

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.

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

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) is executing the work included in the implementation roadmap for the expanded eligibility group for people with a SUD diagnosis (referred to as “SUD CIT” - Community Intervention and Treatment) and continues 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.

DSU representatives have been engaged in the discussions and process development to account for the Mid-Point Assessment.

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 July 1, 2024, and September 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 7/1/2024-9/30/2024, VT Helplink, DSU’s centralized intake and resource center, received 295 calls and 7,942 website visits. Work to implement text message functionality has been completed. Vermonters can now text “LINK” to the VT Helplink phone number to initiate a call with a Screening & Information Specialist. Vermonters are now able to access VT Helplink online, by telephone call, or by text message. Work continues on transitioning 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 materials and access online/digital materials through VT Helplink. This service is expected to be developed and implemented before the end of the year.

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

The Recovery Coaches in the Emergency Department Program is fully implemented in all 14 emergency departments in the state. Over 800 individuals have been served through this program between 10/1/23-6/30/24.

Vermont’s assembled Part 2 Data Governance Group has successfully incorporated SUD data into the Vermont Health Information Exchange (VHIE) for a select group of providers. The data is going into a repository but is not yet accessible for use. Other SUD providers will be included over time, although a timeline has not yet been established.

3. Narrative Information on Implementation, by Reporting Topic

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
1.2 Assessment of Need and Qualification for SUD Services			
1.2.1 Metric Trends			
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 Q3</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 (+21.7%)	For this period, we may be seeing people who disengaged with services during the pandemic now coming back into treatment or those who increased substance use during the pandemic seeking care.
	<i>DY20 Q3 Annual</i>	22 Percentage of adults 18 years of age and older with pharmacotherapy for OUD who have at least 180 days of continuous treatment (+2.4%)	<p>More people are receiving pharmacotherapy, and more are staying on it. It may be due to greater stability after the COVID interruptions in care.</p> <p>Note: We have historically seen underrepresented rates due to provider claims reporting practices. We developed some code to identify improperly reported claims, which are integrated into this year's report. In the process, we found that the code to produce this</p>

			measure did not run correctly last year so we reran the 2022 data for a direct comparison to 2023.
<input type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
1.2.2 Implementation Update			
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.			
2.2 Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)			
2.2.1 Metric Trends			

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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 Q3</i>	6 Any SUD Treatment (-0.3%)	
	<i>DY20 Q3</i>	7 Early intervention (+100.0%)	This is a small numbers issue. Last quarter there was one claim , this quarter there are two claims. Early intervention services are not billed separately; they are included in claims for office visits.
	<i>DY20 Q3</i>	8 Outpatient Services (+3.7%)	For this period, we may be seeing people who disengaged with services during the pandemic now coming back into treatment or those who increased substance use during the pandemic seeking care.
	<i>DY20 Q3</i>	9 IOP/Partial hospitalization services (-0.9%)	
	<i>DY20 Q3</i>	10 Residential and Inpatient Services (+9.4%)	This may be related to people finally coming back into services who disengaged/relapsed during COVID.
	<i>DY20 Q3</i>	11 Withdrawal Management (-3.7%)	This is likely a small numbers issue. It went from 108 in Q2 to 112 in Q3.
	<i>DY20 Q3</i>	12 MAT (-5.9%)	One of the larger OTP providers has had billing problems that were finally resolved in DY20 Q4, after this reporting quarter. Longer term, this measure has stabilized, and we expect it to either maintain or decrease. Vermont has very high rates of MAT with nearly 3% of the state population aged 18-64 receiving treatment each year.
<input type="checkbox"/> The state has no metrics trends to report for this reporting topic.			

2.2.2 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 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)?</p> <p>b. SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential treatment, medically supervised withdrawal</p>			<p>The Division of Substance Use Programs (DSU) is executing the work included in the implementation roadmap for the expanded eligibility group for people with a SUD diagnosis (referred to as “SUD CIT” - Community Intervention and Treatment) and continues 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.</p>

management, and medication assisted treatment services provided to individuals in IMDs?			
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.			•
<i>[Add rows as needed]</i>			
<input type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
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			
Compared to the demonstration design and operational details outlined			The Substance Use Disorder Treatment Standards, revised January 1, 2024, are being used to certify Preferred Providers and is available at:

