

Medicaid Section 1115 SUD Demonstration Monitoring Report – Part B  
 North Carolina - North Carolina Medicaid Reform Demonstration  
 Demonstration Year 2 – November 1, 2019 through October 31, 2020  
 Quarter 3 Measurement Period – February 1, 2020 - April 30, 2020  
 Submitted on September 30, 2020

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

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

State	North Carolina
Demonstration name	North Carolina Medicaid Reform Demonstration
Approval date for demonstration	10/24/2018
Approval period for SUD	01/01/2019 – 10/31/2023
Approval date for SUD, if different from above	
Implementation date of SUD, if different from above	
SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives	<p>As part of its commitment to expand access to treatment for substance use disorders (SUDs), North Carolina’s Department of Health and Human Services is pursuing a Section 1115 demonstration waiver to strengthen its SUD delivery system by:</p> <ol style="list-style-type: none"> <li>1. Expanding its SUD benefits to offer the complete American Society of Addiction Medicine (ASAM) continuum of SUD services;</li> <li>2. Obtaining a waiver of the Medicaid institution for mental diseases (IMD) exclusion for SUD services;</li> <li>3. Ensuring that providers and services meet evidence-based program and licensure standards;</li> <li>4. Building SUD provider capacity;</li> <li>5. Strengthening care coordination and care management for individuals with SUDs; and</li> <li>6. Improving North Carolina’s prescription drug monitoring program (PDMP).</li> </ol>

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## 2. Executive Summary

The State continues to utilize Federal Authorities to support beneficiaries with SUD and their service providers during the COVID-19 Public Health Emergency.

Beginning the week of July 20, 2020, ASAM criteria skill building training began with DHHS agencies, LME/MCO staff and contracted professionals. Trainings will be provided each month through the end of June 2021. Live online, low-cost training will be available for up to 5,000 professionals.

The draft Opioid Treatment Program clinical coverage policy is completed.

The first controlled substance prescriber report was delivered to prescribers mid-August 2020. The report is submitted to prescribers who wrote a prescription for at least one controlled substance in the previous 6 months.

On August 25<sup>th</sup>, 2020, State signed a contract with the Cecil G Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill for the current State Fiscal Year (2021) to serve as the independent evaluator for all aspects of NC's 1115 Waiver, including evaluation of the SUD waiver.

The state saw a decrease in the number of beneficiaries receiving care in 8 out of the 10 metrics reported this quarter. Fewer beneficiaries may be seeking care for substance use disorder (SUD) and/or opioid use disorder (OUD) due to the COVID-19 Public Health Emergency.

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3. Narrative Information on Implementation, by Milestone and Reporting Topic

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
1.2 Assessment of Need and Qualification for SUD Services			
1.2.1 Metric Trends			
<input checked="" type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to assessment of need and qualification for SUD services.	Beneficiaries with a SUD diagnosis increased .37% from last quarter, going from an average of 68,603 to an average of 68,861 beneficiaries this quarter. The following are sub-populations with a change of +/- 2% from the prior quarter. SUD diagnoses: <ul style="list-style-type: none"> <li>decreased by 17% among beneficiaries younger than 18, going from an average of 2,917 beneficiaries last quarter to 2,426 average beneficiaries this quarter.</li> <li>increased by 9% among beneficiaries 65 and older, going from an average of 5,705 beneficiaries to 6,225 average beneficiaries this quarter.</li> <li>decreased by 28% among beneficiaries who were criminally involved, going from an average of 139 beneficiaries to 100 beneficiaries on average this quarter.</li> </ul>	02/01/2020-04/30/2020	
<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 and operational details, the state expects to make the following changes to: <ul style="list-style-type: none"> <li><input type="checkbox"/> i) The target population(s) of the demonstration</li> <li><input type="checkbox"/> ii) The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration</li> </ul>			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			

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<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to assessment of need and qualification for SUD services			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			

