Medicaid Section 1115 Substance Use Disorder Demonstrations
Monitoring Report Template

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

State	Oregon
Demonstration name	Oregon Health Plan Substance Use Disorder 1115 Demonstration.
Approval period for section 1115 demonstration	04/8/2021- 03/31/2026
SUD demonstration start date[a]	04/08/2021
Implementation date of SUD demonstration, if different from SUD demonstration start date[b]	N/A
SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives	This demonstration provides Oregon with the opportunity to provide a fuller continuum of care to OHP members with substance use disorder (SUD). A key part of this will be the state's ability to receive FFP for members whom are short-term residents in residential and inpatient treatment settings that qualify as Institutions for Mental Diseases (IMDs). It will also support Oregon's efforts to implement models of care focused on increasing support for individuals in the community and home, outside of institutions, and improve access to a continuum of SUD evidence-based services at varied levels of intensity. This continuum of care is based on the American Society of Addiction Medicine (ASAM) criteria, nationally recognized assessment and placement criteria that reflect evidence-based clinical treatment guidelines. This demonstration will also allow Oregon to provide community integration services which consists of housing and employment supports to individuals transitioning back into the community from an IMD or other residential setting. 1. Assist Oregon in increasing identification, initiation, and engagement of Medicaid beneficiaries diagnosed with SUD; 2. Assist the state in increasing beneficiary adherence to, and retention in, SUD treatment programs; 3. Assist Oregon in reducing inappropriate or preventable utilization of emergency departments and inpatient hospital settings through improved access to a continuum of care services; and 4. Provide a continuum of care to increase the chances of Medicaid beneficiaries of having a successful recovery process.

SUD demonstration year and quarter	DY3Q3
Reporting period	10/01/2023-12/31/2023

[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 December 15, 2020, with an effective date of January 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 or will begin claiming federal financial participation for services provided to individuals in institutions for mental disease.

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 words or less.

This quarterly report summarizes OHA activities for Demonstration Year 3 Quarter 3 October 01, 2023 through December 31, 2023. The third quarter of the third demonstration year primarily focused on continued provider engagement and education related to Continuum of Care and the application process to have Level of Care placed on their certification, working to identify and build infrastructure to provide CTS, and addressing provider concerns related to licensure requirements and ASAM Levels of Care.

Demonstration Year 3 Quarter 3 Accomplishments:

- Continue to support and provide technical assistance for MAT as needed.

- Engaged in listening sessions with providers after receiving a letter of concern related to ASAM Level of Care certification. Providers had expressed concerns that certification of outpatient programs was administratively burdensome and unnecessary, as they believed certifying outpatient services would not have positive benefits for the State of Oregon's work towards a full SUD treatment continuum of care. The 3rd quarter of Demonstration Year 3 was used to listen to providers concerns and determine the most appropriate course of action moving forward. Oregon Health Authority took the opportunity to re-examine work done and CMS expectations to confirm that licensure of outpatient SUD programs supports the larger goal of a complete continuum of care for individuals accessing SUD services.

- Continued to work to find path to stand up of CTS services, identified infrastructure needed and began work related to contracting and determining necessary changes in Medicaid Management System to provide these services while abiding by State and Federal laws related to Medicaid Funds and Oregon tax payer funds.

- Began planning for on-going live technical assistance sessions for SUD providers to support quality outcomes related to billing, coding, and service delivery, to begin at the beginning 2024.

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.		*MP Metric #3 Medicaid Beneficiaries with SUD Diagnosis*	*The following metrics and subpopulations showed a change of greater than 2 percent between DY3Q1 and DY3Q2 averages:* *Medicaid Beneficiaries with SUD Diagnosis:* *65+: +2.8%* *Pregnant: +2.4%*
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.a The target population(s) of the demonstration	*X*		
	1.2.1.b 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		

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. | | | *MP Metric #6 Any SUD Treatment; MP Metric #7 Early Intervention; MP Metric #8 Outpatient Services; MP Metric #9 Intensive Outpatient and Partial Hospitalization Services; MP Metric #10 Residential and Inpatient Services; MP Metric #11 Withdrawal Management; MP Metric #12 Medication-Assisted Treatment*

