## 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.*

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| **State** | Commonwealth of Pennsylvania (Commonwealth or Pennsylvania) |
| **Demonstration name** | Medicaid Coverage for Former Foster Care Youth from a Different State and Substance Use Disorder (SUD) Demonstration |
| **Approval period for section 1115 demonstration** | July 1, 2018 through September 30, 2022 |
| **SUD demonstration start date**[1] | July 1, 2018 |
| **Implementation date of SUD demonstration, if different from SUD demonstration start date**[2] | July 1, 2018 |

[1] **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.

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

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| **SUD (or if broader demonstration, then SUD-related) demonstration goals and objectives** | Under this demonstration, the Commonwealth expects to achieve the following:<br>Objective 1. Increase rates of identification, initiation, and engagement in treatment.<br>Objective 2. Increase adherence to and retention in treatment.<br>Objective 3. Reduce overdose deaths, particularly those due to opioids.<br>Objective 4. Reduce utilization of Emergency Department (ED) and inpatient hospital settings for treatment where the utilization is preventable or medically inappropriate through improved access to other continuum of care services.<br>Objective 5. Fewer readmissions to the same or higher level of care (LOC) where the readmission is preventable or medically inappropriate.<br>Objective 6. Improve access to care for physical health conditions among beneficiaries. |
| **SUD demonstration year and quarter** | *Demonstration Year 3 Quarter 1 (DY3Q1)* |
| **Reporting period** | *July 1, 2020–September 30, 2020 Quarterly Report and Annual Report for October 1, 2019 through September 30, 2020* |

## 2. Executive summary

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

- Metric #3. The number of individuals from April to January 2020 was relatively stable. However, the number of members with SUD diagnoses decreased with the onset of the COVID-19 pandemic (pandemic) after February 2020 with a spike in summer of 2020.
- Metrics #6–#12. Prior to February 2020, the number of unduplicated individuals receiving SUD treatment was generally constant. However, the number of individuals receiving any services decreased with the pandemic after March 2020.
- The Health Information Technology (HIT) metrics demonstrate that information technology is being used to slow down the rate of growth of individuals identified with SUD by increasing the number of providers registered with and using the Pennsylvania Prescription Drug Monitoring Program (PDMP). As the number of PDMP queries increases, the number of opioid prescriptions dispensed continues to decrease.

- The HIT Metrics #S1, S2, and S3 demonstrate that information technology is being used to effectively treat individuals identified with SUD. The number of clinical alerts for multiple prescribers and pharmacies as well as the number of high dosage alerts continues to decrease over time.
- The HIT metrics (Q3 and S4) demonstrate that information technology is being used to effectively monitor "recovery supports and services" for individuals identified with SUD. This is occurring through improvements in the overall integration of corrections facilities and EDs with the Health Information Exchange (HIE) and PDMP and the increase in alerts sent. The number of hospitals and emergency rooms connected with the PDMP through the HIE continues to increase. There was one hospital and one corrections facility that closed during the pandemic. The number of cumulative alerts sent through the HIE continues to climb.
- *Metrics #4, 5, 36, 13, 14, 17i, 24, 26, 27, and 32 are annual metrics reported in part A for SUD DY2.*
- *The Commonwealth plans to complete programming of metrics #15, 17ii, 22, and 25 in the DY3Q3 (QE 3/31/2021) report.*
- **Alignment of service definitions with the American Society of Addiction Medicine (ASAM):** The Commonwealth has assisted the provider network by providing service descriptions linked with ASAM for levels 1.0, 2.0, 3.0, and 4.0. Providers are expected to substantially align with ASAM by July 1, 2021. About 9,800 individuals have been trained in the use of ASAM LOC tools and placement determinations. Technical assistance will continue to ensure full alignment by July 1, 2022.
- **Capacity:** With the alignment of provider standards to ASAM, the Department of Drug and Alcohol Programs (DDAP), and the Office of Mental Health and Substance Abuse Services (OMHSAS) believe there will be sufficient outpatient (OP), intensive outpatient (IOP), and ASAM 3.5 capacity. However, as the alignment occurs it is unclear if there will be sufficient partial hospitalization (PH) access given the breadth of changes needed in the industry. Currently, ASAM 3.7 capacity is undetermined because this LOC is also undergoing major changes from the previous definitions. The Withdrawal Management (WM) roll out has not started yet so there may be some capacity issues.
- **Post award forum:** The next post award forum is scheduled for March 2021, due to the pandemic.