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

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<p><input checked="" type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1</p>	<p>The state has chosen not to report trends where the population:</p> <ul style="list-style-type: none"> <li>• is smaller than 30</li> <li>• is counter to the population of interest, e.g., Medicaid only, not pregnant, not criminally involved.</li> </ul> <p>Beneficiaries with any SUD treatment decreased by 3% from last quarter, going from an average of 25,405 to an average of 24,746 beneficiaries this quarter.</p> <p>SUD treatment:</p> <ul style="list-style-type: none"> <li>• decreased by 13% among beneficiaries younger than 18, going from an average of 743 beneficiaries last quarter to an average of 647 beneficiaries this quarter.</li> <li>• decreased by 8% among beneficiaries 65 and older, going from an average of 1,404 beneficiaries to an average of 1,298 beneficiaries this quarter.</li> <li>• decreased by 9% among dual eligible beneficiaries, going from an average of 4,696 beneficiaries to an average of 4,293 beneficiaries this quarter.</li> <li>• increased by 5% among beneficiaries who were pregnant, going from an average of 253 beneficiaries to an average of 267 beneficiaries this quarter.</li> </ul> <p>Beneficiaries who received outpatient services decreased by 9% from last quarter, going from an average of 17,331 to an average of 15,856 beneficiaries this quarter.</p> <p>Outpatient services:</p> <ul style="list-style-type: none"> <li>• decreased by 8% among beneficiaries with opioid use disorder (OUD), going from an average of 11,216 beneficiaries last quarter to 10,351 average beneficiaries this quarter.</li> <li>• decreased by 22% among beneficiaries under the age of 18, going from an average of 502 beneficiaries to 391 average beneficiaries this quarter.</li> <li>• decreased by 8% among beneficiaries between the age of 18-64, going from an average of 16,215 beneficiaries to 14,885 average beneficiaries this quarter.</li> </ul>	<p>02/01/2020-04/30/2020</p>	
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	<ul style="list-style-type: none"> <li>• decreased by 6% among beneficiaries 65 years of age and older, going from an average of 614 beneficiaries to 579 beneficiaries this quarter.</li> <li>• increased by 8% among dual eligible beneficiaries, going from an average of 2,627 beneficiaries to 2,419 beneficiaries on average this quarter.</li> <li>• decreased by 6% among beneficiaries who were pregnant, going from an average of 183 beneficiaries to 172 beneficiaries on average this quarter.</li> </ul> <p>Beneficiaries who received intensive outpatient services decreased by 20% from last quarter, going from an average of 1,452 to an average of 1,159 beneficiaries this quarter.</p> <p>Intensive outpatient services:</p> <ul style="list-style-type: none"> <li>• decreased by 28% among beneficiaries with opioid use disorder (OUS), going from an average of 503 beneficiaries last quarter to 363 average beneficiaries this quarter.</li> <li>• increased by 2% among beneficiaries under the age of 18, going from average of 63 beneficiaries to 64 average beneficiaries this quarter.</li> <li>• decreased by 20% among beneficiaries between the ages of 18-64, going from an average of 1,308 beneficiaries to 1,041 average beneficiaries this quarter.</li> <li>• decreased by 33% among beneficiaries 65 years if age and older, going from an average of 80 beneficiaries to 53 beneficiaries this quarter.</li> <li>• decreased by 30% among dual eligible beneficiaries, going from an average of 331 beneficiaries to 231 beneficiaries on average this quarter.</li> </ul> <p>Beneficiaries who received residential and inpatient services decreased by 8% from last quarter, going from an average of 271 to an average of 249 beneficiaries this quarter.</p> <p>Residential and inpatient services:</p>		
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	<ul style="list-style-type: none"> <li>decreased by 5% among beneficiaries with opioid use disorder (OUD), going from an average of 64 beneficiaries last quarter to 61 average beneficiaries this quarter.</li> <li>decreased by 9% among beneficiaries between the ages of 18-64, going from an average of 256 beneficiaries to 234 average beneficiaries this quarter.</li> <li>decreased by 8% among dual eligible beneficiaries, going from an average of 46 beneficiaries to 43 beneficiaries on average this quarter.</li> </ul> <p>Beneficiaries who received withdrawal management decreased by 14% from last quarter, going from an average of 79 to an average of 68 beneficiaries this quarter.</p> <p>Received withdrawal management:</p> <ul style="list-style-type: none"> <li>increased by 53% among beneficiaries with opioid use disorder (OUD), going from an average of 21 beneficiaries last quarter to 32 average beneficiaries this quarter.</li> <li>increased by 34% among beneficiaries between the age of 18-64, going from an average of 71 beneficiaries to 96 average beneficiaries this quarter.</li> </ul> <p>Beneficiaries who received medication assisted treatment decreased by .11%, going from an average of 11,914 to an average of 11,901 beneficiaries this quarter.</p> <p>Received medication assisted treatment:</p> <ul style="list-style-type: none"> <li>decreased by 19% among beneficiaries 65 years of age and older, going from an average of 140 beneficiaries to 113 beneficiaries this quarter.</li> <li>decreased by 26% among dual eligible beneficiaries, going from an average of 698 beneficiaries to 513 beneficiaries on average this quarter.</li> </ul>		
<input type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
2.2.2 Implementation Update			



