. The Evaluation Team is currently analyzing both West Virginia and the comparison state’s Medicaid data, as well as focus group qualitative findings, in order to report on these topics. <p>Finally, biweekly meetings between the State project leads and the Evaluation Team have been held and continue to be held via teleconference during the PHE. These biweekly stakeholder meetings include the presentation of quantitative findings from the Medicaid claims analyses.</p>

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Prompts	State has no update to report (Place an X)	State response
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates		<p>Objective 1 Deliverable(s) Revised Evaluation Plan: Complete as of May 29, 2020.</p> <p>Objective 3 Deliverable Semi-annual Presentation of Results: February 2021.</p>
13. Other demonstration reporting		
13.1 General reporting requirements		
13.1.1 The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol	X	
13.1.2 The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes	X	
13.1.3 Compared to the demonstration design and operational details, the state expects to make the following changes to:	X	
13.1.3.i. The schedule for completing and submitting monitoring reports		
13.1.3.ii. The content or completeness of submitted reports and/or future reports	X	
13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation	X	
13.2 Post-award public forum		
13.2.2 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.	X	

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Prompts	State has no update to report (Place an X)	State response
14. Notable state achievements and/or innovations		
14.1 Narrative information		
14.1.1 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.		The State is continually working with the provider community to expand access to services, as seen in the additional 121 approved RAS beds (with 70 flex beds) and 184 approved PRSS since the last report. Additionally, the State has begun PRSS policy changes to provide better care for individuals by increasing qualifications, adherence to best practices, and program integrity processes for the PRSS provider community (777 providers and counting).

*The state should remove all example text from the table prior to submission.

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

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