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	Colorado
Demonstration name	Expanding the Substance Use Disorder Continuum of Care
Approval period for section 1115 demonstration	12/31/2025
SUD demonstration start date[a]	01/01/2021
Implementation date of SUD demonstration, if different from SUD demonstration start date[b]	01/01/2021
SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives	Under this demonstration, the State expects to achieve the following: Objective 1. Increase rates of identification, initiation, and engagement in treatment. Objective 2. Increase adherence to and retention in treatment. Objective 3. Reductions in overdose deaths, particularly those due to opioids. Objective 4. 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. Objective 5. Fewer readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate. Objective 6. Improved access to care for physical health conditions among beneficiaries.
SUD demonstration year and quarter	DY1Q1
Reporting period	01/01/2021 – 03/31/2021

[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 State of Colorado (Colorado or State) has made significant changes in its SUD treatment landscape during the first quarter of the Demonstration Year, including promotion of ASAM criteria, increasing provider network access and prevention activities, increasing access to medication-assisted treatment (MAT), and working to improve Health IT integration.

The State has updated the State Plan, service definitions, and contracts to require use of ASAM criteria in utilization review, assessment, and treatment planning, as well as access to MAT for residential providers. In addition, 299 unique individuals received ASAM training and 43 unique agencies received ASAM manuals, assisting in moving the needle toward provider use of ASAM criteria in assessment and treatment planning. In addition to ASAM requirements, the State also has an SUD forum to provide technical assistance and monitor implementation of the SUD waiver milestones. The work group provides office hours for providers as well to offer assistance as needed. The group also will assist with implementation of any planned legislative mandates.

In the area of prevention, Colorado has successfully increased brief intervention training for providers as well as working with youth on a Forward Together campaign to assist in education and prevention. The State has also focused on continued work for prevention with education for providers and recipients in the dually diagnosed population.

Colorado recognizes the importance of MAT in combating the opioid epidemic. The State legislature has passed legislation to allow bulk purchasing of Naloxone. In addition, MAT is funded utilizing State Opioid Response (SOR) grant dollars, both for residential providers and in the community.

Care coordination also represents a key portion of Colorado's response to the opioid crisis, and several programs are in place to assist with transition to the community for individuals receiving substance abuse treatment as well as stabilization assistance. The state recognizes the importance of social determinants of health in recovery, and is actively working to ensure individuals receive necessary support to remain in the community and function to the optimal extent possible. Part of effective care coordination results from effective communication, and the State continues to work toward an integrated Health IT Plan, to include both electronic health

record (EHR) and some PDMP data. Ongoing efforts over the next quarters should provide additional information about access to services, prevention activities, increased provider capacity, and Health IT improvements.

Metrics and Part A will not be reported until CMS approves the Monitoring Protocol.

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	X		
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			No changes expected for the duration of the design.
1.2.1.ii. The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration			No changes expected for the duration of the design.
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			No changes expected for the duration of the design.
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	X		
2.2 Implementation update			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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)			Colorado made changes to the rates and billing methodology in November 2020 so that Regional Accountable Entities (RAEs) may now bill for services. The State has been working with RAEs and providers to expand services in order to improve access to care. ● SOR funding has assisted in expanding programs. ● For example, the Circle Program is a residential treatment program for people with a co-occurring SUD and MH diagnosis that has expanded to two more sites with SOR funding. ● SOR funding also assisted Community Mental Health Centers (CMHC) or SUD providers to expand their capacity to provide co-occurring services.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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			CMS approved a State Plan Amendment for SUD on December 17, 2020. The SPA will allow for a full continuum of residential services including: ● 3.1 (Clinically Managed Low-intensity Residential Services). ● 3.3 (Clinically Managed Population-specific High-intensity Residential Services). ● 3.5 (Clinically Managed High-intensity Residential Services). ● 3.7 (Medically Monitored Intensive Inpatient Services). ● 3.7-WM (Medically Managed Inpatient Withdrawal Management). The State has made updates to the Uniform Services Coding Standards Manual related to the above services and published updates in January 2021.
2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1	X		
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			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response

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
			The State has updated provider contract language to strengthen requirements and require use of ASAM LOC standards.
			
