

July 1, 2019

1. Title page for the state’s eligibility and coverage demonstration or eligibility and coverage policy components of the broader demonstration

The state should complete this title page at the beginning of a demonstration and submit as the title page of all monitoring reports. The content of this transmittal table should stay consistent over time.

This template only includes community engagement policy. Templates for other eligibility and coverage policies are forthcoming.

State	<i>Enter state name.</i>
Demonstration name	<i>Enter full demonstration name as listed in the demonstration approval letter.</i>
Approval date for demonstration	<i>Enter approval date of the demonstration as listed in the demonstration approval letter (MM/DD/YYYY).</i>
Approval period for community engagement	<i>Enter the entire approval period for the community engagement policy. This should include a start date and an end date (MM/DD/YYYY - MM/DD/YYYY).</i>
Approval date for community engagement, if different from above	<i>Enter approval date for the community engagement policy as listed in the demonstration approval letter if different from above (MM/DD/YYYY).</i>
Implementation date for community engagement	<i>Enter community engagement implementation date (MM/DD/YYYY).</i>

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in program monitoring of Medicaid Section 1115 Eligibility and Coverage Demonstrations. This mandatory information collection (42 CFR § 431.428) will be used to support more efficient, timely and accurate review of states’ eligibility and coverage 1115 demonstrations monitoring reports submissions to support consistency of monitoring and evaluation of Medicaid Section 1115 Eligibility and Coverage Demonstrations, increase in reporting accuracy, and reduce timeframes required for monitoring and evaluation. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 58). Public burden for all of the collection of information requirements under this control number is estimated to take about 8 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

2. Executive summary

The executive summary should be reported in the fillable box below. This executive summary is intended for summary level information only.

Enter the executive summary text here.

3. Narrative information on implementation, by eligibility and coverage policy

This template only includes community engagement policies.

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	State response
CE.Mod 1. Specify community engagement policies			
CE.Mod 1.1 Metric trends			
1.1.1 Discuss any data trends related to the overall community engagement enrollment count. Describe and explain changes (+ or -) greater than two percent.	<i>Example: DY1, Qtr. 2</i>	<i>CE_1-8</i>	<i>Example: The number of beneficiaries subject to community engagement requirements in our state in the last quarter decreased by 5 percent. This was due in part to an increase in the number of exemptions for homeless beneficiaries.</i>
1.1.2 Discuss any data trends related to community engagement requirement qualifying activities. Describe and explain changes (+ or -) greater than two percent.		<i>CE_9-14</i>	
1.1.3 Discuss any data trends related to beneficiaries exempt from community engagement requirements. Describe and explain changes (+ or -) greater than two percent.		<i>CE_15-24</i>	
<i>[Add rows as needed]</i>			
<input type="checkbox"/> The state has no metrics related to this reporting topic.			

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	State response
CE.Mod_1.2 Implementation update			
1.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to how the state defines: <ul style="list-style-type: none"> a) Beneficiaries exempt from community engagement requirements b) Qualifying community engagement activities and required hours c) Reporting frequency and hours measurement d) Situations that give rise to good cause e) Compliance actions f) Other policy changes 	<i>Example: DY1, Qtr. 2</i>		<i>Example: In our implementation plan, exempt homeless beneficiaries were defined as those experiencing chronic homelessness for at least 6 months. However, after an analysis of the burden of reporting community engagement hours for this population, the state, in consultation with CE partners and CMS, has decided to change the definition to those experiencing chronic homelessness for at least 3 months. This change has increased the number of beneficiaries that qualify for an exemption due to homelessness.</i>
<i>[Add rows as needed]</i>			
<input type="checkbox"/> The state has no implementation updates to report for this reporting topic.			

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	State response
CE.Mod 2. Establish beneficiary supports and modifications			
CE.Mod 2.1 Metric trends			
2.1.1 Discuss any data trends related to supports and assistance: a) Overall b) Transportation assistance c) Childcare assistance d) Language supports e) Assistance with placement f) Other supports, including assistance from other agencies and entities complementing Medicaid efforts Describe and explain changes (+ or -) greater than two percent.	<i>Example: DY1, Qtr. 2</i>	<i>CE 25-30</i>	<i>Example: There was a substantial increase in the number of beneficiaries using transportation assistance. This increase was the result of a joint publicity campaign in our state between the Medicaid agency and the department of transportation to ensure that Medicaid beneficiaries are aware of available public transportation options.</i> <i>There were no substantial changes in the number of beneficiaries using other supports.</i>
2.1.2 Discuss any data trends related to beneficiaries who request or are granted reasonable modifications to community engagement requirements due to disability. Describe and explain changes (+ or -) greater than two percent.		<i>CE 31-32</i>	

