

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

**PRA Disclosure Statement** - This information is being collected to assist the Centers for Medicare & Medicaid Services in program monitoring of Medicaid Section 1115 Substance Use Disorder Demonstrations. This mandatory information collection (42 CFR § 431.428) will be used to support more efficient, timely and accurate review of states' SUD 1115 demonstrations monitoring reports submissions to support consistency of monitoring and evaluation of SUD 1115 Demonstrations, increase in reporting accuracy, and reduce timeframes required for monitoring and evaluation. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is **0938-1148 (CMS-10398 #57)**." If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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

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

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

## 2. Executive Summary

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

The Division of Substance Use Programs (DSU) is proceeding with developing the implementation roadmap for the new projects authorized by the recently approved waiver, scheduled for January 1, 2025, implementation:

Expanded eligibility group for people with a SUD diagnosis (i.e., Community Intervention and Treatment or CIT)

Recovery services provided directly to people will be eligible to be reimbursed by Medicaid

Services provided in recovery housing will be eligible to be reimbursed by Medicaid

Services provided in withdrawal management programs will be eligible to be reimbursed by Medicaid

All ASAM levels of care, including medications for opioid use disorder (MOUD), were available.

Treatment providers continued to provide telemedicine, where appropriate.

DSU's Substance Use Disorder Treatment Standards and corresponding compliance assessment tool were effective January 1, 2020, and continue to be used on site visits.

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

From 4/1/23-6/30/23, VT Helplink, DSU's centralized intake and resource center, received 164 calls and 3,263 website visits. During SFY 2023, VT Helplink received a total of 858 calls and 28,236 website visits. From 4/1/23-6/30/23, 17 unique SUD treatment provider locations offered over 350 hours of appointment time via VT Helplink. A VT Helplink digital marketing booster campaign is running June-August 2023. Booster messaging features harm reduction service providers, with a focus on compassion and supporting others. Messaging encourages Vermonters to utilize VT Helplink to connect with substance use resources and services.

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 developed a [presentation](#) to inform the Vermont Legislature about the impact of potentially removing a THC cap on solid concentrates sold in Vermont. Additional information on the SMPC can be found at: [www.healthvermont.gov/SMPC](http://www.healthvermont.gov/SMPC)

Vermont launched the Recovery Coaches in the Emergency Department Program on July 1, 2018, and it is now fully implemented in all 14 emergency departments in the state. 351 unique Vermonters served through this program from 1/1/23-3/31/23. Data for 4/1/23-6/30/23 will be available in the Q3 report.

Medicaid Section 1115 SUD Demonstration Monitoring Report – Part B  
Vermont Global Commitment to Health Demonstration  
Demonstration Year 19 – January 1, 2023 – December 31, 2023  
Reporting Period – April 1, 2023 – June 30, 2023  
Submitted on August 29, 2023

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Vermont has assembled a Part 2 Data Governance Group and begun assessing the requirements needed to allow SUD data to be incorporated into the Vermont Health Information Exchange (VHIE).

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

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
<b>1.2 Assessment of Need and Qualification for SUD Services</b>			
<b>1.2.1 Metric Trends</b>			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
<b>1.2.2 Implementation Update</b>			
Compared to the demonstration design details outlined in the STCs and implementation plan, have there been any changes or does the state expect to make any changes to: A) the target population(s) of the demonstration? B) the clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration?			
Are there any other anticipated program changes that may impact metrics related to assessment			

of need and qualification for SUD services? If so, please describe these changes.			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<b>2.2 Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)</b>			
<b>2.2.1 Metric Trends</b>			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.	DY1 Q2	6 Any SUD Treatment (+5.7%)	Vermont has seen a significant impact to all healthcare services during and following the COVID pandemic. Workforce shortages as well as an apparent reluctance on behalf of Vermonters to access healthcare services due to concerns about exposure to COVID reduced utilization. As the pandemic has become endemic, it appears Vermonters are becoming more comfortable accessing healthcare services, including SUD treatment and workforce, although still extremely challenging, has found some measure of stability
<i>[Add rows as needed]</i>	DY1 Q2	8 Outpatient Service (+4.9%)	Vermont has seen a significant impact to all healthcare services during and following the COVID pandemic. Workforce shortages as well as an apparent reluctance on behalf of Vermonters to access healthcare services due to concerns about exposure to COVID reduced utilization. As the pandemic has become endemic, it appears Vermonters are becoming more comfortable accessing healthcare services, including SUD treatment and workforce, although still extremely challenging, has found some measure of stability.
	DY1 Q2	9 IOP and PH (+16.2%)	
	DY1 Q2	10 Residential and Inpatient Services (+3.3%)	
	DY1 Q2	11 Withdrawal Management (-6.6%)	As Vermonters are re-engaging with more appropriate SUD treatment services in a timely manner, it is possible that the need for stand-alone withdrawal management services has reduced.