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<p>Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> i) Planned activities to improve access to SUD treatment services across the continuum of care for Medicaid beneficiaries (e.g. outpatient services, intensive outpatient services, medication assisted treatment, services in intensive residential and inpatient settings, medically supervised withdrawal management)</li> <li><input type="checkbox"/> ii) SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential treatment, medically supervised withdrawal management, and medication assisted treatment services provided to individuals in IMDs</li> </ul>	<p>On June 18, 2020, NC Medicaid held a stakeholder meeting to receive input from the public regarding the proposed changes to diagnostic assessment and clinical coverage policy 8C, ‘Outpatient Behavioral Health Services for direct enrolled providers. Additionally, the comments from the stakeholders’ meeting were reviewed and documented.</p> <p>Beginning the week of July 20, 2020, the Division of Mental Health held ASAM criteria skill building training across DHHS agencies to include, the Office of Rural Health, Division of Vocational Rehab, Division of Health Services Regulation. Training for the LME/MCO utilization management, provider network, care coordination, and medical staff was held in July and August 2020. Training for LME/MCO contracted licensed direct enrolled professionals began the first week in August. Trainings will be provided each month through the end of June 2021. Live online, low-cost training will be available for up to 5,000 professionals.</p> <p>The draft Opioid Treatment Program clinical coverage policy is completed. NC Medicaid and DMH/DD/SAS held a meeting with NC Association for the Treatment of Opioid Disorder (NCATOD) to review the proposed policy and solicit feedback. On June 19, 2020 a stakeholder meeting was held for additional feedback and comment. NC Medicaid is working with NCATOD on feedback specific to the policy.</p> <p>A draft of the 1WM Ambulatory Withdrawal Management without extended onsite monitoring clinical coverage policy is nearing completion. The next step will be to solicit internal feedback from NC Medicaid and DMH/DD/SAS staff prior to a public stakeholder meeting.</p>	<p>02/01/2020-04/30/2020</p>	
<p><input type="checkbox"/> The state has no implementation update to report for this reporting topic. SUD benefit coverage under the Medicaid state plan.</p>			

