1. Title page for the state's substance use disorder (SUD) demonstration or the SUD component of the broader demonstration

The state should complete this title page at the beginning of a demonstration and submit as the title page for all monitoring reports. The content of this table should stay consistent over time. Definitions for certain rows are below the table.

State	Minnesota
Demonstration name	Minnesota Substance Use Disorder System Reform
Approval period for section 1115 demonstration	07/01/2019 – 06/30/2024
SUD demonstration start date[a]	07/01/2019
Implementation date of SUD demonstration, if different from SUD demonstration start date[b]	07/22/2020
SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives	1. Increased rates of identification, initiation, and engagement in treatment for SUD. 2. Increased adherence to and retention in treatment. 3. Fewer readmissions to the same or higher levels of care where the readmission is preventable or medically inappropriate. 4. Improved access to care for physical health conditions among Medicaid beneficiaries. 5. To reduce the number of opioid related overdoses and deaths within the state of Minnesota. 6. To allow for patients to receive a wider array of evidence-based services that are focused on a holistic approach to treatment. 7. Reduced utilization of emergency departments and inpatient hospital settings for treatment where the utilization is preventable or medically inappropriate through improved access to other continuum of care services. 8. Utilizing its CCBHC providers to integrate community mental health care providers into an ASAM-based provider referral network with SUD providers or other health care professionals as needed.
SUD demonstration year and quarter	*DY2 Q4*
Reporting period	*04/01/2021-06/30/2021*

[a] **SUD demonstration start date:** For monitoring purposes, CMS defines the start date of the demonstration as the *effective date* listed in the state's STCs at time of SUD demonstration approval. For example, if the state's STCs at the time of SUD demonstration approval note that the SUD demonstration is effective January 1, 2020 – December 31, 2025, the state should consider January 1, 2020 to be the start date of the SUD demonstration. Note that the effective date is considered to be the first day the state may begin its SUD demonstration. In many cases, the effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example, CMS may approve an extension request on 12/15/2020, with an effective date of 1/1/2021 for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

[b] **Implementation date of SUD demonstration:** The date the state began claiming federal financial participation for services provided to individuals in institutions for mental disease.

2. Executive summary

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

Minnesota's Substance Use Disorder System Reform DY2 focused on implementing the components of the Implementation Plan including, the ASAM-based standards, training and technical assistance, utilization management, MCO contracts, and communicating changes to providers.

The State experienced leadership changes, including filling a vacant Behavioral Health Director position and the addition of a new Clinical Director position. Both positions support statewide SUD system reform and work closely with the demonstration team. Two roles were added to the demonstration team in DY2, a data specialist and a communications specialist.

State developed and published SUD treatment service requirements, assessment and placement criteria, and staffing requirements consistent with the ASAM Criteria. Additionally, the State wrote a medication-assisted treatment (MAT) policy aligned with ASAM and SAMHSA guidance, for all SUD providers participating in the demonstration, including non-residential.

The State included 1115 Substance Use Disorder (SUD) System Reform Demonstration rate enhancements in 2021 managed care organization (MCO) contracts.

Working with the contracted vendor, Keystone Peer Review Organization, Inc., (KEPRO) the State developed utilization management processes to conduct post payment review. The State and KEPRO developed an assessment and placement grid that supports the ASAM Criteria.

In addition to KEPRO's utilization training and technical assistance, the state offered multiple types of training and provider education. The State, in partnership with The University of Nevada, Reno Center for the Application of Substance Abuse Technologies (UNR-CASAT), through the National Frontier and Rural Telehealth Education Center (NFARtec), and the Great Lakes Addiction Technology and Transfer Center (ATTC) completed a 6 month-long web-based ASAM training series. State began offering weekly virtual office hours to provide technical assistance to providers in April 2021. State incorporated demonstration-billing instructions into its statewide SUD billing training.

The State contracted with a group of SUD providers referred to as the "Early Adopters" to gather feedback on the demonstration implementation and recommendations for aligning Minnesota's SUD system with ASAM. The state is set to publish their feedback in early DY3. This is in addition to the independent evaluation.

Minnesota's Legislature made important investments in the demonstration to ensure the success of SUD system reform. Investments include expanded participation, additional rate

enhancements, clarifying base rates, data an outcome sharing, and convening an additional evaluation work group. Significant changes to the demonstration are pending federal approval.

Updates for DY2 Q4 (4/1/2021-6/30/2021):

The State's partners, UNR-CASAT, NFARtec, and Great Lakes ATTC, hosted four ASAM question and answer series throughout DY2 Q4. The State also held Virtual Office Hours weekly to answer provider's enrollment and clinical questions about the demonstration.

