

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) continues to develop 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, is 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 four times between January 1, 2024, and March 31, 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 1/1/2024-3/31/2024, VT Helplink, DSU’s centralized intake and resource center, received 313 calls and 6,601 website visits and 10 unique SUD treatment provider locations offered over 250 hours of appointment time via VT Helplink. A VT Helplink media campaign ran November 2023 through January 2024. It included bus signage, broadcast television, social media (Facebook/Instagram), Google search, search engine banners, and YouTube. The target audience is Vermonters 18+ who may be actively using substances, those who care about them, service providers of all types, and any Vermonter needing support or information about alcohol or drug use. This campaign resulted in 7,784,035 “impressions” (views of the ad) overall. Broadcast television, bus signage, and Facebook/Instagrams ads consisted of 80% of the total campaign impressions.

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. 1843 unique Vermonters were served during the calendar year 2023. The number of Vermonters served during the first quarter 2024 will be provided in the second quarterly report.

Vermont assembled a Part 2 Data Governance Group and began 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
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 Q1</i>	4 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 12 months before the measurement period (6.8%)	This is likely due to increased system availability after covid restrictions were lifted.
<i>[Add rows as needed]</i>	<i>DY20 Q1</i>	5 Number of beneficiaries with a claim for residential or inpatient treatment for SUD in IMDs during the measurement period (11.0%)	This is likely due to increased system availability after covid restrictions were lifted.
<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			
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.			

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 – January 1, 2024 – March 31, 2024
Submitted on May 30, 2024

	<i>DY20 Q1</i>	6 Any SUD Treatment (-4.3%)	Vermont has been reassessing Medicaid eligibility leading to a decrease in enrollment. From the quarter Jul-Sep to the quarter Oct-Dec, enrollment was down 4.8%. Please note that many SUD providers assist people in re-enrolling when they qualify.
	<i>DY20 Q1</i>	7 Early intervention (Cannot calculate/divide by zero issue)	This is a small numbers issue. Last quarter there were no claims, this quarter there are two claims. Early intervention services are not billed separately; they are included in claims for office visits.
	<i>DY20 Q1</i>	8 Outpatient Services (-10.0%)	Vermont has been reassessing Medicaid eligibility leading to a decrease in enrollment. From the quarter Jul-Sep to the quarter Oct-Dec, enrollment was down 4.8%. Please note that many SUD providers assist people in re-enrolling when they qualify. In addition, there have been closures in SUD specialty providers and existing providers are struggling to hire.
	<i>DY20 Q1</i>	9 IOP/Partial hospitalization services (-19.3%)	This is likely a small numbers issue – it went from an average of 121 people per month to 97 per month.
	<i>DY20 Q1</i>	10 Residential and Inpatient Services (-17.0%)	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. Both are down for this quarter, and we expect them to increase in the next quarter. The goal is to maintain or decrease and it went from an average of 152 people per month to 138.
	<i>DY20 Q1</i>	11 Withdrawal Management (-25.6%)	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. Both are down for this quarter, and we expect them to increase in the next quarter. The goal is to maintain or decrease and it went from an average of 53 people per month to 40.
	<i>DY20 Q1</i>	12 MAT (-5.8%)	One of the MAT provider locations has not billed all services for the quarter which may be contributing to the reduction seen here. MOUD has stabilized and we do not expect to see significant increases going forward.
	<i>DY20 Q1</i>	36 The average length of stay for beneficiaries discharged from IMD inpatient or residential treatment for SUD during the measurement period (-4.73)	This may be the result of the residential payment reform model. We are now incentivizing appropriate discharge planning and length of stay.
<input type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
2.2.2 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. Planned activities to improve access to SUD treatment services across the continuum of care for Medicaid			The Division of Substance Use Programs (DSU) continues to develop 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.

<p>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 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>			

<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			
<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>The Substance Use Disorder Treatment Standards, revised January 1, 2024, is 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 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 four times between January 1, 2024, and March 31, 2024, at treatment provider locations.</p>

<p>i. Beneficiaries have access to SUD services at 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.</p>
<p><input type="checkbox"/> The state has no implementation updates to report for this reporting topic.</p>			
<p>4.2 Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)</p>			
<p>4.2.1 Metric Trends</p>			

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			
<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. 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>The Substance Use Disorder Treatment Standards, revised January 1, 2024, is 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 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 four times between January 1, 2024, and March 31, 2024, at treatment provider locations.</p>

c. Availability of medication assisted treatment at residential treatment facilities, 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.			
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>DY20 Q1</i>	13 The number of providers who were enrolled in Medicaid and qualified to deliver SUD services during the measurement period (-4.9%)	Some providers have ceased operations after covid, from the financial strain, burnout, or retirement.