	DY1 Q2	12 Medication Assisted Treatment (+6.1%)	The number of beneficiaries receiving medications for opioid use disorder has generally stabilized but there is quarter to quarter variation because of apparent billing issues by a large provider. There is significant capacity for MOUD in Vermont.
	DY1 Q2	23 Emergency Department for SUD per 1000 beneficiaries (-12.0%)	As Vermonters are re-engaging with more appropriate SUD treatment services in a timely manner, it is possible that the need for higher level emergency services has reduced.
	DY1 Q2	24 Inpatient SUD per 1000 beneficiaries (-12.1%)	As Vermonters are re-engaging with more appropriate SUD treatment services in a timely manner, it is possible that the need for higher-level services has reduced.
<input type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
<b>2.2.2 Implementation Update</b>			
<p>Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to:</p> <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>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); the design document was finalized. DSU is proceeding with planning and/or design activities that would make recovery services, services provided in recovery housing and services provided in withdrawal management programs Medicaid eligible. These projects are scheduled for January 1, 2025 implementation.</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?			
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.			
<b>3.2 Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)</b>			
<b>3.2.1 Metric Trends</b>			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. Changes (+ or -) greater than two percent should be described.			
<i>[Add rows as needed]</i>			
<input 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.			
<b>3.2.2 Implementation Update</b>			



<p>Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to:</p> <ul style="list-style-type: none"> <li>a. Planned activities to improve providers’ use of evidence-based, SUD-specific placement criteria?</li> <li>b. Implementation of a utilization management approach to ensure:           <ul style="list-style-type: none"> <li>i. Beneficiaries have access to SUD services at the appropriate level of care?</li> <li>ii. Interventions are appropriate for the diagnosis and level of care?</li> <li>iii. Use of independent process for reviewing placement in residential treatment settings?</li> </ul> </li> </ul>			<p>The Substance Use Disorder Treatment Standards, effective January 1, 2020, is being used to certify Preferred Providers and is available at: <a href="https://www.healthvermont.gov/alcohol-drugs/professionals/treatment-provider-certification">https://www.healthvermont.gov/alcohol-drugs/professionals/treatment-provider-certification</a></p> <p>The Compliance Assessment Tool (CAT) is used during site visits to determine a Preferred Provider’s level of certification compliance by providing transparency about the Preferred Provider's status; highlighting areas that require action or emphasis; and evaluating the level and type of technical assistance need. The CAT has been used two times this quarter at treatment provider locations.</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 are awaiting 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.</p>

<input type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>4.2 Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)</b>			
<b>4.2.1 Metric Trends</b>			
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.			
<b>4.2.2 Implementation Update</b>			
Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to: a. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards? b. State review process for residential treatment providers' compliance with qualifications standards? c. Availability of medication assisted treatment at			<p>The Substance Use Disorder Treatment Standards, effective January 1, 2020, is being used to certify Preferred Providers and is available at: <a href="https://www.healthvermont.gov/alcohol-drugs/professionals/treatment-provider-certification">https://www.healthvermont.gov/alcohol-drugs/professionals/treatment-provider-certification</a></p> <p>The Compliance Assessment Tool (CAT) is used during site visits to determine a Preferred Provider's level of certification compliance by providing transparency about the Preferred Provider's status; highlighting areas that require action or emphasis; and evaluating the level and type of technical assistance need. The CAT has been used two times this quarter at treatment provider locations.</p>

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.			
<b>5.2 Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)</b>			
<b>5.2.1 Metric Trends</b>			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
<b>5.2.2 Implementation Update</b>			
Compared to the demonstration design and operational details outlined the implementation plan,			

have there been any changes or does the state expect to make any changes to planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care?			
Are there any other anticipated program changes that may impact metrics related to provider capacity at critical levels of care, including for medication assisted treatment (MAT) for OUD? If so, please describe these changes.			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>6.2 Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)</b>			
<b>6.2.1 Metric Trends</b>			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
<b>6.2.2 Implementation Update</b>			
Compared to the demonstration design and operational details			There are no planned changes to the prescribing guidelines and other interventions.