<p>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"> a. Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria? b. Implementation of a utilization management approach to ensure: <ul style="list-style-type: none"> i. Beneficiaries have access to SUD services at the appropriate level of care? ii. Interventions are appropriate for the diagnosis and level of care? iii. Use of independent process for reviewing placement in residential treatment settings? 			<p>https://www.healthvermont.gov/alcohol-drugs/professionals/treatment-provider-certification</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 July 1, 2024, and September 30, 2024, at treatment provider locations.</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.			
<input type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
4.2 Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)			
4.2.1 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 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.			
4.2.2 Implementation Update			
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>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</p> <p>The Compliance Assessment Tool (CAT) is used during site visits to determine a Preferred Provider’s level of</p>

<p>a. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards?</p> <p>b. State review process for residential treatment providers' compliance with qualifications standards?</p> <p>c. Availability of medication assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site?</p>			<p>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 July 1, 2024, and September 30, 2024, at treatment provider locations.</p>
<p>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</p>			

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.			
5.2 Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)			
5.2.1 Metric Trends			
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>	<i>DY20 Q3 Annual</i>	18 Percentage of beneficiaries aged 18 and older who received prescriptions for opioids with an average daily dosage greater than or equal to 90 morphine milligram equivalents (MME) over a period of 90 days or more. Beneficiaries with a cancer diagnosis, sickle cell disease diagnosis, or in hospice are excluded. (+11.6%)	There was a significant change in denominator - fewer people are receiving opioids – it went from 1342 in 2022 to 1194 in 2023. The number of beneficiaries receiving the 90+ MME for 90 days stayed the same 145 to 144.
	<i>DY20 Q3 Annual</i>	21 Percentage of beneficiaries age 18 and older with concurrent use of prescription opioids and benzodiazepines. Beneficiaries with a cancer diagnosis, sickle cell disease diagnosis, or in hospice are excluded. (+4.8%)	The denominator for this measure decreased from 1884 to 1725. The numerator also decreased from 224 to 214 so fewer beneficiaries are receiving concurrent opioids and benzodiazepines.

<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
5.2.2 Implementation Update			
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.			
6.2 Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			
6.2.1 Metric Trends			
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 Q3</i>	23 Emergency Department for SUD per 1000 beneficiaries (-3.1%)	The reason for this change is unclear. This measure may be responsive to the drug supply which may result in higher rates when the supply contains significant xylazine and decrease when it doesn't. Vermont distributes significant amounts of free naloxone to communities through SSPs, first responders, vending machines, mail order, etc. Vermont has also begun piloting methadone induction for individuals with SUD in need of MOUD with defined clinical pathways to community Hubs for continuity of care. As the pilot continues, we may see some community members accessing the ED for this purpose as an expansion of the rapid access to MOUD (RAM) initiative.
	<i>DY20 Q3</i>	24 Inpatient stays for SUD per 1000 (+4.6%)	This went from 562 in Q2 to 588 in Q3, a change of 26, with significant month to month variation. This may be related to the drug supply and associated wound care/infections.
	<i>DY20 Q3 Annual</i>	15 Initiation of AOD Treatment - Total AOD abuse of dependence (-0.9%)	Please note that these has been a change in the calculation methodology. The measure is defined in terms of HEDIS specs, but we generate our own figures to account for our Hub and Spoke program. There were significant updates to the HEDIS specs last year that didn't get reflected in our methodology. The 2022 data was rerun for direct comparison to 2023.
	<i>DY20 Q3 Annual</i>	16 Engagement of AOD Treatment - Total AOD abuse of Dependence (+20.0%)	The change is related to increases in engagement for AUD and other drug use disorders. Engagement for OUD increased by 1%. Please note that these has been

			a change in the calculation methodology. The measure is defined in terms of HEDIS specs, but we generate our own figures to account for our Hub and Spoke program. There were significant updates to the HEDIS specs last year that didn't get reflected in our methodology. The 2022 data was rerun for direct comparison to 2023.
	<i>DY20 Q3 Annual</i>	17(1) Percentage of emergency department (ED) visits for beneficiaries age 18 and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence who had a follow-up visit for AOD abuse or dependence. Within 30 days (-8.1%) Within 7 days (-16.3%)	In the past, we've submitted this as the HEDIS population matched against our SUD population, much like measure 32 (AAP). However, in reading over the specs, we noticed that measure 17(1) is described as the raw HEDIS measure, without matching it against the SUD population. For comparison, the measure 32 specs are very clear about matching against the SUD population. The 2022 data was rerun for direct comparison to 2023.
<input type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
6.2.2 Implementation Update			
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			There are no planned changes to the prescribing guidelines and other interventions.