CMS provided comments on the Evaluation Design Plan (EDP) to DHS and NORC on Apr 4 2021. DHS and NORC resubmitted the updated EDP on May 24, 2021

The State continued working with Keystone Peer Review Organization, Inc., (KEPRO) to develop a post payment review process for demonstration participants. The State and KEPRO developed an assessment and placement grid that fully supports ASAM criteria. The first 12 months of UM review will focus on technical assistance and training. KEPRO has a help desk for clinicians to answer ASAM questions and they will hold twice monthly training webinars beginning in June 2021. Utilization management and review is set to begin next quarter, in line with the State's Implementation Plan. State began aligning MCO UM processes.

New state legislative investments include mandatory enrollment for residential and withdrawal management providers that receive payment through Minnesota's Medical Assistance, including out of state providers. This group of providers must enroll in the demonstration and meet provider standards requirements by January 1, 2024, pending federal approval. The legislature authorized an additional increase to the current payment rate enhancement by 10%, pending federal approval, required public posting of data and outcome measures, and authorized the State to seek federal approval for an extension of the demonstration.

State policy staff identified gaps between state statute and ASAM standards in order to define hourly requirements for outpatient SUD levels of care (1.0 Outpatient, 2.1 Intensive Outpatient, 2.5 Partial Hospitalization). This work is basis for a 2022 legislative proposal.

