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 I table should stay consistent over time.

State	North Carolina
	North Carolina Medicaid Reform Demonstration
Demonstration name	Worth carolina Wedicala Rejorni Bernonstration
Approval date for demonstration	10/24/2018
Approval period for SUD	01/01/2019 – 10/31/2023
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	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: 1. Expanding its SUD benefits to offer the complete American Society of Addiction Medicine (ASAM) continuum of SUD services; 2. Obtaining a waiver of the Medicaid institution for mental diseases (IMD) exclusion for SUD services; 3. Ensuring that providers and services meet evidence-based program and licensure standards; 4. Building SUD provider capacity; 5. Strengthening care coordination and care management for individuals with SUDs; and 6. Improving North Carolina's prescription drug monitoring program (PDMP).

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 2 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. Key updates to these activities include:

- Working to achieve final technical upgrades to implement opioid prescribing guidelines and other interventions.
- Continue to build interstate data sharing to track patient-specific prescription data. Since last reporting period the state has added four additional states/territories to this initiative.
- Monitoring to see if the switch to telehealth visits due to COVID-19 pandemic has impacted access to care.

Withdrawal Management without Extended On-Site Monitoring

-A contract to fund ASAM training has been signed and will commence July 1, 2020.

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

The NC Legislature still 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 Department's draft policy associated with Opioid Treatment Programs, Diagnostic Assessments and Ambulatory Withdrawal Management is almost complete. However, implementation of these policy changes is dependent on providers receiving ASAM training. The Department has identified funding for ASAM training and initiated planning of ASAM training.

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 Se 1.2.1 Metric Trends	rvices		
☑ 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.	Since the start of the demonstration in July 2019 SUD diagnoses among the number (numerator) of beneficiaries has steadily decreased. The current numerator is down 2.82% (n 68,5485) The following are sub-populations with a change of +/- 2% • beneficiaries with Opioid use disorder increased by 5.56% (n= 27,266) • beneficiaries younger than 18 decreased by 22.17% (n = 2320) • beneficiaries between the ages of 18-64 decreased by 22.17% (n = 2,320) • beneficiaries 65 and older increased by 14.84% (n in last month of measurement period =6321) • pregnant beneficiaries decreased by 12.70% (n in last month of measurement period =605) • beneficiaries involved in criminal activity decreased by 19,08% (N = 123) The Department continues to monitor the data, however, it is still is not ready to apply meaning to the trends outlined above given the relative size of the subpopulations.	11/01/2019- 01/31/2020	Medicaid beneficiaries with SUD diagnosis (monthly)
\square The state has no metrics trends to report for this re	porting topic.		

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
1.2.2 Implementation Update	·		
Compared to the demonstration design and operational details, the state expects to make the following changes to: i) The target population(s) of the demonstration ii) The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration			
oxtimes The state has no implementation update to report f	for this reporting topic.		
☐ The state expects to make other program changes that may affect metrics related to assessment of need and qualification for SUD services			
\Box The state has no implementation update to report f	for this reporting topic.		

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
2.2 Access to Critical Levels of Care for OUD and other	er SUDs (Milestone 1)		
2.2.1 Metric Trends			