			Signal Behavioral Health partnered with the Office of Behavioral Health to utilize SOR funding for provision of ASAM training.
			● 200 ASAM books were delivered to 43 unique agencies.
			● Three trainings were offered:
			  o Training 1 — An Introduction to ASAM criteria. 94 unique agencies signed up, 326 registered, 260 completed, an 80% completion rate.
			  o Training 2 — Multidimensional Assessments and how to complete them. 57 unique agencies signed up, 128 registered, 106 completed, an 83% completion rate.
			  o Training 3 — From Assessment to Service Planning and Level of Care. 57 unique agencies signed up, 128 registered, 99 completed, a 77% completion rate.
			● Trainings occurred between October and December of 2020.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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			The State developed a Utilization Management policy and procedures in the fall of 2020. The State is currently training RAEs, managed care organizations, and providers and beginning implementation of that utilization management approach.
3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2	X		
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			Colorado has modified provider contracts to stipulate that access to MAT must be part of residential services.
4.2.1.ii. Review process for residential treatment providers' compliance with qualifications.	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4.2.1.iii. Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site			14 Residential SUD Treatment facilities renewed their license within Q1, all of which provide access to MAT.
4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3	X		
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			The State began work to determine provider capacity through use of a Provider Capacity Workgroup, which in June 2020 changed its focus to become an implementation workgroup that ended in April 2021. Currently the State has an SUD Provider Forum that meets on a bi-weekly basis. The SUD Provider Forum is a combination of office hours and implementation work group that addresses all implementation needs, any new or ongoing issues, and any changes to legislative mandates.
5.2.2 The state expects to make other program changes that may affect metrics related to Milestone 4	X		
6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			
6.1 Metric trends			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5	X		
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			Implemented January 2021, the Department has contracted with OpiSafe to administer an opioid risk module that helps prescribers prevent the misuse and abuse of opioids and benzodiazepines. The module provides the following: • Easy access to Prescription Drug Monitoring Program (PDMP) data, • Identification of risks related to opioid misuse, • Access to clinical guidelines, and • Tools for overdose prevention. Of Medicaid's 24,459 prescribers, 85% have this in their EHR. Forty per cent are already using the tool for their patients with other insurance; now, they can use it for Medicaid patients. The State's Office of Behavioral Health (OBH) has successfully implemented programs funded by Marijuana Tax Revenue, including: training for professionals who provide Screening, Brief Intervention, and Referral to Treatment (SBIRT), increasing access to effective SUD services, implementing programs for adults with co-occurring MH conditions and SUDs (e.g., Circle Program and other rural treatment programs for people with co-occurring conditions), implementing community prevention and treatment for alcohol and drug abuse, providing SUD services at MH facilities, promoting substance abuse prevention through public awareness campaigns, and utilizing the funding from the SOR Grant to address the opioid crisis.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			The Forward Together campaign, an initiative aiming to help youth make healthier choices through engagement with their parents and caregivers, launched in September 2020. The campaign resulted in 111 million impressions, 16 million video views, and 128,000 social media engagements among parents, trusted adults, and youth across Colorado. Hundreds of youth were engaged throughout the year as either on-staff youth advisors, being a part of the YConnect panel, engaging through youth organizations they participate in, participating in focus groups to gain insights on future campaign content, and/or through contributing their stories and artwork for the campaign.

| 6.2.1.ii. | Expansion of coverage for and access to naloxone | | | In 2019, the legislature created a statewide naloxone bulk-purchasing program to buy naloxone at discounted rates. In January 2020, the Colorado Department of Health and Environment (CDPHE) began work with Cardinal Health (pharmaceutical distributor) and its Mountain West regional distribution centers to distribute naloxone products to eligible entities such as law enforcement authorities, harm reduction agencies, and local public health agencies. High-risk populations that take advantage of this program include harm reduction agencies and their clients, family members, staff, and volunteers. This program also supports public universities and their staff, residential advisors, and students.

Additionally, Colorado has used the SOR grant to accomplish many goals addressing the opioid crisis. First and foremost, Colorado has provided funding to the State Naloxone Bulk Purchase Fund that allows Syringe Service Programs (SSPs), law enforcement and others to access naloxone at no cost. This is distributed to those at risk of an overdose or to those who are in contact with those at high risk. People are always informed that naloxone is covered by insurance, including Medicaid, and can be attained at nearly every pharmacy in Colorado under standing orders. |

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			One of the goals of Colorado's SOR grant has been to expand access to MAT. Colorado pays for those who are uninsured and up to 300% of federal poverty level at any Opioid Treatment Program in the State that already serve the Medicaid population. Colorado also supports treatment with either of the other two medications that are FDA approved to treat OUDs. SOR has funded providers to operate mobile health units (MHUs) to deliver MAT (buprenorphine and naltrexone) to areas of the State where it currently is not offered. Most of the patients they serve are covered by Medicaid and if not for these MHUs, these clients would need to travel over 50 miles to access care. OBH has continued to work with the Colorado Hospital Association to create pathways to allow hospitals to initiate MAT within the Emergency Department and provide warm handoffs to community providers.
6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5	X		
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	X		
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			The State completed reviews of the RAEs' care coordination policies in fall 2020, which address how each RAE will support their members transitioning between levels of care. Through weekly meetings with the RAEs during Q1, the Department supported discussions on challenges associated with member care transitions. As a result of RAEs noting disruptions in care from needing to step down from 3.7 facilities quickly after not meeting 3.7 medical criteria, many 3.7 facilities are adding 3.5 services to maintain therapeutic relationships and minimize disruptions in care.