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interventions related to prevention of OUD? b. Expansion of coverage for and access to naloxone?			
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.			
7.2 Improved Care Coordination and Transitions between Levels of Care (Milestone 6)			
7.2.1 Metric Trends			
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.			
7.2.2 Implementation Update			

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.			Vermont has utilized some opioid settlement dollars to support outreach and engagement activities within the residential programs. This is intended to support individuals following through with entering residential treatment and engagement with outpatient or other stepdown treatment services after discharge.
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
8.2 SUD Health Information Technology (Health IT)			
8.2.1 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 checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
8.2.2 Implementation Update			
<p>Compared to the demonstration design and operational details outlined in STCs and implementation plan, have there been any changes or does the state expect to make any changes to:</p> <p>a. How health IT is being used to slow down the rate of growth of individuals identified with SUD?</p> <p>b. How health IT is being used to treat effectively individuals identified with SUD?</p> <p>c. How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD?</p> <p>d. Other aspects of the state’s plan to develop the health IT infrastructure/capabiliti</p>			<p>VPMS integrated with two healthcare practice sites, one of which is a SUD clinic. The program reviewed the connections with New York, Maryland, Kentucky and Colorado and increased sharing through RxCheck.</p> <p>A process to streamline onboarding of practices was developed including an integration FAQ document and a formalization of health care entity contacts sheet, which will standardize the process through which health care organizations can be queued for integration.</p> <p>Vermont’s assembled Part 2 Data Governance Group has successfully incorporated SUD data into the Vermont Health Information Exchange (VHIE) for a select group of providers. The data is going into a repository but is not yet accessible for use. Other SUD providers will be included over time, although a timeline has not yet been established.</p> <p>Vermont’s health information exchange, data governance information and documents, including those for 42 CFR Part 2, are available at: https://healthdata.vermont.gov/vermont-health-information-exchange-data-governance</p>

<p>es at the state, delivery system, health plan/MCO, and individual provider levels?</p> <p>e. Other aspects of the state’s health IT implementation milestones?</p> <p>f. The timeline for achieving health IT implementation milestones?</p> <p>g. Planned activities to increase use and functionality of the state’s prescription drug monitoring program?</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.			
9.2 Other SUD-Related Metrics			
9.2.1 Metric Trends			

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 Q3 Annual</i>	32 The percentage of Medicaid beneficiaries with SUD who had an ambulatory or preventive care visit during the measurement period. (+1.5%)	
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
9.2.2 Implementation Update			
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.			
10.2 Budget Neutrality			
10.2.1 Current status and analysis			
Discuss the current status of budget neutrality and provide an analysis of the			Updates on Budget Neutrality can be found in Section V. <i>Financial/Budget Neutrality Development/Issues</i> of the Broad Demonstration Monitoring Report.

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.			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
10.2.2 Implementation Update			
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.			
11.1 SUD-Related Demonstration Operations and Policy			
11.1.1 Considerations			
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			The Division of Substance Use Programs (DSU) is executing the work included in the implementation roadmap for the expanded eligibility group for people with a SUD diagnosis (referred to as “SUD CIT” - Community Intervention and Treatment) and continues to execute the work included in the implementation roadmaps that make recovery services and supports, and withdrawal management services Medicaid eligible. These projects are currently scheduled for 2025 implementation.

<p>neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the SUD demonstration’s approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail.</p>			
<i>[Add rows as needed]</i>			
<input type="checkbox"/> The state has no related considerations to report for this reporting topic.			
11.1.2 Implementation Update			
<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</p>			

participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)? c. Partners involved in service delivery?			
Has the state experienced any significant challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing 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.			
12.1 SUD Demonstration Evaluation Update			
12.1.1 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.			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.			
13.1 Other Demonstration Reporting			
13.1.1 General Reporting Requirements			
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 does the state expect to formally request any changes to: a. The schedule for completing and submitting monitoring reports? b. The content or completeness of submitted reports? Future reports?			Updates on the Monitoring Protocol work, deliverables, and timeline can be found in Section X. <i>Compliance</i> of the Broad Demonstration Monitoring Report.
Has the state identified any real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation?			

<i>[Add rows as needed]</i>			
<input type="checkbox"/> The state has no updates on general reporting requirements to report for this reporting topic.			
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.			
<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.			
14.1 Notable State Achievements and/or Innovations			
14.1 Narrative Information			
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.			