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<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to Milestone 1			
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<b>3.2 Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)</b>			
<b>3.2.1 Metric Trends</b>			
<input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2			
<input checked="" type="checkbox"/> The state has no trends to report for this reporting topic.			
<input checked="" type="checkbox"/> The state is not reporting metrics related to Milestone 2.			
<b>3.2.2 Implementation Update</b>			
<p>Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> i) Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria</li> <li><input checked="" type="checkbox"/> ii) Implementation of a utilization management approach to ensure (a) beneficiaries have access to SUD services at the appropriate level of care, (b) interventions are appropriate for the diagnosis and level of care, or (c) use of independent process for reviewing placement in residential treatment settings</li> </ul>	<p>Beginning the week of July 20, 2020, the Division of Mental Health held ASAM criteria skill building training began across DHHS agencies to include, the Office of Rural Health, Division of Vocational Rehab, Division of Health Services Regulation. Training for the LME/MCO utilization management, provider network, care coordination, and medical staff was held in July and August 2020.</p> <p>Training for LME/MCO contracted licensed direct enrolled professionals began the first week in August. Trainings will be provided each month through the end of June 2021. Live online, low-cost training will be available for the 5,000 practicing behavioral health professionals in North Carolina.</p>	02/01/2020-04/30/2020	
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			

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<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to Milestone 2			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input checked="" type="checkbox"/> The state is not reporting metrics related to Milestone 2.			
<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>			
<input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3			
<input checked="" type="checkbox"/> The state has no trends to report for this reporting topic.			
<input type="checkbox"/> The state is not reporting metrics related to Milestone 3.			
<b>4.2.2 Implementation Update</b>			
<p>Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> i) Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards</li> <li><input type="checkbox"/> ii) State review process for residential treatment providers' compliance with qualifications standards</li> <li><input type="checkbox"/> iii) Availability of medication assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site</li> </ul>			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			

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<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to Milestone 3			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state is not reporting metrics related to Milestone 3.			
<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>			
<input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4			
<input checked="" type="checkbox"/> The state has no trends to report for this reporting topic.			
<b>5.2.2 Implementation Update</b>			
Compared to the demonstration design and operational details, the state expects to make the following changes to: <ul style="list-style-type: none"> <li><input type="checkbox"/> Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care</li> </ul>			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to Milestone 4			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			

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Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
<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>			
<input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5			
<input type="checkbox"/> The state has no trends to report for this reporting topic.			
<b>6.2.2 Implementation Update</b>			
Compared to the demonstration design and operational details, the state expects to make the following changes to: <ul style="list-style-type: none"> <li><input type="checkbox"/> i) Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD</li> <li><input type="checkbox"/> ii) Expansion of coverage for and access to naloxone</li> </ul>			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to Milestone 5			
<input checked="" type="checkbox"/> The state has no implementation update 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>			
<input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6			
<input checked="" type="checkbox"/> The state has no trends to report for this reporting topic.			

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Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
<b>7.2.2 Implementation Update</b>			
Compared to the demonstration design and operational details, the state expects to make the following changes to: <input checked="" type="checkbox"/> Implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports	The State utilized Federal Authorities to support beneficiaries with SUD and their service providers during the COVID-19 Public Health Emergency. To include, but not limited to: <ul style="list-style-type: none"> <li>• Approving additional In Lieu of Services submitted by MCOs including services ILO Day Treatment, SACOT and SAIOP</li> <li>• Waiving prior approval for outpatient services</li> <li>• Allowing for billing of 28 days of take-home dosage for OTP</li> </ul>		
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to Milestone 6			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<b>8.2 SUD Health Information Technology (Health IT)</b>			
<b>8.2.1 Metric Trends</b>			
<input checked="" type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its Health IT metrics	The prescription drug monitoring program saw a 1% decrease in provider checks, going from an average of 647,923 last quarter to 639,360 on average this quarter. The program saw a 3% increase in number of users, going from an average of 59,329 last quarter to an average of 61,328 this quarter.	02/01/2020-04/30/2020	
<input type="checkbox"/> The state has no trends to report for this reporting topic.			

