

## **Medicaid and CHIP State Plan, Waiver, and Program Submissions**

**PRA Disclosure Statement** - This information is being collected to assist the Centers for Medicare & Medicaid Services in program monitoring of Medicaid Section 1115 Substance Use Disorder Demonstrations. This mandatory information collection (42 CFR § 431.428) will be used to support more efficient, timely and accurate review of states' SUD 1115 demonstrations monitoring reports submissions to support consistency of monitoring and evaluation of SUD 1115 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 #57)**.” If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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

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

<b>State</b>	Vermont
<b>Demonstration Name</b>	Global Commitment to Health 1115 Demonstration
<b>Approval Date</b>	<i>June 28, 2022</i>
<b>Approval Period</b>	<i>July 1, 2022, to December 31, 2027</i>
<b>SUD (or if broader demonstration, then SUD Related) Demonstration Goals and Objectives</b>	<ol style="list-style-type: none"> <li>1. Increase rates of identification, initiation, and engagement in treatment.</li> <li>2. Improve access to care for physical health conditions among beneficiaries.</li> <li>3. Increase adherence to and retention in treatment.</li> <li>4. Reduce overdose deaths, particularly those due to opioids.</li> <li>5. Reduce utilization of emergency department and inpatient hospital settings for treatment where the utilization is preventable or medically inappropriate through improved access to other continuum of care services.</li> <li>6. Reduce readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate.</li> </ol>

## 2. Executive Summary

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

The Division of Substance Use Programs (DSU) continues to refine the implementation roadmap for the expanded eligibility group for people with a SUD diagnosis (referred to as “SUD CIT” - Community Intervention and Treatment) and is executing the work included in the implementation roadmaps that would make recovery services and supports, and withdrawal management services Medicaid eligible. These projects are currently scheduled for 2025 implementation.

The Substance Use Disorder Treatment Standards, revised January 1, 2024, are being used to certify Preferred Providers and is available at:

<https://www.healthvermont.gov/alcohol-drugs/professionals/treatment-provider-certification>

The Compliance Assessment Tool (CAT) is used during site visits to determine a Preferred Provider’s level of certification compliance by providing transparency about the Preferred Provider’s status; highlighting areas that require action or emphasis; and evaluating the level and type of technical assistance need. The CAT has been used two times between April 1, 2024, and June 30, 2024, at treatment provider locations.

DSU and the DVHA Payment Reform team received approval from CMS regarding the incentives for a value-based payment model for residential programs to align with its All-Payer Model Agreement with CMS.

From 4/1/2024-6/30/2024, VT Helplink, DSU’s centralized intake and resource center, received 271 calls and 3,699 website visits and 7 unique SUD treatment provider locations engaged with the VT Helplink Provider Portal. . Work began to implement text message functionality into the VT Helplink service. This will allow Vermonters to access VT Helplink online, by telephone call, or by text message. Text message functionality is on track to be publicly available by fall 2024. Work also began to transition the Vermont Alcohol and Drug Information Clearinghouse (“Clearinghouse”) under the VT Helplink service. The Clearinghouse will allow Vermonters to order free substance use and mental health physical materials and access online/digital materials through VT Helplink. This service is expected to be developed and implemented before the end of the year. A VT Helplink digital-only marketing campaign will run July 15 through August 31, 2024.

The Substance Misuse Prevention Oversight and Advisory Council (SMPC) was established within the Vermont Department of Health and addresses all substances of misuse. The SMPC has three goals: 1) Increase protective factors and build resilience and feelings of connectedness in Vermont communities, across all ages, cultures, and socioeconomic conditions; 2) Decrease risk factors for substance use in Vermont for individuals of all ages, cultures, and socioeconomic conditions; 3) Increase efficiency and collaboration on prevention efforts across all state, public, and private entities, through a consolidated and holistic approach to prevention that is sustainable, scalable, and equitable. The SMPC submitted their [2024 Annual Report](#) to the Vermont General Assembly. Additional information on the SMPC can be found at: [www.healthvermont.gov/SMPC](http://www.healthvermont.gov/SMPC)

The Recovery Coaches in the Emergency Department Program is fully implemented in all 14 emergency departments in the state. Over 600 individuals have been served through this program in CY2024.