MP Metric #22 Continuity of Pharmacotherapy for Opioid Use Disorder (NQF#3175) | *Oregon saw increased numbers of individuals accessing Early Intervention, Residential Treatment, Withdrawal Management, and Medication Assisted Treatment. However, numbers of individuals access Outpatient and Intensive Outpatient services decreased. Notable, Outpatient Services saw decreased numbers of individuals accessing Outpatient Services across all sub population except for pregnant individuals. This is a marked difference from previous quarters which have shown increasing numbers of individuals accessing outpatient services over previous quarters.*

Early Intervention:
All Populations: +7%
<18: +186%
18 to 64: +4%
65+: -17%
Medicaid Only: +5%
Dual Medicaid/Medicare: +64%
Not Pregnant: +7%

Outpatient Services:
All Populations: -3.7%
<18: -14%
18 to 64: -3%
65+: -5%
Medicaid Only: -3%
Dual Medicaid/Medicare: -6%
Not Pregnant: -3.7% |

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			Intensive Outpatient and Partial Hospitalization Services: *<18: -20%* *65+: -3%* *Dual Medicaid/Medicare: -2.2%* *Pregnant: -6%* *Residential and Inpatient Services:* *All Populations: +13.8%* *<18: -3.3%* *18 to 64: +14.7%* *Medicaid Only: +13%* *Dual Medicaid/Medicare: +22%* *Pregnant: +22%* *Not Pregnant: +13%* *Withdrawal Management:* *All Populations: +5.4%* *Medication Assisted Treatment:* *<18: +8.3%* *65+: +3.7%* *Dual Medicaid/Medicare: +2.4%* *Pregnant: -7.8%*

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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.a 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)		Continuum of Care milestones have been broken down into levels of care for tracking purposes. These levels include: Outpatient Services, Intensive Outpatient Services, Medication Assisted Treatment, Intensive levels of care in residential and inpatient settings, Medically Supervised Withdrawal Management. The ASAM level certification application for providers was made available June 2023, with an original due date of 10/01/2023. On September 27, 2023, OHA received a letter of concern from providers requesting a review of the requirement that providers be certified to Outpatient levels of SUD treatment in addition to the higher levels of care. At that time OHA paused the application process to complete a full review of CMS direction and Oregon decision making processes related to the requirement that Providers be certified to Outpatient Levels of Care and have those placed on the Certification and Licensing documentation. The Oregon Health Authority spent the DY3Q3 engaging with our provider network and completing a thorough review of the Oregon SUD 1115 Demonstration application and supporting materials from CMS to allow for a comprehensive analysis of the reasons for the decision. Ultimately, Oregon decided that certification of Outpatient programs to ASAM standards was appropriate and necessary to demonstrate a comprehensive continuum of care for SUD treatment to support positive outcomes for individuals accessing SUD services. The application process remained paused throughout the entirety of DY3Q3. For each of these levels of care, quarterly reports for internal quality improvement strategies for SUD services are still in development, there has been delay due to on-going staffing shortages.

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
				Continued rate differential work for providers offering higher levels of residential treatment, with initial work focusing on 3.7 residential level of care due to staffing needs to support the medical complexity of individuals needing this level of care. Continuing work to support PDS organizations in their development of culturally specific trainings and expanding the diversity of culturally specific peers within their workforce.
2.2.1.b	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 individual IMDs	X		
2.2.2	The state expects to make other program changes that may affect metrics related to Milestone 1.	X		

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:	X		
	3.2.1.a Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria			
	3.2.1.b 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			DY3Q3 Update on Implementation Planning: • Provider listening sessions to hear and address concerns from providers related to implementation of ASAM Criteria Assessment and related certification process. • Application process for ASAM Level of Care certification paused to allow for appropriate time to research and respond to provider concerns.
3.2.2	The state expects to make other program changes that may affect metrics related to Milestone 2.	X		