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Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
8.2.2 Implementation Update			
<p>Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> i) How health IT is being used to slow down the rate of growth of individuals identified with SUD</li> <li><input type="checkbox"/> ii) How health IT is being used to treat effectively individuals identified with SUD</li> <li><input type="checkbox"/> iii) How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD</li> <li><input checked="" type="checkbox"/> iv) Other aspects of the state’s plan to develop the health IT infrastructure/capabilities at the state, delivery system, health plan/MCO, and individual provider levels</li> <li><input type="checkbox"/> v) Other aspects of the state’s health IT implementation milestones</li> <li><input type="checkbox"/> vi) The timeline for achieving health IT implementation milestones</li> <li><input checked="" type="checkbox"/> vii) Planned activities to increase use and functionality of the state’s prescription drug monitoring program</li> </ul>	<p>The first controlled substance prescriber report was delivered to prescribers mid-August 2020 following consultation with stakeholders via survey and focus group work (See appendix 1 - <i>Prescriber Reports Redesign – De-identified</i>). The prescriber report is submitted to prescribers who wrote a prescription for at least one controlled substance in the previous 6 months. The report submits back to clinicians de-identified advanced analytics on their prescribing history to support good prescribing practice.</p> <p>In July 2020, HIE began live testing with 5 volunteer practitioners. The volunteer practitioners were asked to test the connectivity between HIE and NC HealthConnex to test if they are able to pull up CSRS (North Carolina’s prescription drug monitoring program) search results in the HIE workflow. The testing was successful and the HIE became fully operational in September.</p> <p>A six-month communication strategy has been developed to increase the rate of health entities completing integrations of CSRS search facilities into their EHRs, following a slump due to COVID-19. The communications will be directed at two levels: leadership in hospitals (Chief Data Officers, CEOs) and practitioners. This commenced at the end of August.</p>	02/01/2020-04/30/2020	
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to Health IT			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			

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9.2 Other SUD-Related Metrics			
9.2.1 Metric Trends			
<input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics	<p>The state has chosen not to report trends where the population is smaller than 30.</p> <p>Emergency Department Utilization for SUD per 1,000 beneficiaries saw a decrease of 5% since last quarter, going from an average of 3326 visits to an average of 3145 visits.</p> <p>Visits:</p> <ul style="list-style-type: none"> <li>decreased by 13% among beneficiaries with opioid use disorder (OUD), going from an average of 392 beneficiaries to 340 beneficiaries this quarter.</li> <li>decreased by 6% among beneficiaries between the ages of 18-64, going from an average of 3,029 last quarter to an average of 2,845 this quarter.</li> </ul> <p>Inpatient stays for SUD per 1,000 beneficiaries saw a decrease of 6% since last quarter, going from 2,247 stays to 2,117 stays.</p> <p>Stays:</p> <ul style="list-style-type: none"> <li>decreased by 4% among beneficiaries with OUD, going from an average of 518 beneficiaries to an average of 500 beneficiaries this quarter.</li> <li>decreased by 16% among beneficiaries under 18, going from an average of 55 last quarter to an average of 46 this quarter.</li> <li>decreased by 5% among beneficiaries between the ages of 18-64, going from an average of 2,026 last quarter to an average of 1,918 this quarter.</li> </ul>	02/01/2020-04/30/2020	
<input type="checkbox"/> The state has no trends to report for this reporting topic.			



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<b>9.2.2 Implementation Update</b>			
<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to other SUD-related metrics			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<b>10.2 Budget Neutrality</b>			
<b>10.2.1 Current status and analysis</b>			
<input checked="" type="checkbox"/> If the SUD component is part of a broader demonstration, the state should provide an analysis of the SUD-related budget neutrality and an analysis of budget neutrality as a whole. Describe the current status of budget neutrality and an analysis of the budget neutrality to date.	There has been no analysis of Budget Neutrality to date as the Department has yet to report related expenditures to CMS due to managed care suspension.	02/01/2020-04/30/2020	
<b>10.2.2 Implementation Update</b>			
<input type="checkbox"/> The state expects to make other program changes that may affect budget neutrality			
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			

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 Quarter 3 Measurement Period – February 1, 2020 - April 30, 2020  
 Submitted on September 30, 2020