3. Narrative information on implementation, by milestone and reporting topic

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1. Assessment of need and qualification for SUD services			
1.1 Metric trends			
1.1.1. 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		#2: Medicaid Beneficiaries with Newly Initiated SUD Treatment/Diagnosis #3: Medicaid Beneficiaries with SUD Diagnosis (monthly)	In the last quarter there was an increase in the number of beneficiaries with a newly initiated SUD Treatment/Diagnosis (17.3%) and number of Medicaid beneficiaries with an SUD diagnosis (2.7%). Increases may have also occurred due to seasonal effects with a 4.4% increase in the newly initiated beneficiaries in the same quarters in the previous year (new enrollees coming into benefits system) as well as declining COVID cases in Minnesota reducing barriers to services. During the COVID emergency reenrollment was paused, allowing for beneficiaries to remain on benefits which may contribute to the increasing numbers of beneficiaries overall. During this quarter, Minnesota began enrolling providers to provide 1115 services in the state, but it is unlikely to significantly have impacted beneficiaries in preliminary stages.
1.2 Implementation update			
1.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes to: 1.2.1.i. The target population(s) of the demonstration	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.2.1.ii. The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration	X		
1.2.2 The state expects to make other program changes that may affect metrics related to assessment of need and qualification for SUD services			Minnesota's 2021 1st Special Session included changes to the demonstration. Changes include, mandatory enrollment for residential, and withdrawal management providers that receive payment through Medical Assistance, including out of state providers. This group of providers must enroll in the demonstration and meet provider standards requirements by January 1, 2024, pending federal approval. The legislature authorized an additional increase to the current payment rate enhancement by 10%, required public posting of data and outcome measures, and authorized the State to seek federal approval for an extension of the demonstration.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2. Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)			
2.1 Metric trends			
2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1		#6: Any SUD Treatment #7: Early Intervention #8: Outpatient Services #10: Residential and Inpatient Services #11: Withdrawal Management #12: Medication Assisted Treatment (MAT) #22: Continuity of Pharmacotherapy for Opioid Use Disorder	During this quarter, there was an increase in Any SUD Treatment (6.4%), Early Intervention (66.7%), Outpatient Services (9.1%), Residential and Inpatient Services (9.4%), Withdrawal Management (18.5%), and MAT (3.5%). In the same quarters during the previous year, there was an increase for Outpatient Services (2.2%), Residential and Inpatient Services (6.4%) and Withdrawal Management (5.3%), indicating a seasonal effect (e.g., new beneficiaries entering into system) may contribute to these increases. Declining COVID cases in Minnesota may also be reducing barriers to services for those in need. During this time, there was also an increase in opioids and other substances that may have contributed to an increase in MAT. In Minnesota there is no standard or widespread usage of SBIRT for early intervention leading to low uptake and therefore small numbers (<=5 in any quarter) with a related instability in percent change. During this year, there was a 7.1% increase in the continuity of pharmacotherapy for OUD which, in part, may associate with an increase in MAT providers, particularly buprenorphine prescribing.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.2 Implementation update			
2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 2.2.1.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)	X		
2.2.1.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 individual IMDs	X		
2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
3. Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)			
3.1 Metric trends			
3.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2	X		
3.2. Implementation update			
3.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 3.2.1.i. Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria	X		
3.2.1.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	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2			Minnesota's 2021 Legislature included changes to the demonstration. Changes include, mandatory enrollment for residential and withdrawal management providers that receive payment through Medical Assistance, including out of state providers. This group of providers must enroll in the demonstration and meet provider standards requirements by January 1, 2024. The legislature authorized an additional increase to the current payment rate enhancement by 10%, required public posting of data and outcome measures, and authorized the State to seek federal approval for an extension of the demonstration. Expanded demonstration participation will affect statewide use of evidence-based SUD placement criteria. More providers in the state will be using the criteria and should help meet the federal goals and objectives of the demonstration.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)			
4.1 Metric trends			
4.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3 *Note: There are no CMS-provided metrics related to Milestone 3. If the state did not identify any metrics for reporting this milestone, the state should indicate it has no update to report.*	X		
4.2 Implementation update			
4.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 4.2.1.i. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards	X		
4.2.1.ii. Review process for residential treatment providers’ compliance with qualifications.	X		
4.2.1.iii. Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site	X		
4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
5. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)			
5.1 Metric trends			
5.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4	X		
5.2 Implementation update			
5.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care	X		
5.2.2 The state expects to make other program changes that may affect metrics related to Milestone 4	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			
6.1 Metric trends			
6.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5		#23: Emergency Department Utilization for SUD per 1,000 #18: Use of Opioids at High Dosage in Persons Without Cancer #19: Use of Opioids from Multiple Providers in Persons Without Cancer #20: Use of Opioids at High Dosage and from Multiple Providers in Persons Without Cancer #21: Concurrent Use of Opioids and Benzodiazepines	In this quarter, there was an increase in the total number of ED visits for SUD per 1,000 beneficiaries (2.8%). Analysis of the equivalent quarter to quarter change from the previous year, a similar increase (3.0%) which may indicate a seasonal fluctuation. Also, during this time, there was an increase in opioids and other substances in MN that may have contributed to an increase. During this year, there was an increase in use of opioids at high dosage (10.1%) but a decrease for use of opioids from multiple providers (-30.8%), use of opioids at high dosage and from multiple providers (-3.2%) and concurrent use of opioids and benzodiazepines (-4.1%). The increase of opioids at high dosage may be associated with an increase in buprenorphine usage, particularly usage associated with treatment for OUD which has increased during the COVID emergency. Concurrent usage may have declined due to changing access to substances and increased levels of opioids laced with fentanyl. Since implementation of the prescription drug monitoring program in Minnesota, high dosage prescribing amongst multiple providers has decreased considerably as more providers have entered into the system.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.2 Implementation update			
6.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 6.2.1.i. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD	X		
6.2.1.ii. Expansion of coverage for and access to naloxone	X		
6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)			
7.1 Metric trends			
7.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6		#15: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment #17(1): Follow-up after Emergency Department Visit for Alcohol or Other Drug Dependence #17(2): Follow-up after Emergency Department Visit for Mental Illness	In the past year, there was an increase in the initiation of AOD treatment for opioid abuse or dependence (4.2%) and a decrease for other drug abuse or dependence (-4.4%). For engagement of AOD treatment there was an increase in alcohol abuse or dependence (21.0%), opioid abuse or dependence (36.2%), other drug abuse or dependence (19.7%), and an increase in total AOD abuse or dependence engagement (21.5%). There was also a decrease in ED visits where beneficiaries received follow-up within 30 days (-2.1%) and an increase in ED visits for mental illness where beneficiaries received follow-up within 7 days (4.3%). During the year, there was an increase in use of opioids which may have required increased treatment as well as increased use of buprenorphine prescribing. Increases in engagement overall may be associated with decreasing COVID restrictions allowing for more treatment admissions during the last half of 2020.
7.2 Implementation update			
7.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: Implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports	X		
7.2.2 The state expects to make other program changes that may affect metrics related to Milestone 6	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8. SUD health information technology (health IT)			
8.1 Metric trends			
8.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics	X		
8.2 Implementation update			
8.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 8.2.1.i. How health IT is being used to slow down the rate of growth of individuals identified with SUD	X		
How health IT is being used to treat effectively individuals identified with SUD			
8.2.1.ii. How health IT is being used to effectively monitor "recovery" supports and services for individuals identified with SUD	X		
8.2.1.iii. 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	X		
8.2.1.iv. Other aspects of the state's health IT implementation milestones	X		
8.2.1.v. The timeline for achieving health IT implementation milestones	X		
8.2.1.vi. Planned activities to increase use and functionality of the state's prescription drug monitoring program	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.2.2 The state expects to make other program changes that may affect metrics related to health IT	X		
9. Other SUD-related metrics			
9.1 Metric trends			
9.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics		#24: Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries	In this reporting period there was an increase in inpatient stays for SUD per 1,000 Medicaid Beneficiaries (3.7%). Analysis of the equivalent quarter to quarter change from the previous year shows an increase (1.2%) which may indicate a seasonal fluctuation may have an impact. Additionally, some hospital stays may have been associated with clients with COVID that also had an SUD.
9.2 Implementation update			
9.2.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics	X		