## 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 | | Metric #3 Medicaid Beneficiaries with SUD Diagnosis (monthly)<br><br>Metric #4: Medicaid Beneficiaries with SUD Diagnosis (annually)<br><br>Metric #5: Medicaid Beneficiaries Treated in an Institution for Mental Disease (IMD) for SUD | The following trends are seen in the data:<br><br>**Analysis DY3Q1 (QE 9/30/2020):**<br>Metric #3 reports the number of members by month with a SUD diagnosis through DY3Q1 (QE 9/30/2020). There was an overall upward trend in the number of individuals with SUD diagnoses in DY1. The number of individuals from April 2019 to October 2019 was relatively stable. However, the number of members with SUD diagnoses decreased with the onset of the pandemic after February 2020. There was a spike in SUD diagnoses in July 2020 with a tapering of individuals with SUD diagnoses through the end of calendar year 2020.<br>• Despite variation with the pandemic after March 2020, there is an upward trend in pregnant women with SUD diagnoses.<br>• The number of older adults and children has remained relatively stable and has risen slowly with a dip related to COVID in summer 2020.<br>• The number of dual eligible individuals with a SUD diagnosis has increased especially with the pandemic.<br><br>*Metric #4 and #5 are reported in Part A for SUD DY2.* |

| Prompt | State has no trends/ update to report (place an X) | Related metric(s) (if any) | State response |
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| **1.2 Implementation update** | | | |
| 1.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes to:<br>1.2.1.i. The target population(s) of the demonstration | X | | |
| 1.2.1.ii. The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration | X | | |
| 1.2.2 The state expects to make other program changes that may affect metrics related to assessment of need and | | | **DY3Q1 (QE 9/30/2020)**<br>DDAP has assisted the provider network by providing the service descriptions for ASAM LOCs 1.0, 2.0, 3.0, and 4.0 through written documentation, webinars, FAQs, and technical assistance. Providers are now in the process of aligning services to the expectations set forth and determining their capacity to do so. |

| Prompt | State has no trends/ update to report (place an X) | Related metric(s) (if any) | State response |
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| qualification for SUD services | | | The expectation is that providers will be substantially aligned by July 1, 2021 in order to have contractual relationships for receipt of public funds.<br><br>**Annual Summary**<br>The transition to the ASAM from the previous system of care change access to each of the LOCs has been proceeding. Since the Commonwealth is just now rolling out the service descriptions, the providers have used the LOC but have not aligned services to ASAM. It is difficult to know how this is impacting access to LOC. Commonwealth staff are unable to fully assess how transition to the criteria is impacting access because right now services do not align with the criteria.<br><br>County program oversight is monitoring the changes to the service definitions and providers are far from alignment at this point. Since the Commonwealth has just begun rolling out the alignment expectations — providers are not required to be in compliance with the updated standards until July 2021.<br><br>The Commonwealth has completed an impact analysis to try to anticipate the challenges with alignment of the system of care (services, hours, staff credentials, etc.) with the ASAM LOC criteria. ASAM 3.7 is a newly updated and defined LOC for Pennsylvania so providers will have challenges. The increased hours across all LOC will provide challenges in terms of staffing.<br><br>The Commonwealth also anticipates struggles in PH based on what regulatory requirements are and what ASAM is for that LOC. The Commonwealth is assessing where the provider network will land and any response needed. |