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
11.1 SUD-Related Demonstration Operations and Policy			
11.1.1 Considerations			
<input type="checkbox"/> States should highlight significant SUD (or if broader demonstration, then SUD-related) demonstration operations or policy considerations that could positively or negatively affect beneficiary enrollment, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the SUD demonstration’s approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail.			
<input checked="" 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, the state expects to make the following changes to: <ul style="list-style-type: none"> <li><input type="checkbox"/> i) How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)</li> <li><input type="checkbox"/> ii) Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)</li> <li><input type="checkbox"/> iii) Partners involved in service delivery</li> </ul>	The State launched its Opioid Action Plan 2.0 in July 2019. Accomplishments since the last report in December 2019: <ul style="list-style-type: none"> <li>- Uninsured and Medicaid beneficiaries who have received OUD treatment has increased by 35%.</li> </ul>	02/01/2020-04/30/2020	
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			

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<input type="checkbox"/> The state experienced challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers) and/or noted any performance issues with contracted entities			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state is working on other initiatives related to SUD or OUD			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The initiatives described above are related to the SUD or OUD demonstration (States should note similarities and differences from the SUD demonstration)			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			

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12. SUD Demonstration Evaluation Update			
12.1. Narrative Information			
<input checked="" type="checkbox"/> 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.	<p>On August 25<sup>th</sup>, 2020, the State signed a contract with the Cecil G Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill for the current State Fiscal Year (2021) to serve as the independent evaluator for all aspects of NC’s 1115 Waiver, including evaluation of the SUD waiver.</p> <p>The Sheps Center evaluation team has decades of experience analyzing Medicaid data from NC and other states and has successfully received NC Medicaid claims and encounter data for the waiver evaluation. In addition, the Sheps Center team is in the process of obtaining DUAs for other data sources specified in the CMS approved evaluation plan, which was developed by the Sheps Center team under the prior contract. The evaluation team is in the process of updating the evaluation design, as it was developed prior to the delays in implementation described in previous quarterly reports and prior to the COVID-19 Public Health Emergency and thus key dates will need to be updated. This will have only a modest effect on the overall evaluation design. The evaluation team will focus on the upcoming months initially on the metrics for the SUD components of the waiver in preparation for the next reporting cycle, and then on baseline measures proposed in the evaluation design. In addition, the Sheps Center team is conducting a qualitative evaluation as described in the Design document, which will include interviews with a heterogeneous panel of Medicaid providers and practices regarding key components of the waiver. This mixed method approach will allow the triangulation of the quantitative and qualitative findings for a robust waiver evaluation.</p>	02/01/2020-04/30/2020	
<input type="checkbox"/> The state has no SUD demonstration evaluation update to report for this reporting topic.			

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<input type="checkbox"/> 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.			
<input checked="" type="checkbox"/> The state has no SUD demonstration evaluation update to report for this reporting topic.			
<input checked="" type="checkbox"/> List anticipated evaluation-related deliverables related to this demonstration and their due dates.	<ul style="list-style-type: none"> <li>• Quarterly Report - 60 days after end of each DY quarter, except 4th quarter</li> <li>• Annual Report - 90 days after end of each DY/4th quarter</li> <li>• Interim Report - Draft due October 31, 2022, or with renewal application; Final due 60 days after receipt of CMS comments</li> <li>• Summative Report - Draft due within 18 months after October 31, 2024; Final due 60 days after receipt of CMS comments</li> </ul>	02/01/2020-04/30/2020	
<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>			
<input type="checkbox"/> The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol			
<input checked="" type="checkbox"/> The state has no updates on general requirements to report for this reporting topic.			
<input type="checkbox"/> The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes			
<input checked="" type="checkbox"/> The state has no updates on general requirements to report for this reporting topic.			