			Colorado offers Community Reinforcement Approach, Family Therapy (CRAFT) for free to any Coloradan. This evidence-based model is a psycho-educational support for family members of someone with a SUD. It has shown efficacy in helping families to get their loved one to engage in treatment. Colorado also initiated three new projects during this time period. The first was funding to support outpatient (OP) SUD providers to implement the Community Reinforcement Approach (CRA). Baseline training occurred in January. Over 10 OP clinics, chosen because of a high volume of clients using either opioids or stimulants. Initial coaching also began with audio tapes being submitted to evaluate fidelity. Colorado began paying for rent at sober living facilities for people with opioid or stimulant use history. This has been very beneficial to help people transitioning from SUD residential treatment, particularly with a diminished bed capacity due to COVID-19. Lastly, Colorado began contracting with Recovery Community Organizations to provide peer delivered recovery support services. MSOs initiated and concluded selection processes and began contracting during this time period.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			The Colorado Mental Health Institute at Pueblo (CMHIP) Recovery Continuum offers Substance Education and treatment therapy to the units. This includes substance assessments when ordered by the provider, individual therapy, and group therapy. The program provides empirically based modalities, which are based on the Bio/Psycho/Social model and provide an environment of empathy and understanding to encourage patients to realize their individual goals and to prepare for integration into the community. Prior to the COVID-19 restrictions, this also included the outpatient individuals who were out on Community Placement and Conditional release status.
7.2.2 The state expects to make other program changes that may affect metrics related to Milestone 6	X		
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			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:			The State has operationalized an opioid risk metric tool for Medicaid providers called OpiSafe. OpiSafe was implemented in January 2021. Providers must sign up for the app and have an EHR to utilize OpiSafe. Of Medicaid's 24,459 prescribers, 85% have this in their EHR. Forty per cent are already using the tool for their patients with other insurance; now, they can use it for Medicaid patients. Utilization of this tool will assist providers identifying and reducing the risk of opioid misuse in patients.
8.2.1.i. How health IT is being used to slow down the rate of growth of individuals identified with SUD			
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			The State is continuing to review how Health IT can be utilized to effectively monitor recovery supports and services for individuals with identified SUD. OBH is looking at putting together monitoring tools that monitor recovery rather than symptom severity. "Healthy Day" surveys continue to be used. The State is generating ideas to revamp and integrate improved tools.
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			In an effort to develop the Health IT infrastructure/capabilities, the State plans to work with health information exchanges (HIEs) to enhance data and information such as utilization of emergency department services, crisis services, and inpatient services.
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			At this time, the State's goal is to have Health IT fully implemented within three years.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.2.1.vi. Planned activities to increase use and functionality of the state's prescription drug monitoring program			In February 2020, Colorado released a competitive Request for Applications (RFA) to reimburse health care organizations for Prescription Drug Monitoring Program (PDMP) integration implementation costs, funded by the CDC Overdose Data to Action grant. Colorado received only one response in February 2020, but in the fall of 2020 Colorado released a second RFA to award additional grants. This RFA awarded grants ranging from $5,000 to $30,000 to reimburse health care organizations for the costs of integrating the PDMP into providers' workflows through HIE, EHR, software as a service solution, or through electronic prescribing software.
8.2.2 The state expects to make other program changes that may affect metrics related to health IT			The State is utilizing Health IT programs such as the Prescriber Tool project, including OpiSafe module and incorporation of PDMP to slow down the rate of growth of individuals identified with SUD.
			The State plans to increase use and functionality of the State's PDMP by integrating PDMP access into the State's prescriber tool through the OpiSafe opioid risk module for ease of access and use.
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	X		
9.2 Implementation update			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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		
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.		The State submitted its CMS-64 to CMS. The Department is still reviewing Colorado's internal processes for the budget neutrality reporting and will submit the quarterly report with the quarterly narrative report.
10.2 Implementation update		
10.2.1 The state expects to make other program changes that may affect budget neutrality		The State does not anticipate any upcoming program changes that would impact budget neutrality. There is a possibility that the addition of SUD services starting January 1, 2021, may affect the budget neutrality. This is part of the internal research the Department is doing as part of the Q2 reporting analysis.
11. SUD-related demonstration operations and policy		
11.1 Considerations		

Prompts	State has no update to report (Place an X)	State response
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.	X	
11.2 Implementation update		
11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:	X	
11.2.1.i. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)		
11.2.1.ii. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)	X	
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	X	
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)	X	

Prompts	State has no update to report (Place an X)	State response
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	X	
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	

Prompts	State has no update to report (Place an X)	State response
13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation	X	
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.		RAEs have been instrumental in the ongoing practice of process improvement and soliciting feedback. Since the implementation of the benefit, RAEs have been responsive to provider feedback and nimble in making system enhancements to improve the provider and member experience. This has included streamlining documentation requirements of providers, creating toolkits and learning opportunities for providers, and offering individualized support, meeting as often as weekly with providers upon request.
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.		An innovation that the State has implemented to increase enrollment of providers is to create new provider types in the billing system. By the end of Q1, 24 unique providers across 44 locations had enrolled..

*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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