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 it 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	June 28, 2022
Approval Period	July 1, 2022, to December 31, 2027
SUD (or if broader demonstration, then SUD Related) Demonstration Goals and Objectives	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 utilizationis preventable or medically inappropriate through improved access to other continuum of care services. 6. Reduce readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate.

2. Executive Summary

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

The Division of Substance Use Programs (DSU) is 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 7/1/2023-9/30/2023, VT Helplink, DSU's centralized intake and resource center, received 226 calls and 7,973 website visits. From 7/1/23-9/30/23, 15 unique SUD treatment provider locations offered over 400 hours of appointment time via VT Helplink. A VT Helplink digital marketing booster campaign ran June-September 2023. Booster messaging featured harm reduction service providers, with a focus on compassion and supporting others. Messaging encouraged Vermonters to utilize VT Helplink to connect with substance use resources and services. This campaign resulted in over 3 million "impressions" (how many times the message was shown), resulting in over 450,000 clicks, calls, views, and engagements.

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. This quarter the SMPC focused on identifying funding proposals for prevention to be presented to Vermont's Opioid Settlement Committee in October. The funding proposals focused on expanding access to Student Assistance Professionals statewide and investing in mentoring opportunities to support Vermont's youth and young adult populations. Additional information on the SMPC can be found at: 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. 555 unique Vermonters served through this program from 4/1/23-6/30/23. Data for 7/1/23-9/30/23 will be available in the Q4 report. 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
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.	DY1 Q3		
[Add rows as needed]			
☒ 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.			
☒ 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.			
	DYI Q3	9 IOP and PH (-8.6%)	This is largely due to Vermont's small numbers. The goal is to maintain or decrease and it went from 359 to 328 for the quarter.
	DYI Q3	10 Residential and Inpatient Services (-4.0%)	This is largely due to Vermont's small numbers. The goal is to maintain or decrease and it went from 476 to 457 for the quarter.
	DY1 Q3	11 Withdrawal Management (-6.6%)	This is largely due to Vermont's small numbers. The goal is to maintain or decrease and it went from 128 to 123 for the quarter. 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.

	Annual	22 Continuity of Pharmacotherapy for OUD (-81.9%)	CMS provided more specificity on this measure where the numerator excludes individuals with a gap in treatment of 7 or more days which resulted in a much lower rate. The State is reviewing the data and methodology to determine if only 12.5% of people have continuity of care or if it is associated with the new methodology. Vermont MOUD treatment is provided in OTPs, which is billed as a monthly case rate, and OBOTs may prescribe up to a 30-day supply. MOUD is available nearly on demand so it may be that high availability leads to higher churn, with people forgoing a prescription resulting in gaps in care.
☐ 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 beneficiaries (e.g. outpatient services, intensive outpatient services, medication assisted treatment, services in intensive residential and inpatient settings, medically			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, services provided in recovery housing and services provided in withdrawal management programs Medicaid eligible. These projects are scheduled for January 1, 2025, implementation.

supervised withdrawal management)? 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.			
[Add rows as needed]			
☐ 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.			

[Add rows as needed]			
☐ The state is reporting metrics related to Milestone 2 but has no metrics trends to report for this reporting topic.			
☒ The state is not reporting any metrics related to this reporting topic.			
3.2.2 Implementation Update			
Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to: a. Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria? b. Implementation of a utilization management approach to ensure: i. Beneficiaries have access to SUD services at the appropriate level of care? ii. Interventions are appropriate for the diagnosis and level of care? iii. Use of independent process for reviewing placement in			The Substance Use Disorder Treatment Standards, effective January 1, 2020, 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 July 1, 2023, and September 30, 2023, at treatment provider locations.

residential treatment settings?			
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.			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.
☐ The state has no implementation updates to report for this reporting topic.			
4.2 Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)			
4.2.1 Metric Trends			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. Changes (+ or -) greater than two percent should be described.			
[Add rows as needed]			
☐ The state is reporting metrics related to Milestone 3 but has no metrics trends to report for this reporting topic.			
☒ The state is not reporting any metrics related to this reporting topic.			
4.2.2 Implementation Update			
Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes			The Substance Use Disorder Treatment Standards, effective January 1, 2020, is being used to certify Preferred Providers and is available at: https://www.healthvermont.gov/alcohol-drugs/professionals/treatment-provider-certification