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<p>Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> i) The schedule for completing and submitting monitoring reports</li> <li><input checked="" type="checkbox"/> ii) The content or completeness of submitted reports and/or future reports</li> </ul>	<p>The state’s detail death file does not close until August/September of the subsequent year. Given this latency plus a few weeks for delivery of the death file and the necessary analysis, the state should be able to produce results for the baseline period identified in the 'NC Medicaid Reform 1115 SUD Metrics Workbook' (11/01/2018 through 10/31/2019) by October 2020. Baseline results for this metric will be available to include in the DY2 Q4 submission. Results for the remaining demonstration years will be available for inclusion in the Q4 submission of the subsequent demonstration year.</p> <p>The State is working with, its independent evaluator, the Sheps Center for Health Services Research, to secure more complete data on NC Medicaid’s criminally involved population.</p> <p>NC is still working to operationalize access to Provider Directory metric, particularly the ‘accuracy of information’ and ‘frequency of information update’ elements. The state intends to work with its independent evaluator, the Sheps Center for Health Services Research, to collect and analyze data for this measure.</p>		
<input type="checkbox"/> The state has no updates on general requirements to report for this reporting topic.			
<input type="checkbox"/> The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation			
<input checked="" type="checkbox"/> The state has no updates on general requirements to report for this reporting topic.			

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13.1.2 Post-Award Public Forum			
<input type="checkbox"/> 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.			
<input checked="" type="checkbox"/> No post-award public forum was 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 topic.			

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14.1 Notable State Achievements and/or Innovations			
14.1 Narrative Information			



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<p><input checked="" type="checkbox"/> 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.</p>	<p>The State utilized Federal Authorities to support beneficiaries with SUD and their service providers during the COVID-19 Public Health Emergency. This included, but is not limited to, the following:</p> <ul style="list-style-type: none"> <li>• Adding new telephonic assessment and management codes (for non-prescribers)</li> <li>• Telephonic substitution for Telehealth - add on codes for psychiatric prescribers</li> <li>• Allowing for billing of 28 days of take-home dosage for OTP</li> <li>• Waiving prior approval for outpatient services.</li> <li>• Allowing for more than one diagnostic assessment without prior authorization</li> <li>• Approving additional In Lieu of Services submitted by LME/MCOs including services ILO Day Treatment, SACOT and SAIOP</li> <li>• Reducing minimum service availability for some services including SAIOP (3 hours to 1.5 hours) and SACOT (4 hours to 2 hours)</li> <li>• Allowing for the provision of services outside of facilities and through telehealth</li> <li>• Waiving the 30 day per 12-month maximum days of service for Non-Medical Community Residential Treatment, Medically Monitored Community Residential Treatment, Non-Hospital Medical Detox, Professional Treatment services in Facility-Based Criss Programs and Facility Based Crisis Services for Children and Adolescents</li> </ul> <p>Once these flexibilities were implemented, the State began to review these changes to determine what could be continued, Post-COVID, to improve access to care, quality of care, and beneficiary satisfaction. Some of those changes include, but are not limited to, the following:</p> <ul style="list-style-type: none"> <li>• Continuing the use of telehealth for some services</li> <li>• Increasing to 45 days the 12-month maximum days of service for Non-Medical Community Residential Treatment, Medically Monitored Community Residential Treatment, Non-Hospital Medical Detox, Professional Treatment services in Facility-Based</li> </ul>		
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	<p>Criss Programs and Facility Based Crisis Services for Children and Adolescents</p> <ul style="list-style-type: none"> <li>• Allowing for billing of 7 days of take-home dosage for OTP</li> </ul> <p>This process included stakeholder feedback including LME/MCOs and fiscal analysis. Policies have been updated and are currently posted for public comment. Where needed, SPAs are in the development process (Non-Medical Community Residential Treatment, Medically Monitored Community Residential Treatment, Non-Hospital Medical Detox, Professional Treatment services in Facility-Based Criss Programs and Facility Based Crisis Services for Children and Adolescents). The goal is for those changes to be affected when the PHE expires.</p>		
<input type="checkbox"/> The state has no notable achievements or innovations to report for this reporting topic.			

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

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