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	State response
CE.Mod_2.2 Implementation update			
2.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes in provided transportation, childcare assistance, language supports, placement assistance, or other supports, including assistance from other agencies and entities complementing Medicaid efforts.	<i>Example DY1, Qtr. 2</i>		<i>Example: The state Medicaid agency and the department of transportation continued conducting a joint publicity campaign to ensure that Medicaid beneficiaries are aware of available and free public transportation options. The campaign consists of targeted print advertising and mailing flyers directly to CE beneficiaries. The campaign began last quarter and is scheduled to continue through next quarter.</i>
2.2.2 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes in public programs that the state Medicaid agency is partnering with to leverage existing employment and training supports.			
2.2.3 Describe any other program changes that have impacted the availability and accessibility of community engagement activities.			

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Report – Part B
 [State] [Demonstration Name]
 [Demonstration Year] – [Calendar Dates for Demonstration Year]
 [Reporting Period] – [Calendar Dates for Reporting Period]
 Submitted on [Insert Date]

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	State response
2.2.4 Compared to the demonstration design details outlined implementation plan, describe any changes or expected changes to how the state provides reasonable modifications for beneficiaries with disabilities or connects beneficiaries with disabilities to needed supports and services.			
<i>[Add rows as needed]</i>			
<input type="checkbox"/> The state has no implementation updates to report for this reporting topic.			

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	State response
CE.Mod_3. Establish procedures for enrollment, verification and reporting			
CE.Mod_3.1 Metric trends – <i>No metric trend analysis is required for this reporting topic.</i>			
CE.Mod_3.2 Implementation update			
3.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or challenges to the state’s: a) Application/enrollment processes to identify beneficiaries subject to or exempt from CE b) Renewal processes for the CE demonstration population c) Other planned modifications to the state’s eligibility determination and enrollment processes and operations as a result of implementation of CE requirements.	<i>Example: DY1, Qtr. 2</i>		<i>Example: The state has not made any changes to the details outlined in the implementation plan.</i>
3.2.2 From the design details outlined in the implementation plan, describe any changes or challenges with the state’s procedures for beneficiaries to report community engagement activities.			

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	State response
3.2.3 From the design details outlined in the implementation plan, describe any changes or challenges with the state’s procedures for CE entities, such as employers, volunteer supervisors, schools, and other institutions, to report community engagement activities, if applicable.			
3.2.4 Compared to the demonstration design details outlined in the implementation plan, describe any changes or challenges with the state’s process for beneficiaries to file for an exemption.			
3.2.5 Compared to the demonstration design details outlined in the implementation plan, describe any changes or challenges with how the state will verify beneficiaries’ compliance with CE requirements.			

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	State response
3.2.6 Describe the actions taken by the state to use additional data sources or leverage other entities to verify compliance with or identify potential exemptions from CE requirements.			
<i>[Add rows as needed]</i>			
<input type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
CE.Mod 4. Operationalize strategies for noncompliance			
CE.Mod 4.1 Metric trends			
4.1.1 Discuss any data trends related to the number of beneficiaries who have experienced: a) new suspensions b) new disenrollments Describe and explain changes (+ or -) greater than two percent.	<i>Example: DY1, Qtr. 2</i>	<i>CE_33-34</i>	<i>Example: The number of beneficiaries who experienced a disenrollment decreased by 10 percent. This decrease happened in the months after adding additional notices around opportunities to cure.</i>
4.1.2 Discuss any data trends related to the number of beneficiaries who have experienced reinstatement of benefits after suspension. Describe and explain changes (+ or -) greater than two percent.		<i>CE_35-40</i>	

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	State response
4.1.3 Discuss any data trends related to the number of beneficiaries who have experienced re-entry after disenrollment. Describe and explain changes (+ or -) greater than two percent.		CE_41-46	
<i>[Add rows as needed]</i>			
<input type="checkbox"/> The state has no metrics related to this reporting topic.			
CE.Mod_4.2 Implementation update			
4.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to policies around identifying beneficiaries at risk of noncompliance and strategies to assist beneficiaries at risk of noncompliance in meeting the requirements.	<i>Example: DY1, Qtr. 2</i>		<i>Example: The state determined that beneficiaries needed more advanced notices around opportunities to cure. In the recent quarter, the state issued an additional notice to beneficiaries who were at risk of noncompliance about opportunities to cure. This notice was issued 30 days in advance. This additional notice may have helped increase beneficiary understanding and compliance.</i>