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 residential treatment facilities, either on-site or through facilitated access to services off site?			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 July 1, 2023, and September 30, 2023, at treatment provider locations.
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.			
[Add rows as needed]			
☐ 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.			
[Add rows as needed]			
☒ 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.			
[Add rows as needed]			
☒ 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.			
	DY1 Q3	23 Emergency Department for SUD per 1000 beneficiaries (+17.0%)	The State is seeing high xylazine and gabapentin involvement in overdoses and since they don't respond to Narcan, more people may end up in the ED because they didn't respond to community Narcan use. The State is also hearing reports of increased concerns about wounds in the community of individuals using IVD and they may be seeking care related to those wounds more frequently via the ED as well.
	Annual	18 High dose opioids in persons without cancer (-9.8%)	Effective 05/01/2021 (in accordance with section 1004 of the SUPPORT ACT) additional edits were applied to any combination of short acting and long-acting opioids on chronic therapy for non-cancer pain. Individuals new to opioid therapy with a daily MME >90 per day require the completion of an opioid safety check list as a prior authorization. Individuals with existing claims history

			required a safety check list if the daily MME >120 per day. Associated Documents: Cumulative MME Limits_FINAL.pdf (vermont.gov) Long-acting Opioid .pdf (vermont.gov) Cumulative Daily MME 2021.03.pdf (vermont.gov)
	Annual	21 Concurrent opioids and benzos (-11.0%)	Effective 05/01/2021 (in accordance with section 1004 of the SUPPORT ACT) additional edits were applied to any combination of short acting and long-acting opioids on chronic therapy for non-cancer pain. Individuals new to opioid therapy with a daily MME >90 per day require the completion of an opioid safety check list as a prior authorization. Individuals with existing claims history required a safety check list if the daily MME >120 per day. Associated Documents: Cumulative MME Limits_FINAL.pdf (vermont.gov) Long-acting Opioid .pdf (vermont.gov) Cumulative Daily MME 2021.03.pdf (vermont.gov)
☐ The state has no metrics trends to report for this reporting topic.			
6.2.2 Implementation Update			
Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to: a. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD?			There are no planned changes to the prescribing guidelines and other interventions.

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.			
[Add rows as needed]			
☒ 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.			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. 555 unique Vermonters served through this program from 4/1/23-6/30/23. Data for 7/1/23-9/30/23 will be available in the Q4 report.
	Annual	15.1 Initiation- Alcohol (+9.2%)	Vermont continues to support initiatives, including Recovery Coaching in the Emergency Departments and expanded walk-in and other enhanced access to treatment opportunities to support individuals in moments of increased motivation to initiate treatment.
	Annual	15.2 Initiation – Opioids (+4.2%)	Vermont continues to support initiatives, including Recovery Coaching in the Emergency Departments and expanded walk-in and other enhanced access to

			treatment opportunities to support individuals in moments of increased motivation to initiate treatment.
	Annual	15.3 Initiation – Other Dugs (+17.3%)	Vermont continues to support initiatives, including Recovery Coaching in the Emergency Departments and expanded walk-in and other enhanced access to treatment opportunities to support individuals in moments of increased motivation to initiate treatment.
	Annual	15.4 All Initiation (+6.3%)	Vermont continues to support initiatives, including Recovery Coaching in the Emergency Departments and expanded walk-in and other enhanced access to treatment opportunities to support individuals in moments of increased motivation to initiate treatment.
	Annual	15.6 Engagement – Alcohol (-7.9%)	It may be that the push to get people into treatment quickly may be catching individuals who are still more contemplative of change, resulting in more people dropping out of treatment as their behaviors align with their current stage of change.
	Annual	17(1) SUD ED visits with follow up within 30 days (+81.3%)	This measure has been changed by CMS to include medication which had not previously been included.
	Annual	17(1) SUD ED visits with follow up within 7 days (+81.6%)	This measure has been changed by CMS to include medication which had not previously been included.
☐ 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.			
[Add rows as needed]			
☒ 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.			
[Add rows as needed]			
☒ The state has no metrics trends to report for this reporting topic.			
8.2.2 Implementation Update			
Compared to the demonstration design and operational details outlined in STCs and implementation			The Vermont Prescription Monitoring System (VPMS) has successfully maintained integrations with its pilot sites and has actively been monitoring audit files to determine if and when there are any issues.