<p>outlined the implementation plan, have there been any changes or does the state expect to make any changes to:</p> <ul style="list-style-type: none"> <li>a. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD?</li> <li>b. Expansion of coverage for and access to naloxone?</li> </ul>			
<p>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.</p>			
<p><i>[Add rows as needed]</i></p>			
<p><input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.</p>			
<p><b>7.2 Improved Care Coordination and Transitions between Levels of Care (Milestone 6)</b></p>			
<p><b>7.2.1 Metric Trends</b></p>			
<p>Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.</p>			<p>Vermont launched the Recovery Coaches in the Emergency Department Program on July 1, 2018. The final hospital (14 hospitals) was officially launched in December 2022. 351 unique Vermonters served through this program from 1/1/23-3/31/23. Data for 4/1/23-6/30/23 will be available in the Q3 report.</p>
<p><i>[Add rows as needed]</i></p>			
<p><input type="checkbox"/> The state has no metrics trends to report for this reporting topic.</p>			
<p><b>7.2.2 Implementation Update</b></p>			

Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports?			
Are there any other anticipated program changes that may impact metrics related to care coordination and transitions between levels of care? If so, please describe these changes.			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>8.2 SUD Health Information Technology (Health IT)</b>			
<b>8.2.1 Metric Trends</b>			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. Changes (+ or -) greater than two percent should be described.			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
<b>8.2.2 Implementation Update</b>			
Compared to the demonstration design and operational details			The Vermont Prescription Monitoring System (VPMS) went live with two integrations with electronic health records in May 2023. VPMS reports are

<p>outlined in STCs and implementation plan, have there been any changes or does the state expect to make any changes to:</p> <ol style="list-style-type: none"> <li>a. How health IT is being used to slow down the rate of growth of individuals identified with SUD?</li> <li>b. How health IT is being used to treat effectively individuals identified with SUD?</li> <li>c. How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD?</li> <li>d. Other aspects of the state’s plan to develop the health IT infrastructure/capabilities at the state, delivery system, health plan/MCO, and individual provider levels?</li> <li>e. Other aspects of the state’s health IT implementation milestones?</li> <li>f. The timeline for achieving health IT implementation milestones?</li> <li>g. Planned activities to increase use and functionality of the</li> </ol>			<p>integrated into the health record workflow of these two hospital sites, covering 230 providers, 2 pharmacies, 20 pharmacists, and 20 provider offices.</p> <p>Meetings and prioritization has occurred to identify the next healthcare entities to be granted access. Once the pilot projects’ initial audit data has been reviewed, additional electronic health records and providers will also be allowed access. Frequently asked questions and implementation guidance will be drafted with the lessons learned from the pilot projects and will be widely available.</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 assess the requirements needed to allow SUD data to be incorporated into the Vermont Health Information Exchange (VHIE). Short-term goals include use of the VHIE for Medicaid payment and operations activities consistent with established payment and quality models, aligned with activities acknowledged by Part 2 rules, e.g.:</p> <ul style="list-style-type: none"> <li>• Quality assessment, improvement initiatives, utilization review</li> <li>• Business management activities related to compliance</li> <li>• Other payment activities (e.g. determine need for adjustments to payment policies to enhance care) See 42 CFR § 2.33 (b)</li> </ul> <p>Long-term goals are currently centered on effective care coordination for individuals with SUD</p> <ul style="list-style-type: none"> <li>• Detailed long-term goals will be dependent upon ongoing rulemaking</li> </ul>
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<p>state’s prescription drug monitoring program?</p>			<ul style="list-style-type: none"> <li>• Moving towards care coordination goals will require the right individual-level data, at the right time, delivered to the right stakeholders that can impact the care and outcomes people with SUD</li> </ul> <p>This long-term goal is to include healthcare providers involved in treatment of patients for care coordination.</p> <p>Next steps:</p> <p>Data Governance</p> <ul style="list-style-type: none"> <li>• Align Part 2 domain goals with overall HIE Data Governance Council goals</li> <li>• Conduct high-level overview training for Part 2 data</li> <li>• Establish Part 2 Domain Group roles, responsibilities, and objectives</li> <li>• Work with Data Domain group to establish the appropriate Part 2 data governance policies and procedures</li> </ul> <p>Part 2 Data Sharing with AHS</p> <ul style="list-style-type: none"> <li>• Short term scope: Develop an implementation plan for Part 2 programs that have both Part 2 and non-Part 2 records to be connected to AHS via HIE</li> </ul>
<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>			
<p><i>[Add rows as needed]</i></p>			
<p><input type="checkbox"/> The state has no implementation updates to report for this reporting topic.</p>			
<p><b>9.2 Other SUD-Related Metrics</b></p>			
<p><b>9.2.1 Metric Trends</b></p>			



