Medicaid and CHIP State Plan, Waiver, and Program Submissions

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

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

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

State	Vermont
Demonstration Name	Global Commitment to Health 1115 Demonstration
Approval Date	*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 utilization is preventable or medically inappropriate through improved access to other continuum of care services. 6. Reduce readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate.

2. Executive Summary

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

The Division of Substance Use Programs (DSU) is proceeding with developing the implementation roadmap for the new projects authorized by the recently approved waiver, currently scheduled for implementation on January 1, 2025: Expanded eligibility group for people with a SUD diagnosis under 225% FPL. Recovery services, services provided in recovery housing, and withdrawal management services will be eligible for Medicaid reimbursement.

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 received approval from CMS regarding the incentives for a value-based payment model for residential programs to align with its All-Payer Model Agreement with CMS.

From 10/1/2023-12/31/2023, VT Helplink, DSU's centralized intake and resource center, received 264 calls and 5,291 website visits. For calendar year 2023, there was a total of 887 calls and 26,062 website visits. From 10/1/23-12/31/23, 12 unique SUD treatment provider locations offered over 350 hours of appointment time via VT Helplink. A VT Helplink media campaign launched November 1, 2023, that included bus signage, broadcast television, social media (Facebook/Instagram), Google search, search engine banners, and YouTube. The target audience is Vermonters 18+ who may be actively using substances, those who care about them, service providers of all types, and any Vermonter needing support or information about alcohol or drug use.

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 identified prevention funding proposals to be presented to Vermont's Opioid Settlement Committee. 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. 607 unique Vermonters were served through this program from 10/1/23-12/31/23 and 1843 unique Vermonters were served for calendar year 2023.

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

3. Narrative Information on Implementation, by Reporting Topic

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
1.2 Assessment of Need and Qualification for SUD Services			
1.2.1 Metric Trends			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.	DY1 Q3	6 Any SUD Treatment (-4.3%)	Vermont has been reassessing Medicaid eligibility leading to a decrease in enrollment. From the quarter Apr-Jun to the quarter Jul-Sep, enrollment is down 5%. Please note that many SUD providers assist people in re-enrolling when they qualify.
	DY1 Q3	7 Early intervention (-100%)	This is a small numbers issue. Last quarter there was one claim, this quarter there are no claims. Early intervention services are not billed separately; they are included in claims for office visits.
[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.			
	DY1 Q3	8 Outpatient Services (-6.7%)	Vermont has been reassessing Medicaid eligibility leading to a decrease in enrollment. From the quarter Apr-Jun to the quarter Jul-Sep, enrollment is down 5%. Please note that many SUD providers assist people in re-enrolling when they qualify.
	DYI Q3	9 IOP/Partial hospitalization services (10.7%)	This is likely a small numbers issue – it went from an average of 109 per month to 121 per month.

	DYI Q3	10 Residential and Inpatient Services (9.2%)	This is largely due to Vermont's small numbers. The goal is to maintain or decrease and it went from an average of 152 people per month to 166.
	DY1 Q3	11 Withdrawal Management (30.1%)	This is largely due to Vermont's small numbers. The goal is to maintain or decrease and it went from an average of 41 people per month to 53. Another contributing factor is that Vermont uses a case rate for combined residential and withdrawal management services – providers may use either the withdrawal management or residential code for the episode of care and nearly everyone receives both services. More claims were coded to the withdrawal management code in Q3 than any quarter for years 2020 and higher.
	DY1 Q3	12 MAT (-4.2%)	Vermont has been reassessing Medicaid eligibility leading to a decrease in enrollment. From the quarter Apr-Jun to the quarter Jul-Sep, enrollment is down 5%. Please note that many SUD providers assist people in re-enrolling when they qualify.
☐ 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			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 withdrawal management services Medicaid eligible. These projects are currently scheduled for January 1, 2025, implementation.

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)? 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?			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 five times between October 1, 2023, and December 31, 2023, at treatment provider locations.

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 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 received approval from CMS regarding the incentives for a value-based payment model for residential programs to align with its All-Payer Model Agreement with CMS in December 2023.
☐ 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 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		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 five times between October 1, 2023, and December 31, 2023, at treatment provider locations.

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?			
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 (-8.0%)	As Vermonters are re-engaging with more appropriate SUD treatment services such as outpatient, residential and withdrawal management in a timely manner, it is possible that the need for higher level emergency services has reduced.
	DY1 Q3	24 Inpatient stays for SUD per 1000 (+2.2%)	The State is seeing high xylazine and gabapentin involvement in overdoses and since they don't respond to Narcan, more people may end up admitted to care. The State is also hearing reports of increased concerns about wounds in the community of individuals using IVD and they need care related to those wounds more frequently.
☐ The state has no metrics trends to report for this reporting topic.			
6.2.2 Implementation Update			
Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to:			There are no planned changes to the prescribing guidelines and other interventions.

a. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD? b. Expansion of coverage for and access to naloxone?			
Are there any other anticipated program changes that may impact metrics related to the implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD? If so, please describe these changes.			
[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.			

☒ 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 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/capabiliti			The Vermont Prescription Monitoring System (VPMS) has successfully maintained integrations with its pilot sites and has actively been monitoring audit files to determine if there are any issues. 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. A fix was deployed and VA providers in all states are now able to successfully query VPMS. VPMS is actively pursuing interstate connection with Maryland and Washington DC. An official go-live date has not been assigned to Maryland yet, and Washington DC still requires confirmation of role authentication requirements. Vermont is working with one additional health care entity utilizing Dr. First for EHR capacity and will begin working with its first site who utilizes Cerner. 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.

es at the state, delivery system, health plan/MCO, and individual provider levels? e. Other aspects of the state's health IT implementation milestones? 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?			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. 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.			
	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			Updates on Budget Neutrality can be found in Section V. *Financial/Budget Neutrality Development/Issues* of the Broad Demonstration Monitoring Report.

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.			
[Add rows as needed]			
☒ The state has no metrics trends to report for this reporting topic.			
10.2.2 Implementation Update			
are there any anticipated program changes that may impact budget neutrality? If so, please describe these changes.			
[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			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 withdrawal management services Medicaid eligible. These projects are currently scheduled for January 1, 2025, implementation.

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.			
[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			Updates on the SUD evaluation work, deliverables and timeline can be found in Sections VIII. *Quality*

content will depend on when this report is due to CMS and the timing for the demonstration. See report template instructions for more details.		*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 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. *Compliance* 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?			
[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.		