☐ The state reports the following metric trends,		11/01/2019-	Any SUD
including all changes (+ or -) greater than 2 percent	The Department is not ready to apply meaning to the trends for this Milestone	01/31/2020	Treatment
related to Milestone 1	given the absence of a longer-term trend in which the current quarter's data		
	points can be contextualized.		Intensive
			outpatient and
	Since the start of the demonstration in July 2019 the number (numerator) of		partial
	beneficiaries receiving any SUD treatment continues to decline.		hospitalization
	The current numerator is .77% (n=25,932) down from baseline		
	The following are sub-populations with a change of +/- 2%		Medication
	 beneficiaries younger than 18 increased by 20.79% (n = 796) 		Assisted
	beneficiaries ages 18 to 64 decreased by 2.12% (n = 23,680)		Treatment
	 beneficiaries 65 and older increased by 13.66% (n = 1,456) 		
	 pregnant beneficiaries increased by 16.08% (n = 240) 		Outpatient
			services
	Since the start of the demonstration in July 2019 the number (numerator) of		
	beneficiaries receiving intensive outpatient and partial hospitalization		Residential an
	continues to decline. The current numerator is 15.35% (n = 1472) down from		Inpatient
	baseline.		
	The following are sub-populations with a change of +/- 2%		Withdrawal
	• beneficiaries with Opioid use disorder increased by 6.32% (n = 538)		management
	 beneficiaries under the age of 18 decreased by 8.75% (n =73) 		
	 beneficiaries ages 18 to 64 decreased by 16.31% (n = 1,319) 		Early
	 beneficiaries over the age of 64 decreased by 3.61% (n=80) 		intervention
	 beneficiaries who are pregnant decreased by 46.67% (n= 8) 		
	 dual eligible beneficiaries decreased by 23.84% (n = 313) 		
	Since the start of the demonstration in July 2019 the number (numerator) of		
	beneficiaries receiving Medication Assisted Treatment continued to		
	decrease. The current numerator is 1.60% (n=12,019) Even though the		
	percentage is not within the +/- 2 % threshold, the state decided to include the		
	numerator for this metric.		
	The following are sub-populations with a change of +/- 2%		
	 beneficiaries over the age of 64 increased by 3.65% (n= 142) 		
	 beneficiaries who are pregnant decreased 14.58% (n = 150) 		
	 dual eligible beneficiaries decreased by 8.77% (n = 676) 		

Since the start of the demonstration in July 2019 the number (numerator) of beneficiaries **Outpatient Services** increased slightly by .95% (n=17,990). Even though the percentage is not within the +/- 2% threshold, the state decided to include the numerator for this metric.

The following are sub-populations with a change of +/- 2%

- beneficiaries with Opioid Use Disorder increased by 4.27% (n=11,669)
- beneficiaries younger than 18 increased by 26% (n = 538)
- beneficiaries 65 and older increased by 11.78% (n = 664)
- beneficiaries who are pregnant decreased by 8.67% (n = 179)
- beneficiaries who criminally involved decreased by 50% (n=2)

Since the start of the demonstration in July 2019 the number (numerator) of beneficiaries receiving **Residential and Inpatient** services decreased by 7.41% (n= 275)

The following are sub-populations with a change of \pm 2%

- beneficiaries with Opioid Use Disorder decreased by 16.67% (n=70)
- beneficiaries younger than 18 increased by 300% (n= 4)
- beneficiaries ages 18 to 64 decreased by 10.18% (n = 256)
- beneficiaries over the age of 64 increased by 36.36% (n=15)
- beneficiaries who are pregnant decreased by 100% (n=0)
- Beneficiaries who are dully eligible increased by 2.38%(n=43)

Since the start of the demonstration in July 2019 the number (numerator) of beneficiaries receiving **Withdrawal Management** increased by 30.36% (n=73) The following are sub-populations with a change of +/- 2%

- Beneficiaries with Opioid Use Disorder increased by 111.11% (n=19)
- beneficiaries ages 18 to 64 increased by 25% (n = 65)
- beneficiaries over the age of 64 increased by 50% (n= 6)
- beneficiaries who are pregnant decreased by 100% (n=0)
- beneficiaries who are dully eligible decreased by 21.43% (n=11)

The number of beneficiaries receiving **Early Intervention** services decreased by 77% compared to DY2Q1, going from 1,364 to 312 claims. This decrease appears to be the reversal of an unusual trend beginning in 2019 where three

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
	providers were submitting many early intervention claims. In 2018 there were 5,377 claims for Metric 7 services, compared to 56,900 in 2019, largely due to increases in claims from the three providers. The Department's Office of Compliance and Program Investigation has been made aware of this trend.		
\square The state has no metrics trends to report for this re	porting topic.		
2.2.2 Implementation Update			
Compared to the demonstration design and	The state has identified a funding mechanism to institute planned actives for	11/01/2019-	
operational details, the state expects to make the following changes to: ☑ 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) ☐ 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	outpatient services, intensive outpatient services, medication assisted treatment, services in intensive residential and inpatient settings, and medically supervised withdrawal management. The contract with UNC School of Social Work Behavioral Health Springboard and is slated to beginning July 1, 2020 as per the signed contract. The contract with UNC also covers the Train to Change company who is the subcontractor who will perform the ASAM training.	01/31/2020	

