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 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) has identified leads 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

A series of planning sessions have been conducted for the expanded eligibility group that addressed topics such as financial and clinical eligibility, application/enrollment processing, coverage, reimbursement, and outreach. The design document is in the process of being finalized.

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 1/1/23-3/31/23, VT Helplink, DSU centralized intake and resource center, received 324 calls and 9,535 website visits. During 2022, VT Helplink received a total of 1,181 calls and 29,485 website visits. From 1/1/23-3/31/23, 15 unique treatment providers locations offered over 450 hours of appointment time via VT Helplink. A VT Helplink marketing booster campaign ran 2/20/23-4/2/23. This campaign resulted in over 280,000 clicks, views, and engagements with VT Helplink and 5.8 million impressions.
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 submitted their 2023 Annual Report to the Vermont Legislature which included both programmatic and policy recommendations focused on substance use prevention. 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. Reporting for the number of unique Vermonters served through this program for 1/1/23-3/31/23 will be available in the Q2 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 Q1		
		5 Medicaid Beneficiaries Treated in an IMD for SUD (+13.2%)	5 This is the result of increases in SUD residential care, likely due to removal of Covid census limitations.
[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 Q1	6 Any SUD Treatment (-3.9%)	All healthcare services in Vermont have been impacted by the pre-COVID workforce shortage across licensed professionals (nursing, clinicians) and allied staff, which was exacerbated during the pandemic. Additionally, during COVID, Vermonters were not accessing healthcare services as robustly as they had been pre-pandemic and it may take a while for people to resume their pre-pandemic healthcare access patterns.
	DY1 Q1	7 Early Intervention (-50.0%)	Services coded as early intervention have been consistently low (averaging one beneficiary per month) as most intervention services are provided through other mechanisms or funding.
[Add rows as needed]	DY1 Q1	8 Outpatient Service (+2.9%)	Vermonters may be beginning to seek out healthcare services again post-pandemic and individuals who may have had lapses/relapses/increases in problematic substance use during the pandemic may be starting to seek services.
	DY1 Q1	10 Residential and Inpatient Services (+7.7%)	Individuals may be in need of higher levels of care due to not seeking care during the pandemic.
	DY1 Q1	11 Withdrawal Management (+7.0%)	This may be the result of a change in the billing practice of a large provider.

	DY1 Q1	12 Medication Assisted Treatment (-5.7%)	This may be the result of a large provider billing issue.
	DY1 Q1	23 Emergency Department Usage (-12.7%)	As Vermonters begin to access more appropriate levels of SUD treatment care after a reduction in access across the board of healthcare services during the COVID pandemic, this may be resulting in a reduction in the utilization of higher, less appropriate levels of care.
	DY1 Q1	24 Inpatient Stays (-9.2%)	As Vermonters begin to access more appropriate levels of SUD treatment care after a reduction in access across the board of healthcare services during the COVID pandemic, this may be resulting in a reduction in the utilization of higher, less appropriate levels of care.
	DY1 Q1	25 Readmissions (+7.8%)	The increase in readmission rates may be reflective of the level of illness of the individuals seeking care at this time. Vermonters increased in their problematic use during the pandemic while simultaneously seeming to seek healthcare less. As we come out f the pandemic and people begin to seek care for their use, we may see more individuals needing additional treatment episodes to achieve remission in their SUD.
	DY1 Q1	36 Average LOS (+3.7%)	Vermonters increased in their problematic use during the pandemic while simultaneously seeming to seek healthcare less. This, coupled with the co-occurring mental health acuity may result in a higher disease burden in the population, necessitating longer stays to achieve stability sufficient to move to a lower level of 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			The Division of Substance Use Programs (DSU) has identified leads 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 coaching services provided directly to people will be eligible be reimbursed by Medicaid

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?			• 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 A series of planning sessions have been conducted for the expanded eligibility group that addressed topics such as financial and clinical eligibility, application/enrollment processing, coverage, reimbursement and outreach. The design document is in the process of being finalized. Vermont is working to secure project management resources for the next phase of the projects.
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.			The Division of Substance Use Programs (DSU) has identified leads 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 • Recovery coaching 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
[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?			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 this quarter at treatment provider locations.