<p>Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.</p>			<p>Overdose deaths are variable but have increased over the past three years. Vermont has seen a significant increase in fentanyl involvement in opioid overdose fatalities and the adulterant xylazine has been introduced into the drug supply in Vermont. Fentanyl is 50-100 times stronger than heroin and the amount in the drug supply often isn't known to users until it is used. Fentanyl is currently the most prevalent substance involved in opioid-related deaths. Of note, deaths involving fentanyl can include prescription and/or illicit fentanyl and fentanyl analogs. DSU is <a href="#">increasingly seeing xylazine and gabapentin involvement</a> which is concerning because they exacerbate opioid-related decreases in respiration and is not responsive to naloxone.</p> <p>Vermont has been working to decrease drug overdoses, and has published <a href="#">social autopsy</a> reviews of all drug overdose deaths that occurred between 2017 and 2020. This shows places where individuals who died of a drug overdose interacted with a variety of Vermont programs to identify areas for intervention and harm reduction programming to reduce fatalities. The Social Autopsy Report analyzing data about those who died in 2021 will be available in the Q3 report.</p> <p>Fatal overdoses increased each year from 2020 to 2022 after a decrease in 2019. The <a href="#">2022 Annual Opioid Fatality Report</a> was published in April 2023.</p> <p>The <a href="#">2022 Naloxone Distribution and Administration Annual Report</a> was published in May. Quarterly reports for 2023 on Narcan® distribution will be available beginning in the Q3 reporting period.</p>
<p><i>[Add rows as needed]</i></p>			
<p><input type="checkbox"/> The state has no metrics trends to report for this reporting topic.</p>			
<p><b>9.2.2 Implementation Update</b></p>			

<p>Are there any anticipated program changes that may impact the other SUD-related metrics? If so, please describe these changes.</p>			<p>The DSU continues taking the following actions to address the increase in drug overdoses:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• VT Helplink is a free and confidential referral service available to connect people to resources and treatment (802-565-LINK or <a href="http://www.VTHelplink.org">www.VTHelplink.org</a> )</li> <li>• Recovery Centers are conducting outreach to reduce relapse and prevent overdoses (e.g. Harm Reduction Pack distribution, peer support specialists, Recovery Coaching referrals, etc.)</li> <li>• Providers are increasing outreach to patients and are continually re-evaluating patients’ stability to triage for in-person supports, decreased take-homes, etc.</li> <li>• Disseminate of key harm reduction messaging on the increased risks associated with overdose and using alone.</li> </ul>
<p><i>[Add rows as needed]</i></p>			
<p><input type="checkbox"/> The state has no implementation updates to report for this reporting topic.</p>			
<p><b>10.2 Budget Neutrality</b></p>			
<p><b>10.2.1 Current status and analysis</b></p>			
<p>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.</p>			<p>Updates on Budget Neutrality can be found in Section V. <i>Financial/Budget Neutrality Development/Issues</i> of the Broad Demonstration Monitoring Report.</p>

<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
<b>10.2.2 Implementation Update</b>			
re there any anticipated program changes that may impact budget neutrality? If so, please describe these changes.			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>11.1 SUD-Related Demonstration Operations and Policy</b>			
<b>11.1.1 Considerations</b>			
Highlight significant SUD (or if broader demonstration, then SUD-related) demonstration operations or policy considerations that could positively or negatively impact beneficiary enrollment, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the SUD demonstration’s approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail.			The Division of Substance Use Programs (DSU) is 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); the design document was finalized. DSU is proceeding with planning and/or design activities that would make recovery services, services provided in recovery housing and services provided in withdrawal management programs Medicaid eligible. These projects are scheduled for January 1, 2025 implementation.
<i>[Add rows as needed]</i>			

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

<p>           OUD? How do these initiatives relate to the SUD demonstration?            How are they similar to or different from the SUD demonstration?         </p>			
<p><i>[Add rows as needed]</i></p>			
<p><input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.</p>			
<p><b>12.1 SUD Demonstration Evaluation Update</b></p>			
<p><b>12.1.1 Narrative Information</b></p>			
<p>           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>			<p>           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.         </p>
<p>           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.         </p>			
<p>           List anticipated evaluation-related deliverables related to this demonstration and their due dates.         </p>			
<p><i>[Add rows as needed]</i></p>			
<p><input type="checkbox"/> The state has no SUD demonstration evaluation update to report for this reporting topic.</p>			

<b>13.1 Other Demonstration Reporting</b>			
<b>13.1.1 General Reporting Requirements</b>			
Have there been any changes in the state’s implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol?			
Does the state foresee the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes?			
Compared to the details outlined in the STCs and the monitoring protocol, has the state formally requested any changes or 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.			
<b>13.1.2 Post Award Public Forum</b>			
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.			
<b>14.1 Notable State Achievements and/or Innovations</b>			
<b>14.1 Narrative Information</b>			
Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SUD (or if broader demonstration, then SUD related) demonstration or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever			

Medicaid Section 1115 SUD Demonstration Monitoring Report – Part B  
 Vermont Global Commitment to Health Demonstration  
 Demonstration Year 19 – January 1, 2023 – December 31, 2023  
 Reporting Period – April 1, 2023 – June 30, 2023  
 Submitted on August 29, 2023

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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.			