Vermont’s assembled Part 2 Data Governance Group continues assessing the requirements needed to allow SUD data to be incorporated into the Vermont Health Information Exchange (VHIE).

### 3. Narrative Information on Implementation, by Reporting Topic

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
<b>1.2 Assessment of Need and Qualification for SUD Services</b>			
<b>1.2.1 Metric Trends</b>			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.			
	<i>DY20 Q2</i>	3 Number of beneficiaries who receive MAT or a SUD-related treatment service with an associated SUD diagnosis during the measurement period and/or in the 11 months before the measurement period (-1.4%)	The SUD waiver reporting team has re-examined the results for DY20Q2 SUD #3 and #6 as requested. During this work, we corrected code related to the implementation of the telehealth POS code. The error led to many false positives – and thus an overreporting of the total number of SUD diagnoses and the number of people receiving treatment. The errors have been corrected and this reflects the updated values.
<input type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
<b>1.2.2 Implementation Update</b>			
Compared to the demonstration design details outlined in the STCs and implementation plan,			

have there been any changes or does the state expect to make any changes to: A) the target population(s) of the demonstration? B) the clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration?			
Are there any other anticipated program changes that may impact metrics related to assessment of need and qualification for SUD services? If so, please describe these changes.			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<b>2.2 Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)</b>			
<b>2.2.1 Metric Trends</b>			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.			
	DY20 Q2	6 Any SUD Treatment (-2.8%)	The SUD waiver reporting team has re-examined the results for DY20Q2 SUD #3 and #6 as requested.

Medicaid Section 1115 SUD Demonstration Monitoring Report – Part B  
Vermont Global Commitment to Health Demonstration  
Demonstration Year 20 – January 1, 2024 – December 31, 2024  
Reporting Period – April 1, 2024-June 30, 2024  
Submitted on August 29, 2024

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			During this work, we corrected code related to the implementation of the telehealth POS code. The error led to many false positives – and thus an overreporting of the total number of SUD diagnoses and the number of people receiving treatment. The errors have been corrected and this reflects the updated values. The overall numbers are down slightly, perhaps due to somewhat decreased demand for MOUD in Vermont.
	<i>DY20 Q2</i>	7 Early intervention (-50.0%)	This is a small numbers issue. Last quarter there were two claims, this quarter there is one claim. Early intervention services are not billed separately; they are included in claims for office visits.
	<i>DY20 Q2</i>	8 Outpatient Services (8.4%)	This change is likely due to coding changes related to the place of service (POS) code since outpatient services may be provided through telehealth. CMS changed the definition for this measure to include POS 10 (telehealth) in 2023. VT Medicaid added POS code 10 in Oct 2023, but it was rarely used until VT required its use on claims effective 1/1/24. Prior to that, very few claims included that POS even when telehealth services were provided. This resulted in a significant increase in the total number of SUD diagnoses and number of people receiving treatment.
	<i>DY20 Q2</i>	9 IOP/Partial hospitalization services (16.0%)	This is likely a small numbers issue – it went from an average of 97 people per month to 113 per month.
	<i>DY20 Q2</i>	10 Residential and Inpatient Services (2.66%)	Instability in this measure is often due to small numbers as well as changes in coding. Vermont uses a case rate for combined residential and withdrawal management services – providers may use either the withdrawal management or residential code for the episode of care and nearly everyone receives both services during a single stay, so it is most accurate to look at measures 10

			and 11 in combination. Measure 10 and 11 combined have a difference of 0.0% between the last and current quarter.
	<i>DY20 Q2</i>	11 Withdrawal Management (-9.2%)	Instability in this measure is often due to small numbers as well as changes in coding. Vermont uses a case rate for combined residential and withdrawal management services – providers may use either the withdrawal management or residential code for the episode of care and nearly everyone receives both services during a single stay, so it is most accurate to look at measures 10 and 11 in combination. Measure 10 and 11 combined have a difference of 0.0% between the last and current quarter.
	<i>DY20 Q2</i>	12 MAT (-2.1%)	MOUD has stabilized and we do not expect to see significant changes going forward.
<input type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
<b>2.2.2 Implementation Update</b>			
Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to: a. Planned activities to improve access to SUD treatment services across the continuum of care for Medicaid beneficiaries (e.g.			The Division of Substance Use Programs (DSU) continues to refine the implementation roadmap for the expanded eligibility group for people with a SUD diagnosis (referred to as “SUD CIT” - Community Intervention and Treatment) and is executing the work included in the implementation roadmaps that would make recovery services and supports, and withdrawal management services Medicaid eligible. These projects are currently scheduled for a 2025 implementation.