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
☑ The state expects to make other program changes that may affect metrics related to Milestone 1	 Due to the COVID 19 pandemic engagement with opioid treatment stakeholders has been delayed. Plans are being made to pick up this work when appropriate. The Department is working on a more appropriate alternative to the current Medically Supervised or Alcohol and Drug Abuse Treatment (ADATC) level of care for Detoxification Crisis Stabilization due to the plan lacking return on investment. That is, not cost effective. 	11/01/2019- 01/31/2020	
☐ The state has no implementation update to report	for this reporting topic.		
3.2 Use of Evidence-based, SUD-specific Patient Place	ement Criteria (Milestone 2)		
3.2.1 Metric Trends			
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2		11/01/2019- 01/31/2020	
☐ The state has no trends to report for this reporting	topic.		
☐ The state is not reporting metrics related to Mileston	one 2.		

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
3.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: ☑ i) Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria ☑ 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	The state has identified a funding mechanism to institute planned actives to improve providers' use of evidence-based, SUD specific placement criteria. The contract with UNC School of Social Work Behavioral Health Springboard and is slated to beginning July 1, 2020 as per the signed contract.	11/01/2019-01/31/2020	
☐ The state has no implementation update to report	for this reporting topic.		
☐ The state expects to make other program changes that may affect metrics related to Milestone 2			
\square The state has no implementation update to report	for this reporting topic.		
☐ The state is not reporting metrics related to Mileston	one 2.		
, , ,	m Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)	
4.2.1 Metric Trends			
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3		11/01/2019- 01/31/2020	
☐ The state has no trends to report for this reporting	topic.		

		Measurement period first reported		
Prompt	State response	(MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)	
☑ The state is not reporting metrics related to Mileston	one 3.			
4.2.2 Implementation Update				
Compared to the demonstration design and operational details, the state expects to make the following changes to: ☐ i) Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards ☐ ii) State review process for residential treatment providers' compliance with qualifications standards ☐ iii) Availability of medication assisted		11/01/2019- 01/31/2020		
treatment at residential treatment facilities, either on-site or through facilitated access to services off site				
☑ The state has no implementation update to report	for this reporting topic.			
☐ The state expects to make other program changes that may affect metrics related to Milestone 3				
☐ The state has no implementation update to report	for this reporting topic.			
\square The state is not reporting metrics related to Mileston	one 3.			
5.2 Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)				
5.2.1 Metric Trends				
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4				

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
☑ 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: □ Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care	The state has identified a funding mechanism to institute planned actives to assess the availability of providers enrolled in Medicaid and accepting new patients across the continuum of SUD care. The contract with UNC School of Social Work Behavioral Health Springboard and is slated to beginning July 1, 2020 as per the signed contract.	11/01/2019- 01/31/2020	
$\ \square$ The state has no implementation update to report	for this reporting topic.		
☐ The state expects to make other program changes that may affect metrics related to Milestone 4			
\square The state has no implementation update to report	for this reporting topic.		
6.2 Implementation of Comprehensive Treatment ar	d Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)		
6.2.1 Metric Trends			
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5			
☐ The state has no trends to report for this reporting	topic.		

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
6.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: i) Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD ii) Expansion of coverage for and access to naloxone	 Work to achieve final technical upgrades continues to achieve full compliance for the implementation of comprehensive treatment and prevention strategies to address opioid abuse and dependence. One million dollars' worth of naloxone was purchased in April with federal discretionary grant dollars. The General Assembly appropriated four hundred thousand dollars (\$400,000) of COVID emergency funds for naloxone purchase and distribution to the opioid treatment programs. 	11/01/2019- 01/31/2020	
\Box The state has no implementation update to report	for this reporting topic.		
☐ The state expects to make other program changes that may affect metrics related to Milestone 5			
☐ The state has no implementation update to report	for this reporting topic.		
7.2 Improved Care Coordination and Transitions between			
7.2.1 Metric Trends	·		
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6		11/01/2019- 01/31/2020	
☐ 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: Implementation of policies supporting beneficiaries' transition from residential and		11/01/2019- 01/31/2020	
inpatient facilities to community-based services and supports			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
☑ The state has no implementation update to report	for this reporting topic.		
☐ The state expects to make other program changes that may affect metrics related to Milestone 6			
☐ 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			
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its Health IT metrics	The prescription drug monitoring program saw a 10.15% (n = $715,337$) increase in provider checks and 25.96% (n = $60,233$) increase in number of users since monitoring began in July 2019 .	11/01/2019- 01/31/2020	
$\ \square$ The state has no trends to report for this reporting	topic.		