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	State response
4.2.2 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to the process for compliance actions or benefit reactivation (from suspension) and/or reenrollment (from termination) once community engagement requirements are met.			
4.2.3 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to how a beneficiary who is about to be suspended or disenrolled will be screened for other Medicaid eligibility groups.			
4.2.4 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes from the current renewal process, including changes for beneficiaries in suspension status due to noncompliance with CE requirements.			

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Report – Part B
 [State] [Demonstration Name]
 [Demonstration Year] – [Calendar Dates for Demonstration Year]
 [Reporting Period] – [Calendar Dates for Reporting Period]
 Submitted on [Insert Date]

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	State response
4.2.5 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to the process by which beneficiaries may reenroll after disenrollment or suspension for failure to comply with CE requirements.			
4.2.6 Report any modifications to the appeals processes for beneficiaries enrolled in the 1115 CE demonstration.			
<i>[Add rows as needed]</i>			
<input type="checkbox"/> The state has no implementation updates to report for this reporting topic.			

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	State response
CE.Mod_5. Develop comprehensive communications strategy			
CE.Mod_5.1 Metric trends - No metric trend analysis is required for this reporting topic			
CE.Mod_5.2 Implementation update			
5.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any change or expected changes to the state’s strategy to communicate with beneficiaries about: <ul style="list-style-type: none"> a) General CE policies b) Exempt populations and good cause circumstances c) Suspension or disenrollment for noncompliance d) Reactivation following suspension or reentry after disenrollment for noncompliance 	<i>Example: DY1, Qtr. 2</i>		<i>Example: The state identified that beneficiaries were confused about how to apply for a good cause circumstance. The state decided to provide additional information to beneficiaries explaining what qualifies as a good cause circumstance and how to apply for the exemption.</i>
5.2.2 Describe any outreach or education activities that were conducted with CE partners, such as qualified health plans, managed care organizations, providers, or community organizations, during this reporting period.			

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Report – Part B
 [State] [Demonstration Name]
 [Demonstration Year] – [Calendar Dates for Demonstration Year]
 [Reporting Period] – [Calendar Dates for Reporting Period]
 Submitted on [Insert Date]

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	State response
5.2.3 Compared to the demonstration design details outlined in the implementation plan, describe any changes or challenges with how materials or communications were accessible to beneficiaries with limited English proficiency, low literacy, in rural areas, and other diverse groups.			
5.2.4 Compared to the demonstration design details outlined in the implementation plan, describe any changes or challenges with the state’s plan to communicate modifications of community engagement requirements to beneficiaries with disabilities.			
5.2.5 Describe any communication or outreach conducted to CE partner organizations during this reporting period.			
5.2.6 Describe any internal staff training conducted during this reporting period.			
<i>[Add rows as needed]</i>			
<input type="checkbox"/> The state has no implementation updates to report for this reporting topic.			

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Report – Part B
 [State] [Demonstration Name]
 [Demonstration Year] – [Calendar Dates for Demonstration Year]
 [Reporting Period] – [Calendar Dates for Reporting Period]
 Submitted on [Insert Date]

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	State response
CE.Mod_6. Establish continuous monitoring			
CE.Mod_6.1 Metric trends - No metric trend analysis is required for this reporting topic			
CE.Mod_6.2 Implementation update			
6.2.1 Describe any analyses that the state has conducted to inform its monitoring beyond the required monitoring reports. Describe if these analyses have suggested the need to make changes in any CE policies.			<i>Example: The state has not conducted any analyses to inform its monitoring beyond the required monitoring reports.</i>
6.2.2 Describe if the state has assessed the availability of transportation. If the state identified any gaps in supports, describe what steps have been taken to address those gaps.			
6.2.3 Describe if the state has assessed the availability of childcare supports. If the state identified any gaps in supports, describe what steps have been taken to address those gaps.			
6.2.4 Describe if the state has assessed the availability of language supports. If the state has identified any gaps in supports, describe what steps have been taken to address those gaps.			