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. 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.	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:			DY3Q3 Updates on Implementation Planning: • Provider listening sessions to hear and address concerns from providers related to implementation of ASAM Criteria Assessment and related certification process. • Application process for ASAM Level of Care certification paused to allow for appropriate time to research and respond to provider concerns.
	4.2.1.a Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards			
	4.2.1.b Review process for residential treatment providers' compliance with qualifications			Licensing, Certification, & Compliance Unit continues planning for licensing residential programs at specific ASAM levels and what their review process will look like to ensure treatment programs remain compliant with ASAM.
	4.2.1.c Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3.	X		

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	MP Metric #18 Use of opioids at High Dosage in persons wo/cancer (NQF#2940) MP Metric #21 concurrent use of Opioids and Benzodiazepines (NQF#3389)	
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 across the continuum of SUD care.	X		
5.2.2	The state expects to make other program changes that may affect metrics related to Milestone 4.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.	**Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)**			
6.1	**Metric trends**			
6.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5.		MP Metric #15 IET (NQF#0004) MP Metric #17(1) follow up after ED visit for AOD (NQF#3488) MP Metric #17(2) follow up after ED visits for Mental Illness (NQF#0576) MP Metric #23 Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries	*Across all measures of notable change Oregon is seeing an increase in individuals access SUD treatment through the ED. As increased outreach and effort is made to engage individuals in SUD treatment early and to decrease the barriers experienced by individuals seeking to access SUD services, we are hoping to continue to see a decline in the use of the ED to meet these needs and increase in access through SUD treatment programs.* *Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries:* *All Populations: -2.31%* *<18: -5.88%* *18 to 64: -3.36%* *65+: -4.76%*
6.2	**Implementation update**			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 6.2.1.a Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD			DY3 Q3 Update on Implementation Planning: • Providers are encouraged to consider the recommendations of the Oregon Opioid Prescribing Guidelines Task Force when prescribing opioid medications: Oregon Acute Opioid Prescribing Guideline and the Oregon Chronic Opioid Prescribing Guidelines. • HSD continues to work closely with Public Health and the functionality and use of the Prescription Drug Monitoring Programs (PDMP). • Continue to monitor and engage providers to determine additional guidance and supports needed related to OUD. No Anticipated Changes to design
6.2.1.b Expansion of coverage for and access to naloxone			• Oregon continues leverage to federal grants and initiatives to fund and distribute Naloxone statewide, especially in areas of high need. • SB 1043 passed in Oregon, requiring OHA facilitate residential treatment facilities providing two doses of Naloxone to individuals with OUD upon discharge from facility. Oregon opened code G1028 to facilitate programs providing 2 doses of 8mg per 0.1 ml nasal spray Naloxone to individuals exiting hospitals and specified facilities that provide SUD treatment. SB 1043 to go into effect 1/1/2024. No anticipated changes to demonstration design.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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	No MP Metric	
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.			DY3 Q3 on Implementation Planning: • Working on building internal infrastructure to provide CTS funds to providers for reimbursement. • OHA continues to diligently look for a payment path to provide funding for Community Transition Services that complies with Oregon Public Funds rules as well as CMS rules related to use of Medicaid monies.
7.2.2	The state expects to make other program changes that may affect metrics related to Milestone 6.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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	No MP Metric	
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		
	8.2.1.a How health IT is being used to slow down the rate of growth of individuals identified with SUD			
	8.2.1.b How health IT is being used to treat effectively individuals identified with SUD	X		
	8.2.1.c How health IT is being used to effectively monitor "recovery" supports and services for individuals identified with SUD	X		
	8.2.1.d 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.e Other aspects of the state's health IT implementation milestones	X		
	8.2.1.f The timeline for achieving health IT implementation milestones	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
	8.2.1.g 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.		<u>MP Metric #24</u>: Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries	*Oregon continues to experience a health care worker shortage that is impacting access to services due to provider staffing levels. Oregon is considering other supports to put in to place to increase the behavioral health care worker population, and State of Oregon legislature is considering legislative actions to support employment growth in this industry.* *Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries:* *All Populations: -2.26%* *18 to 64: -4.23%* *65+: -5.83%*
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.	X	No MP Metrics	