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<p>outpatient services, intensive outpatient services, medication assisted treatment, services in intensive residential and inpatient settings, medically supervised withdrawal management)?</p> <p>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 individuals in IMDs?</p>			
<p>Are there any other anticipated program changes that may impact metrics related to access to critical levels of care for OUD and other SUDs? If so, please describe these changes.</p>			•
<p><i>[Add rows as needed]</i></p>			
<p><input type="checkbox"/> The state has no implementation updates to report for this reporting topic.</p>			

3.2 Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)			
3.2.1 Metric Trends			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. Changes (+ or -) greater than two percent should be described.			
<i>[Add rows as needed]</i>			
<input type="checkbox"/> The state is reporting metrics related to Milestone 2 but has no metrics trends to report for this reporting topic.			
<input checked="" type="checkbox"/> The state is not reporting any metrics related to this reporting topic.			
3.2.2 Implementation Update			
<p>Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to:</p> <p>a. Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria?</p> <p>b. Implementation of a utilization management approach to ensure:</p> <p>i. Beneficiaries have access to SUD services at</p>			<p>The Substance Use Disorder Treatment Standards, revised January 1, 2024, are being used to certify Preferred Providers and is available at: <a href="https://www.healthvermont.gov/alcohol-drugs/professionals/treatment-provider-certification">https://www.healthvermont.gov/alcohol-drugs/professionals/treatment-provider-certification</a></p> <p>The Compliance Assessment Tool (CAT) is used during site visits to determine a Preferred Provider's level of certification compliance by providing transparency about the Preferred Provider's status; highlighting areas that require action or emphasis; and evaluating the level and type of technical assistance need. The CAT has been used two times between April 1, 2024, and June 30, 2024, at treatment provider locations.</p>

<p>the appropriate level of care?</p> <p>ii. Interventions are appropriate for the diagnosis and level of care?</p> <p>iii. Use of independent process for reviewing placement in residential treatment settings?</p>			
<p>Are there any other anticipated program changes that may impact metrics related to the use of evidence-based, SUD-specific patient placement criteria (if the state is reporting such metrics)? If so, please describe these changes.</p>			<p>DSU and the DVHA Payment Reform team received approval from CMS regarding the incentives for a value-based payment model for residential programs to align with its All-Payer Model Agreement with CMS in December 2023. The initial value-based payment year measures are in the process of being reviewed with chart reviews and claims.</p>
<input type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>4.2 Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)</b>			
<b>4.2.1 Metric Trends</b>			
<p>Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD</p>			

services. Changes (+ or -) greater than two percent should be described.			
<i>[Add rows as needed]</i>			
<input type="checkbox"/> The state is reporting metrics related to Milestone 3 but has no metrics trends to report for this reporting topic.			
<input checked="" type="checkbox"/> The state is not reporting any metrics related to this reporting topic.			
<b>4.2.2 Implementation Update</b>			
<p>Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to:</p> <ul style="list-style-type: none"> <li>a. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards?</li> <li>b. State review process for residential treatment providers' compliance with qualifications standards?</li> <li>c. Availability of medication assisted treatment at residential treatment facilities,</li> </ul>			<p>The Substance Use Disorder Treatment Standards, revised January 1, 2024, are being used to certify Preferred Providers and is available at: <a href="https://www.healthvermont.gov/alcohol-drugs/professionals/treatment-provider-certification">https://www.healthvermont.gov/alcohol-drugs/professionals/treatment-provider-certification</a></p> <p>The Compliance Assessment Tool (CAT) is used during site visits to determine a Preferred Provider's level of certification compliance by providing transparency about the Preferred Provider's status; highlighting areas that require action or emphasis; and evaluating the level and type of technical assistance need. The CAT has been used two times between April 1, 2024, and June 30, 2024, at treatment provider locations.</p>

either on-site or through facilitated access to services off site?			
Are there any other anticipated program changes that may impact metrics related to the use of nationally recognized SUD-specific program standards to set provider qualifications for residential treatment facilities (if the state is reporting such metrics)? If so, please describe these changes.			
<i>[Add rows as needed]</i>			
<input type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>5.2 Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)</b>			
<b>5.2.1 Metric Trends</b>			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
<b>5.2.2 Implementation Update</b>			

Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care?			
Are there any other anticipated program changes that may impact metrics related to provider capacity at critical levels of care, including for medication assisted treatment (MAT) for OUD? If so, please describe these changes.			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>6.2 Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)</b>			
<b>6.2.1 Metric Trends</b>			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum,			

changes (+ or -) greater than two percent should be described.			
	<i>DY20 Q2</i>	23 Emergency Department for SUD per 1000 beneficiaries (4.9%)	The reason for this change is unclear. As the drug supply has changed to include xylazine which doesn't respond to naloxone, it is possible that the need for higher level emergency services has increased.
	<i>DY20 Q2</i>	24 Inpatient stays for SUD per 1000 (3.4%)	This could be a result of increased SUD inpatient admissions because of the increased ED visits reported above.
<input type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
<b>6.2.2 Implementation Update</b>			
Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to: a. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD? b. Expansion of coverage for and access to naloxone?			There are no planned changes to the prescribing guidelines and other interventions.
Are there any other anticipated program changes that may impact metrics related to the			

implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD? If so, please describe these changes.			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>7.2 Improved Care Coordination and Transitions between Levels of Care (Milestone 6)</b>			
<b>7.2.1 Metric Trends</b>			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
<b>7.2.2 Implementation Update</b>			
Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to implementation of policies supporting beneficiaries' transition from residential and			



inpatient facilities to community-based services and supports?			
Are there any other anticipated program changes that may impact metrics related to care coordination and transitions between levels of care? If so, please describe these changes.			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>8.2 SUD Health Information Technology (Health IT)</b>			
<b>8.2.1 Metric Trends</b>			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. Changes (+ or -) greater than two percent should be described.			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
<b>8.2.2 Implementation Update</b>			
Compared to the demonstration design and operational details outlined in STCs and implementation plan, have there been any changes or			Dates are confirmed for go-live integration with two healthcare practice sites, one of which is a SUD clinic. VPMS will integrate with these facilities in the next quarter.

<p>does the state expect to make any changes to:</p> <ul style="list-style-type: none"> <li>a. How health IT is being used to slow down the rate of growth of individuals identified with SUD?</li> <li>b. How health IT is being used to treat effectively individuals identified with SUD?</li> <li>c. How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD?</li> <li>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?</li> <li>e. Other aspects of the state’s health IT implementation milestones?</li> <li>f. The timeline for achieving health IT</li> </ul>			<p>Vermont is also in discussion with multiple states about expanding interstate data sharing. Maryland and Kentucky will go live next quarter, with Colorado still to be approved.</p> <p>A prioritization metric has been constructed and will be applied to VPMS’ current data records to determine the next interstate data sharing priorities.</p> <p>Vermont has assembled a Part 2 Data Governance Group and continues to determine the mechanism, and requirements needed to allow SUD data to be incorporated into the Vermont Health Information Exchange (VHIE).</p> <p>Vermont has completed the data governance agreement with a group of providers. The Shared Values and Goals for the project are:</p> <ol style="list-style-type: none"> <li>1. Ensuring access and minimal barriers to services for all Vermonters.</li> <li>2. Clear and shared understanding of governance process.</li> <li>3. We will establish data governance prior to any data being sent.</li> <li>4. Patients are at the center of their health data – all individuals can make informed decisions about the use of their health data.</li> <li>5. Policy makers / payers can assess the value of programs and adapt to changing needs.</li> <li>6. AHS will not share data with law enforcement or anyone else.</li> </ol>
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<p>implementation milestones?</p> <p>g. Planned activities to increase use and functionality of the state’s prescription drug monitoring program?</p>			<p>Vermont has completed a Data Governance document to guide the process. It is available upon request.</p> <p>Please note that we are beginning with a subset of SUD providers to develop the processes and other SUD providers will be added later.</p>
<p>Are there any other anticipated program changes that may impact metrics related to SUD Health IT (if the state is reporting such metrics)? If so, please describe these changes.</p>			
<input type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>9.2 Other SUD-Related Metrics</b>			
<b>9.2.1 Metric Trends</b>			
<p>Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.</p>			