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	State response
6.2.5 Describe if the state has assessed the availability of placement assistance supports. If the state has identified any gaps in supports, describe what steps have been taken to address those gaps.			
6.2.6 Describe if the state has assessed the availability of other supports, including assistance from other agencies and entities complementing Medicaid efforts. If the state has identified any gaps in supports, describe what steps have been taken to address those gaps.			
6.2.7 Describe the state’s assessment of whether qualifying community engagement activities are available during a range of times, through a variety of means, and throughout the year.			
6.2.8 Describe if the state has conducted an assessment for areas with high unemployment, limited economic opportunities, and/or limited educational activities. If the state has identified any, describe whether the state has adjusted CE requirements in those areas.			

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Report – Part B
 [State] [Demonstration Name]
 [Demonstration Year] – [Calendar Dates for Demonstration Year]
 [Reporting Period] – [Calendar Dates for Reporting Period]
 Submitted on [Insert Date]

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	State response
6.2.9 Describe if the state has assessed that reasonable modifications and supports are available for beneficiaries with disabilities by region. Describe how the state will address gaps in supports. Note the frequency with which the state will assess reasonable modifications and the availability of supports.			
<i>[Add rows as needed]</i>			
<input type="checkbox"/> The state has no implementation updates to report for this reporting topic.			

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	State response
CE.Mod_7. Develop, modify, and maintain systems			
CE.Mod_7.1 Metric trends - <i>No metric trend analysis is required for this reporting topic</i>			
CE.Mod_7.2 Implementation update			
7.2.1 Describe if the state has developed or enhanced its systems capabilities as described in the implementation plan for: a) Eligibility and enrollment system b) CE reporting for beneficiaries c) CE reporting for other CE entities d) Integration of data from other public programs, such as SNAP and TANF e) Suspension of benefits and payments and/or termination of eligibility f) Benefit reactivation and/or reenrollment once community engagement requirements are met g) Other significant systems changes and modifications	<i>Example: DY1, Qtr. 2</i>		<i>Example: Due to technical delays, the state has not been able to develop its systems capabilities to allow schools to directly report enrollment. The state was hoping to use this capacity to automatically exempt full-time students. Full-time students at this time must apply for an exemption. The state is hoping to begin developing and testing this capability next quarter.</i>
7.2.2 Describe any additional systems modifications that the state is planning to implement.			
<i>[Add rows as needed]</i>			

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Report – Part B
[State] [Demonstration Name]
[Demonstration Year] – [Calendar Dates for Demonstration Year]
[Reporting Period] – [Calendar Dates for Reporting Period]
Submitted on [Insert Date]

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	State response
<input type="checkbox"/> The state has no implementation updates to report for this reporting topic.			

4. Narrative information on implementation for any eligibility and coverage demonstration

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	State response
AD.Mod_1. Metrics and operations for demonstrations with any eligibility and coverage policies (report for all beneficiaries in the demonstration)			
AD.Mod_1.1. Metric trends			
1.1.1 Discuss any data trends related to overall enrollment in the demonstration. Describe and explain changes (+ or -) greater than two percent.		<i>AD_I-5</i>	
1.1.2 Discuss any data trends related to mid-year loss of demonstration eligibility. At a minimum, changes (+ or -) greater than two percent should be described.		<i>AD_6-10</i>	
1.1.3 Discuss any data trends related to enrollment duration at time of disenrollment. Describe and explain changes (+ or -) greater than two percent.		<i>AD_11-13</i>	
1.1.4 Discuss any data trends related to renewals. Describe and explain changes (+ or -) greater than two percent.		<i>AD_14-21</i>	

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Report – Part B
 [State] [Demonstration Name]
 [Demonstration Year] – [Calendar Dates for Demonstration Year]
 [Reporting Period] – [Calendar Dates for Reporting Period]
 Submitted on [Insert Date]

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	State response
1.1.5 Discuss any data trends related to cost sharing limits. Describe and explain changes (+ or -) greater than two percent.		AD_22	
1.1.6 Discuss any data trends related to appeals and grievances. Describe and explain changes (+ or -) greater than two percent.		AD_23--27	
1.1.7 Discuss any data trends related to access to care. Describe and explain changes (+ or -) greater than two percent.		AD_28-36	
1.1.8 Discuss any data trends related to quality of care and health outcomes. Describe and explain changes (+ or -) greater than two percent.		AD_37-43	
1.1.9 Discuss any data trends related to administrative costs. Describe and explain changes (+ or -) greater than two percent.		AD_44	
<i>[Add rows as needed]</i>			
<input type="checkbox"/> The state has no metrics trends to report for this reporting topic.			