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.		*Oregon Health Authority is unable to report on the current SUD 1115 waiver Budget Neutrality. The agency is working to have 1115 system configurations implemented by 7/1/24 to align with the waiver reporting requirements. However, system configuration data is dependent on other system change requests. We hope to submit the report by September 2024 with available data retroactive to the beginning of the waiver.*
10.2	**Implementation update**		
10.2.1	The state expects to make other program changes that may affect budget neutrality.	X	

Prompts		State has no update to report (place an X)	State response
11.	**SUD-related demonstration operations and policy**		
11.1	**Considerations**		
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 Monitoring Report Instructions for more detail.	X	
11.2	**Implementation update**		
11.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:	X	
	11.2.1.a How the delivery system operates under the demonstration (e.g., through the managed care system or fee for service)		
	11.2.1.b Delivery models affecting demonstration participants (e.g., Accountable Care Organizations, Patient Centered Medical Homes)	X	
	11.2.1.c Partners involved in service delivery	X	

Prompts		State has no update to report (place an X)	State response
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	

Prompts	State has no update to report (place an X)	State response
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 monitoring report is due to CMS and the timing for the demonstration. There are specific requirements per 42 Code of Federal Regulations (CFR) § 431.428a(10) for annual [monitoring] reports. See Monitoring Report Instructions for more details.		External evaluation has completed the qualitative interview process for the midpoint assessment and are in the process of analyzing the collected data and writing the evaluation detailing findings.
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.		External evaluation has completed qualitative interview process and is analyzing and compiling information into their midpoint evaluation. They have been completing analysis of claims data to provide additional supporting documentation related to the SUD 1115 demonstration waiver and its impact on providers and Medicaid enrolled members.

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.		The Evaluation method was approved by CMS, and our expectation is the Evaluator will deliver Mid-Point Assessment, Interim and Summative Evaluation Reports that are meaningful and accessible to the primary audiences for the evaluation. Given the six-month time lag for maturation of claims/encounters data and the time needed to analyze these data, the state anticipate that the reports will cover results for the following time periods: • The Mid-Point Assessment Report due to CMS May 30, 2024 will include results from April 2021 through June 2022. • The Draft Interim Report due to CMS March 31, 2025 will include results July 2022 through December 2023 • The Draft Summative Report due to CMS October 1, 2026 will present results January 2024 through December 2025. Oregon Anticipates each report will contain a large volume of quantitative results, including descriptive statistics, data trends over time, change associated with the waiver as identified by regression analysis, and results for subgroups. The reports will use visual presentations to convey this information quickly and concisely and enable readers to explore the data. To provide context and help explain results, the reports will draw on information from Oregon's quarterly monitoring reports to CMS and other background documents as needed.

Prompts		State has no update to report (place an X)	State response
13.	**Other SUD 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: 13.1.3.a The schedule for completing and submitting monitoring reports	X	
	13.1.3.b The content or completeness of submitted monitoring reports and/or future monitoring reports	X	
13.1.4	The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation.		Implementation of Community Transition Services (CTS) will continue to see a delay as the Oregon Health Authority seeks to determine how to reimburse for this service while minimizing administrative burden on our providers and upholding Oregon's Public Funds laws related to how monies are spent. The state has identified the infrastructure needed to get these funds to providers so that these services may be accessed by Medicaid members at the earliest possible opportunity. Updates to Medicaid Management Information System are needed and a timeline is being developed for when this build is expected to be completed.

Prompts		State has no update to report (place an X)	State response
13.1.5	Provide updates on the results of beneficiary satisfaction surveys, if conducted during the reporting year, including updates on grievances and appeals from beneficiaries, per 42 CFR § 431.428(a)5.	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 monitoring report.		The State of Oregon will host a public forum to receive public feedback and input on the SUD 1115 demonstration as part of the sharing of the Mid Point External Assessment with providers and other partners.

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.	X	

*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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