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.			
☐ 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:			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

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?			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 this quarter 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		13 SUD Provider Availability (+12.8%)	13 More SUD providers enrolled, likely driven by the increase in MOUD providers possibly as a result of the removal of the X-waiver

assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.			requirement.
		14 SUD MAT providers (+37.5%)	14 More SUD MOUD providers enrolled possibly as a result of the removal of the X-waiver requirement.
[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 Q1		
[Add rows as needed]			
☒ 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? b. Expansion of coverage for and access to naloxone?			There are no planned changes to the prescribing guidelines and other interventions.
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.			
[Add rows as needed]			
☒ 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.	*2021 vs 2022*	Q1 Number of PDMP checks (+11.0%)	Q1 PDMP checks may be up as people are increasingly accessing medical care post Covid. Checking the PDMP is required by the VT pain rules.
	2021 vs 2022	Q2 Number of PDMP linkages (+62.5%)	Q2 VT continues to work to increase PDMP connectivity and this is also the result of small numbers.
[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			VPMS moved from DSU to the Division of Health Statistics and Informatics, where the other health registries, such as the Immunization Registry, Cancer Registry and Infectious Disease Reporting system, are located. This allows for closer collaboration with other health IT systems who are at similar stages of integration and program development. The closer connections to other health IT systems allow for greater access to the same healthcare partners and increase the reach of the prescription monitoring program. The Vermont Prescription Monitoring System (VPMS) has approved two integrations with electronic health records. Testing is in the final stages, with go-live dates identified in Q2. Once these projects are fully implemented, VPMS reports will be integrated into the health record workflow. A prioritization list for the next healthcare entities to be granted access has been developed, and once the pilot projects have been successfully implemented, additional electronic health records and providers will also

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? 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?			be allowed access. Frequently asked questions and implementation guidance will be drafted with the lessons learned from the pilot projects and will be widely available. 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). Short-term goals include use of the VHIE for Medicaid payment and operations activities consistent with established payment and quality models, aligned with activities acknowledged by Part 2 rules, e.g.: • Quality assessment, improvement initiatives, utilization review • Business management activities related to compliance • Other payment activities (e.g. determine need for adjustments to payment policies to enhance care) See 42 CFR § 2.33 (b) Long-term goals are currently centered on effective care coordination for individuals with SUD • Detailed long-term goals will be dependent upon ongoing rulemaking • Moving towards care coordination goals will require the right individual-level data, at the right time, delivered to the right stakeholders that can impact the care and outcomes people with SUD This long term goal is to include healthcare providers involved in treatment of patients for care coordination. Next steps: Data Governance • Align Part 2 domain goals with overall HIE Data Governance Council goals • Conduct high-level overview training for Part 2 data • Establish Part 2 Domain Group roles, responsibilities, and objectives

			• Work with Data Domain group to establish the appropriate Part 2 data governance policies and procedures Part 2 Data Sharing with AHS • Short term scope: Develop an implementation plan for Part 2 programs that have both Part 2 and non-Part 2 records to be connected to AHS via HIE
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 Q1	26 Overdose Deaths (count) (+26.6%) 27 Overdose Deaths (rate) (+21.0%)	Overdose deaths are variable but have increased over the past three years. Vermont has seen a significant increase in fentanyl involvement in opioid overdose fatalities and the adulterant xylazine has been introduced into the drug supply in Vermont. Fentanyl is 50-100 times stronger than heroin and the amount in the drug supply often isn't known to users until it is used. Fentanyl is currently the most prevalent substance involved in opioid-related deaths. Of note, deaths involving fentanyl can include prescription and/or illicit fentanyl and fentanyl analogs. DSU is increasingly seeing xylazine and gabapentin involvement which is concerning because they exacerbate opioid-related decreases in respiration and is not responsive to naloxone.
[Add rows as needed]			

☐ 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 continues taking the following actions to address the increase in drug overdoses: • 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 conductingoutreach 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. • Regular calls with Preferred Providers. • Receives critical incidents of overdoses from the Preferred Providers for people currently in treatment. • 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			Updates on Budget Neutrality can be found in Section V. *Financial/Budget Neutrality Development/Issues* of the Broad Demonstration Monitoring Report.

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 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			The Division of Substance Use Programs (DSU) has identified the leads 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 coaching services provided directly to people will be eligible 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 A series of planning sessions have been conducted for the expanded eligibility group that addressed topics such as financial and clinical eligibility, application/enrollment processing, coverage, reimbursement and outreach. The design document is in the process of being finalized.

reported elsewhere in this document. See report template instructions for more detail.			Vermont is pursuing project management resources for the next phase of work on the projects.
[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 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.			