plan, have there been any changes or does the state expect to make any changes to: a. How health IT is being used to slow down the rate of growth of individuals identified with SUD? b. How health IT is being used to treat effectively individuals identified with SUD? c. How health IT is being used to effectively monitor "recovery" supports and services for individuals identified with SUD? 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? e. Other aspects of the state's health IT implementation milestones?			Following the discovery of a gap in query capabilities for the Veteran's Health Affairs integration, VPMS worked with our vendor to identify the cause and address the issue. Once the fix is deployed, VA providers in all states will be able to successfully query VPMS. VPMS pursued interstate connection with Missouri, where large-scale mail order pharmacies are located, but were unable to complete a connection due to Missouri's restrictive statute on PDMP sharing. Frequently asked questions and implementation guidance for new integration sites are drafted with the lessons learned from pilot projects and will be widely available on the website. Future integrations are in the beginning stages of implementation, although a timeline for their final connection has not yet been determined. 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. 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). Vermont has completed the data governance agreement with a group of providers. The Shared Values and Goals for the project are: 1. Ensuring access and minimal barriers to services for all Vermonters. 2. Clear and shared understanding of governance process. 3. We will establish data governance prior to any data being sent.

f. The timeline for achieving health IT implementation milestones? g. Planned activities to increase use and functionality of the state's prescription drug monitoring program?			4. Patients are at the center of their health data – all individuals can make informed decisions about the use of their health data. 5. Policy makers / payers are able to assess the value of programs and adapt to changing needs. 6. AHS will not share data with law enforcement or anyone else. Vermont has completed a Data Governance document to guide the process. It is available upon request. Please note that we are beginning with a subset of SUD providers to develop the processes and other SUD providers will be added later.
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.			
[Add rows as needed]			
☐ 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.			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 xylazine has been introduced into the drug supply in Vermont. Fentanyl is currently the most prevalent substance involved in opioid-related deaths. Deaths involving fentanyl can include prescription and/or illicit fentanyl and fentanyl analogs. DSU is increasingly seeing xylazine and gabapentin involvement which is concerning because they exacerbate opioid-related decreases in respiration and are not responsive to naloxone.

			Vermont has been working to decrease drug overdoses, and has published the 2021 social autopsy reviews of all drug overdose deaths that occurred between 2017 and 2021. 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. Fatal overdoses increased each year from 2020 to 2022 after a decrease in 2019. The 2022 Annual Opioid Fatality Report was published in April 2023. The 2022 Naloxone Distribution and Administration Annual Report was published in May. Quarterly reports on community naloxone distribution and quarterly EMS naloxone distribution and administration to provide additional context in addressing overdoses are available. A summary of the actions Vermont is taking to address overdose has been published.
	DY1 Q3	24 Inpatient SUD per 1000 beneficiaries (+16.5%)	The State is seeing high xylazine and gabapentin involvement in overdoses and since they don't respond to Narcan, more people may end up in the hospital because they didn't respond to community Narcan use. The State is also hearing reports of increased concerns about wounds in the community of individuals using IVD and they may require inpatient care due to the severity of the wounds.
☐ 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.			The DSU has published a summary of the actions Vermont is taking to address overdose. These are some of the actions: • 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. • Disseminate of key harm reduction messaging on the increased risks associated with overdose and using alone.
[Add rows as needed]			
☐ 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. *Financial/Budget Neutrality Development/Issues* of the Broad Demonstration Monitoring Report.
[Add rows as needed]			
☒ The state has no metrics trends to report for this reporting topic.			
10.2.2 Implementation Update			
re there any anticipated program changes that may impact budget neutrality? If so, please describe these changes.			

[Add rows as needed]			
☒ 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, services provided in recovery housing and services provided in withdrawal management programs Medicaid eligible. These projects are scheduled for January 1, 2025, implementation.
[Add rows as needed]			
☐ 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 there been any changes or does the state expect to make any changes to: a. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)? b. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)? c. Partners involved in service delivery?			
Has the state experienced any significant challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers)? Has the state noted any performance issues with contracted entities?			

What other initiatives is the state working on related to SUD or OUD? How do these initiatives relate to the SUD demonstration? How are they similar to or different from the SUD demonstration?			
[Add rows as needed]			
☒ 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. *Quality Improvement* and IX. *Demonstration Evaluation* 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.			
[Add rows as needed]			
☐ 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. *Compliance* 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?			
[Add rows as needed]			
☐ 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.			
[Add rows as needed]			
☒ 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.			
[Add rows as needed]			
☒ The state has no notable achievements or innovations to report for this reporting topic.			