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
8.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: ☑ i) How health IT is being used to slow down the rate of growth of individuals identified with SUD ☐ ii) How health IT is being used to treat effectively individuals identified with SUD ☐ iii) How health IT is being used to effectively monitor "recovery" supports and services for individuals identified with SUD ☐ 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 ☐ v) Other aspects of the state's health IT implementation milestones ☐ vi) The timeline for achieving health IT implementation milestones ☑ vii) Planned activities to increase use and functionality of the state's prescription drug monitoring program	 Expected delivery date of prescriber report is end of July2020. The prescriber reports are an aspect of broader data driven quality improvement tools to address and prevent misuse of prescription drugs. NC is now sharing prescription drug data with 40 states and territories and RxCheck is live 	11/01/2019-01/31/2020	
☐ The state has no implementation update to report	for this reporting topic.		
☐ The state expects to make other program changes that may affect metrics related to Health IT			
$\hfill\square$ The state has no implementation update to report f	for this reporting topic.		

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
9.2 Other SUD-Related Metrics			
9.2.1 Metric Trends			
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics			
☑ The state has no trends to report for this reporting	topic.		
9.2.2 Implementation Update			
☐ The state expects to make other program changes that may affect metrics related to other SUD-related metrics			
☐ The state has no implementation update to report	for this reporting topic.		
10.2 Budget Neutrality			
10.2.1 Current status and analysis			
☐ 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.	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.	11/01/2019- 01/31/2020	
10.2.2 Implementation Update			
☐ The state expects to make other program changes that may affect budget neutrality			
☐ The state has no implementation update to report	for this reporting topic.		

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
11.1 SUD-Related Demonstration Operations and Pol	licy		
11.1.1 Considerations			
☑ 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.	The Department is also working with the Train to Change company on specifics of a subcontract for DHHS LME/MCO and provider trainings statewide. Train to Change is a sub-contractor under the contract with UNC. The state's primary focus has been on efforts in preparing for and addressing the COVID 19 pandemic. The format of the training is being assessed in light of the pandemic. This includes monitoring how access to services has changed as a result of using telehealth during the pandemic	11/01/2019- 01/31/2020	
\square The state has no related considerations to report fo	or 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: i) How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service) ii) Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes) iii) Partners involved in service delivery The state has no implementation update to report the			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
☐ 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			
☐ The state has no implementation update to report	for this reporting topic.		
☐ The state is working on other initiatives related to SUD or OUD			
☐ The state has no implementation update to report	for this reporting topic.		
☐The initiatives described above are related to the SUD or OUD demonstration (States should note similarities and differences from the SUD demonstration)			
☐ The state has no implementation update to report	for this reporting topic.		
12. SUD Demonstration Evaluation Update			
12.1. Narrative Information			
☐ 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.			
☐ The state has no SUD demonstration evaluation up	date to report for this reporting topic.		

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
☐ 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.	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 demonstration year 2 reports. 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.		
\Box The state has no SUD demonstration evaluation up	date to report for this reporting topic.		
☑ List anticipated evaluation-related deliverables related to this demonstration and their due dates.	 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 		
☐ The state has no SUD demonstration evaluation up	date to report for this reporting topic.		
13.1 Other Demonstration Reporting			
13.1.1 General Reporting Requirements			
☐ The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol			
☐ The state has no updates on general requirements	to report for this reporting topic.		

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
☐ The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes			
☐ 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: i) The schedule for completing and submitting monitoring reports ii) The content or completeness of submitted reports and/or future reports	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. 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 data collection and analysis strategy has been finalized.		
☐ The state has no updates on general requirements	to report for this reporting topic.		
☐ The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation	- ·		
☐ The state has no updates on general requirements	to report for this reporting topic.		

		Measurement period first reported (MM/DD/YYYY -	Related metric
Prompt	State response	MM/DD/YYYY)	(if any)
13.1.2 Post-Award Public Forum			
☐ 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.			
 No post-award public forum was held during this retopic. 14.1 Notable State Achievements and/or Innovation 14.1 Narrative Information 	eporting period and this is not an annual report, so the state has no post-award posts	ublic forum update to i	eport for this
☐ 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.			

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

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