<i>[Add rows as needed]</i>	<i>DY20 Q1</i>	14 The number of providers who were enrolled in Medicaid and qualified to deliver SUD services during the measurement period and who meet the standards to provide buprenorphine or methadone as part of MAT (-15.3%)	There was a change in the methodology used to calculate this measure. In previous years, we use the xDEA DATA 2000 waiver roster and compared it to enrolled providers to determine this. The waiver is no longer in place so this year we used enrolled providers who provided MOUD based on claims data defined as providers with one or more buprenorphine prescriptions or methadone HCPCS codes (H0020).
<input 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.			
	DY20 Q1	23 Emergency Department for SUD per 1000 beneficiaries (-10.4%)	As Vermonters are re-engaging with more appropriate SUD treatment services such as outpatient, residential and withdrawal management in a timely manner, it is possible that the need for higher level emergency services has decreased.
	DY20 Q1	24 Inpatient stays for SUD per 1000 (-15.6%)	It is unclear what is driving this reduction. It could be a result of there being fewer ED visits reported above.
<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:			There are no planned changes to the prescribing guidelines and other interventions.

a. Implementation of opioid prescribing guidelines and other 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.			
<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/capability</p>			<p>The Vermont Prescription Monitoring System (VPMS) has successfully maintained integrations with its pilot sites and has actively been monitoring audit files to determine if there are any issues.</p> <p>Vermont is working with one additional health care entity utilizing Dr. First for EHR capacity and will begin working with its first site who utilizes Cerner. VPMS has approved the connection with the Dr. First site and will set a go-live date upon confirmation from the vendor about their readiness to implement.</p> <p>Initial planning for the inclusion of interstate data with integrated entities is complete. Currently, interstate data is not included in an integrated query; however, procedures have been developed to allow access for approved interstate connections when allowed by statute and other legislation.</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>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>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"> <u>1. Ensuring access and minimal barriers to services for all Vermonters.</u> <u>2. Clear and shared understanding of governance process.</u> <u>3. We will establish data governance prior to any data being sent.</u> <u>4. Patients are at the center of their health data – all individuals can make informed decisions about the use of their health data.</u> <u>5. Policy makers / payers are able to assess the value of programs and adapt to changing needs.</u> <u>6. AHS will not share data with law enforcement or anyone else.</u> <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>
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.			
	DY20 Q1	Q1 Number of PDMP Checks (15.9%)	Vermont expanded outreach and training to providers.
<i>[Add rows as needed]</i>	DY20 Q1	Q2 Number of PDMP Linkages (0.0%)	Small numbers. No new linkages
<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.			
		25 The rate of all-cause readmissions during the measurement period among beneficiaries with SUD (-3.3%)	This may have decreased because of the system being fully open again in 2023, after programs limiting capacity due to covid in 2022.
		26 Number of overdose deaths during the measurement period among Medicaid beneficiaries living in a geographic area covered by the demonstration. The state is encouraged to report the cause of overdose death as specifically as possible (for example, prescription vs. illicit opioid) (-6.8%)	Overall overdose deaths decreased between 2022 and 2023. This may be due to the ongoing overdose prevention activities Vermont has implemented but it may also be an indication of a change in the drug supply.

		27 Rate of overdose deaths during the measurement period among adult Medicaid beneficiaries living in a geographic area covered by the demonstration. The state is encouraged to report the cause of overdose death as specifically as possible (for example, prescription vs. illicit opioid) (-9.9%)	Overall overdose deaths decreased between 2022 and 2023. The rate decreased more than the number of deaths which is consistent with a reduction in the number of people enrolled in Medicaid.
<input 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.			<p>The DSU has published a summary of the actions Vermont is taking to address overdose. These are some of the actions:</p> <ul style="list-style-type: none"> • Naloxone – provide naloxone and training through collaborations with community-based organizations, including getting naloxone to the motels where the state is housing people experiencing homelessness. • VT Helplink is a free and confidential referral service available to connect people to resources and treatment (802-565-LINK or www.VTHelplink.org) • Recovery Centers are conducting outreach to reduce relapse and prevent overdoses (e.g. Harm Reduction Pack distribution, peer support specialists, Recovery Coaching referrals, etc.) • Providers are increasing outreach to patients and are continually re-evaluating patients' stability to triage for in-person supports, decreased take-homes, etc.

			<ul style="list-style-type: none"> Disseminate of key harm reduction messaging on the increased risks associated with overdose and using alone.
<i>[Add rows as needed]</i>			
<input 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 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.			
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 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 proceeding with developing the implementation roadmap for the expanded eligibility group for people with a SUD diagnosis (referred to as “SUD CIT” - Community Intervention and Treatment), and 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.			
11.1.2 Implementation Update			
Compared to the demonstration design and operational details outlined in STCs and the implementation plan, have			

<p>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 vendors, private sector providers)? Has the state noted any performance issues with contracted entities?</p>			
<p>What other initiatives is the state working on related to</p>			

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			Updates on the Monitoring Protocol work, deliverables, and timeline can be found in Section X. <i>Compliance</i> of the Broad Demonstration Monitoring Report.

submitting monitoring reports? b. The content or completeness of submitted reports? Future reports?			
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.			