<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
<b>9.2.2 Implementation Update</b>			
Are there any anticipated program changes that may impact the other SUD-related metrics? If so, please describe these changes.			•
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>10.2 Budget Neutrality</b>			
<b>10.2.1 Current status and analysis</b>			
Discuss the current status of budget neutrality and provide an analysis of the budget neutrality to date. If the SUD component is part of a comprehensive demonstration, the state should provide an analysis of the SUD-related budget neutrality and an analysis of budget neutrality as a whole.			Updates on Budget Neutrality can be found in Section V. <i>Financial/Budget Neutrality Development/Issues</i> of the Broad Demonstration Monitoring Report.
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
<b>10.2.2 Implementation Update</b>			
are there any anticipated program changes that may			

impact budget neutrality? If so, please describe these changes.			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>11.1 SUD-Related Demonstration Operations and Policy</b>			
<b>11.1.1 Considerations</b>			
Highlight significant SUD (or if broader demonstration, then SUD-related) demonstration operations or policy considerations that could positively or negatively impact 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 Division of Substance Use Programs (DSU) is refining the implementation roadmap for the expanded eligibility group for people with a SUD diagnosis (referred to as “SUD CIT” - Community Intervention and Treatment) and executing the implementation roadmaps that would make recovery services and supports, and withdrawal management services Medicaid eligible. These projects are currently scheduled for 2025 implementation.
<i>[Add rows as needed]</i>			

<input type="checkbox"/> The state has no related considerations to report for this reporting topic.			
<b>11.1.2 Implementation Update</b>			
<p>Compared to the demonstration design and operational details outlined in STCs and the implementation plan, have there been any changes or does the state expect to make any changes to:</p> <p>a. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)?</p> <p>b. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)?</p> <p>c. Partners involved in service delivery?</p>			
<p>Has the state experienced any significant challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing</p>			

vendors, private sector providers)? Has the state noted any performance issues with contracted entities?			
What other initiatives is the state working on related to SUD or OUD? How do these initiatives relate to the SUD demonstration? How are they similar to or different from the SUD demonstration?			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>12.1 SUD Demonstration Evaluation Update</b>			
<b>12.1.1 Narrative Information</b>			
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.			Updates on the SUD evaluation work, deliverables and timeline can be found in Sections VIII. <i>Quality Improvement</i> and IX. <i>Demonstration Evaluation</i> of the Broad Demonstration Monitoring Report.
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.			
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 SUD demonstration evaluation update to report for this reporting topic.			
<b>13.1 Other Demonstration Reporting</b>			
<b>13.1.1 General Reporting Requirements</b>			
Have there been any changes in the state's implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol?			
Does the state foresee the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes?			
Compared to the details outlined in the STCs and the monitoring protocol, has the state formally requested any changes or			Updates on the Monitoring Protocol work, deliverables, and timeline can be found in Section X. <i>Compliance</i> of the Broad Demonstration Monitoring Report.



<p>does the state expect to formally request any changes to:</p> <p>a. The schedule for completing and submitting monitoring reports?</p> <p>b. The content or completeness of submitted reports? Future reports?</p>			
<p>Has the state identified any real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation?</p>			
<p><i>[Add rows as needed]</i></p>			
<p><input type="checkbox"/> The state has no updates on general reporting requirements to report for this reporting topic.</p>			
<p><b>13.1.2 Post Award Public Forum</b></p>			
<p>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</p>			

forum was held and in the annual report.			
<i>[Add rows as needed]</i>			
<input checked="" 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.			
<b>14.1 Notable State Achievements and/or Innovations</b>			
<b>14.1 Narrative Information</b>			
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.			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no notable achievements or innovations to report for this reporting topic.			