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Report – Part B
 [State] [Demonstration Name]
 [Demonstration Year] – [Calendar Dates for Demonstration Year]
 [Reporting Period] – [Calendar Dates for Reporting Period]
 Submitted on [Insert Date]

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	State response
AD.Mod_1.2. Implementation update			
1.2.1 Highlight significant demonstration operations or policy considerations that could positively or negatively impact beneficiary enrollment, compliance with requirements, 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 demonstration’s approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail.			
<i>[Add rows as needed]</i>			
<input type="checkbox"/> The state has no implementation updates to report for this reporting topic.			

5. Narrative information on other reporting topics

Prompts	Measurement period first reported (MM/YYYY – MM/YYYY)	Metric(s) (if any)	State response
1. Financial/budget neutrality			
1.1 Current status and analysis			
1.1.1 Discuss the current status of financial/budget neutrality and provide an analysis of the budget neutrality to date. If the CE component is part of a comprehensive demonstration, the state should provide an analysis of the CE-related budget neutrality and an analysis of budget neutrality as a whole.			
<i>[Add rows as needed]</i>			
<input type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
1.2 Implementation update			
1.2.1 Describe any anticipated program changes that may impact financial/budget neutrality.			
<i>[Add rows as needed]</i>			
<input type="checkbox"/> The state has no implementation updates to report for this reporting topic.			

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Report – Part B
 [State] [Demonstration Name]
 [Demonstration Year] – [Calendar Dates for Demonstration Year]
 [Reporting Period] – [Calendar Dates for Reporting Period]
 Submitted on [Insert Date]

Prompts	Measurement period first reported (MM/YYYY – MM/YYYY)	Metric(s) (if any)	State response
2. Demonstration evaluation update			
2.1 Narrative information			
2.1.1 Provide updates on CE 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.			
2.1.2 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.			
2.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates.			
<i>[Add rows as needed]</i>			
<input type="checkbox"/> The state has no CE demonstration evaluation update to report for this reporting topic.			

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Report – Part B
 [State] [Demonstration Name]
 [Demonstration Year] – [Calendar Dates for Demonstration Year]
 [Reporting Period] – [Calendar Dates for Reporting Period]
 Submitted on [Insert Date]

Prompts	Measurement period first reported (MM/YYYY – MM/YYYY)	Metric(s) (if any)	State response
3. Other demonstration reporting			
3.1 General reporting requirements			
3.1.1 Describe whether the state foresees the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes.			
3.1.2 Compared to the details outlined in the STCs and the monitoring protocol, describe whether the state has formally requested any changes or whether the state expects to formally request any changes to: a) The schedule for completing and submitting monitoring reports b) The content or completeness of submitted reports and or future reports			

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Report – Part B
 [State] [Demonstration Name]
 [Demonstration Year] – [Calendar Dates for Demonstration Year]
 [Reporting Period] – [Calendar Dates for Reporting Period]
 Submitted on [Insert Date]

Prompts	Measurement period first reported (MM/YYYY – MM/YYYY)	Metric(s) (if any)	State response
3.1.3 Describe whether the state has identified any real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation.			
<i>[Add rows as needed]</i>			
<input type="checkbox"/> The state has no updates on general reporting requirements to report for this reporting topic.			
3.2 Post-award public forum			
3.2.1 If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held indicating any resulting action items or issues. A summary of the post-award public forum should be included here for the period during which the forum was held and in the annual report.			
<i>[Add rows as needed]</i>			
<input type="checkbox"/> There was not a post-award public forum 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 reporting topic.			

Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Report – Part B
 [State] [Demonstration Name]
 [Demonstration Year] – [Calendar Dates for Demonstration Year]
 [Reporting Period] – [Calendar Dates for Reporting Period]
 Submitted on [Insert Date]

Prompts	Measurement period first reported (MM/YYYY – MM/YYYY)	Metric(s) (if any)	State response
4. Notable state achievements and/or innovations			
4.1 Narrative information			
4.1.1 Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies (1) pursuant to the CE hypotheses (or if broader demonstration, then CE related) or (2) 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.			
<i>[Add rows as needed]</i>			
<input type="checkbox"/> The state has no notable achievements or innovations to report for this reporting topic.			