4. Narrative information on other reporting topics

Prompts	State has no update to report (Place an X)	State response
10. Budget neutrality		
10.1 Current status and analysis		

Prompts	State has no update to report (Place an X)	State response
10.1.1 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.	X	
10.2 Implementation update		
10.2.1 The state expects to make other program changes that may affect budget neutrality	X	
11. SUD-related demonstration operations and policy		
11.1 Considerations		
11.1.1 The state 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.		See the executive summary for demonstration specific considerations. The state is ending its 1915(b) waiver, moving to a direct access process to treatment. The sun setting of the waiver allows individuals to receive an assessment by any qualified person that is an eligible vendor of comprehensive assessments to determine placement. This will allow a more streamlined transition across the continuum of SUD services due to eliminating the need for counties of financial responsibility to approve services prior to a client entering treatment or moving to a different level of care.
11.2 Implementation update		
11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 11.2.1.i. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)	X	
11.2.1.ii. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)	X	

Prompts	State has no update to report (Place an X)	State response
11.2.1.iii. Partners involved in service delivery	X	
11.2.2 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	X	
11.2.3 The state is working on other initiatives related to SUD or OUD		Ending the State's 1915(b) waiver Establishing an Integrated Behavioral Health Fund (IBHF).
11.2.4 The initiatives described above are related to the SUD or OUD demonstration (The state should note similarities and differences from the SUD demonstration)		Direct access billing became live on October 1 and will run parallel to the State's 1915(b) waiver until 06/30/2022 when direct access will become the sole option for SUD services.
12. SUD demonstration evaluation update		
12.1 Narrative information		
12.1.1 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. There are specific requirements per Code of Federal Regulations (CFR) for annual reports. See report template instructions for more details.	X	
12.1.2 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	X	
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates		Mid-point Assessment due 12/31/2021 (The STC had conflicting dates, and CMS has clarified 12/31/2021, not 12/31/2022, as the date for the Mid-point assessment) Interim Evaluation Report due 06/30/2023 Final Evaluation Report due 12/31/2025

Prompts	State has no update to report (Place an X)	State response
13. Other demonstration reporting		
13.1 General reporting requirements		
13.1.1 The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol	X	
13.1.2 The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes	X	
13.1.3 Compared to the demonstration design and operational details, the state expects to make the following changes to: 13.1.3.i. The schedule for completing and submitting monitoring reports	X	
13.1.3.ii. The content or completeness of submitted reports and/or future reports	X	
13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation	X	

Prompts	State has no update to report (Place an X)	State response
13.2 Post-award public forum		
13.2.2 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.		The state hosted its first annual public forum on January 20, 2021. Due to COVID 19 the state held this public forum in a virtual Webex platform. Public comments were accepted via email between December 15, 2020 and January 11, 2021. A total of 96 people registered to attend the event, and approximately 75 people were present. Main focus areas of questions and comments were related to: Partial hospitalization and intensive outpatient (IOP) levels of care; supportive housing and lodging for outpatient levels of care; existing rules and statutes not allowing for exact alignment with ASAM patient placement criteria; and concerns about the burden of paperwork and documentation required for SUD services. In response, the state is exploring the development of a partial hospitalization level of care to add to the state plan amendment required to be submitted by July 2022, when the IOP benefit is required to be added to state plan as a milestone in the Implementation Plan. The state is committed to working with external stakeholders and Kepro, the UM vendor, to align supportive housing resources with ASAM Criteria as part of the utilization review program. With the state's phase out of the 1915(b) waiver of client choice and shift into a direct access to treatment model, the state began identifying existing rules and statutes that can be modified to better align with ASAM's assessment and placement criteria. A workgroup for reducing paperwork burden is being explored.

Prompts	State has no update to report (Place an X)	State response
14. Notable state achievements and/or innovations		
14.1 Narrative information		
14.1.1 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.		See executive summary for detail.

*The state should remove all example text from the table prior to submission.

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

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