| Prompt | State has no trends/ update to report (place an X) | Related metric(s) (if any) | State response |
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| | | | The Commonwealth is making the transition through contractual changes. Staff will evaluate if additional addendums or other contractual requirements are needed |

| Prompt | State has no trends/ update to report (place an X) | Related metric(s) (if any) | State response |
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| **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 | | Metric #6 Any SUD Treatment<br><br>Metric #7 Early Intervention<br><br>Metric #8: Outpatient Services<br><br>Metric #9: Intensive Outpatient and Partial Hospitalization Services<br><br>Metric #10: Residential and Inpatient Services | Metrics #6–#12 report the number of members by month receiving services through DY3Q1.<br><br>Prior to February 2020, the number of unduplicated individuals receiving SUD treatment was generally constant. However, the number of individuals receiving any service decreased with the pandemic after March 2020 but leveled off during summer and fall of 2020.<br><br>This trend was relatively consistent for all of the services received by members under the demonstration up through the end of DY2Q4.<br>• Services to pregnant women appeared to be increasing.<br>• The number of older adults receiving SUD services was relatively constant until the beginning of January 2020 and the pandemic. The number of children receiving SUD services was increasing.<br>• The number of dual eligibles receiving services was steady through December 2019. After a spike in January 2020, there was a decline throughout 2020 probably due to both the pandemic and the coverage of Medication-Assisted Treatment (MAT) by Medicare. *Note: we expected that the MAT for dual eligibles would drop starting January 1, 2020 because of Medicare's new coverage of MAT.* |

| Prompt | State has no trends/ update to report (place an X) | Related metric(s) (if any) | State response |
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| | | Metric #11 – Withdrawal Management<br><br>Metric #12 – Medication Assisted Treatment<br><br>Metric #36 Average Length of Stay in IMDs | **Analysis by service:**<br>Metric #7 reports the number of individuals receiving Early Intervention (EI). The number of individuals receiving EI was fairly steady over time up until the pandemic in spring 2020 when there was a drop.<br><br>Metric #8 reports the number of individuals receiving OP services. The number of individuals receiving OP care was fairly steady over time up until the pandemic when there was a drop from January to May 2020.<br><br>Metric #9 reports the number of individuals receiving IOP and Partial Hospitalization Program (PHP) services. The number of individuals receiving IOP and PH was fairly steady through April 2019 but has decreased since that time. Note that the Commonwealth's standards for IOP and PHP have been clarified to better align with ASAM standards and this could account for fewer programs reporting that they provide PHP, which is substantially different under ASAM from the historic Commonwealth service description. Because these services are in congregate settings, utilization decreased after the beginning of the pandemic in March 2020. While there has been some increase as the pandemic has gone on, the overall utilization of IOP/PHP has decreased due to ASAM alignment.<br><br>Metric #10 reports the number of individuals receiving residential and inpatient services. The number of individuals receiving residential and inpatient services was fairly steady over time up until the beginning of the pandemic when there was a drop in Spring 2020. |

| Prompt | State has no trends/ update to report (place an X) | Related metric(s) (if any) | State response |
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| | | | Metric #11 reports the number of individuals receiving WM services. The number of individuals receiving WM services was fairly steady over time up until the beginning of the pandemic when there was a drop in utilization. Beginning in June 2020, there was a large increase in WM utilization.<br><br>Metric #12 reports the number of individuals receiving MAT services. About 50% of the increase in mid-2019 was due to the implementation of Centers of Excellence and initiatives in the Commonwealth to increase MAT usage. MAT for dual eligibles dropped starting January 1, 2020 because of Medicare's new coverage of MAT. There is another dip associated with the pandemic in May 2020.<br><br>*Metric #36 is an annual metric reported in Part A* |
| **2.2 Implementation update** | | | |
| 2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:<br>2.2.1.i. Planned activities to improve access to SUD treatment | | | **DY3Q1 (QE 9/30/2020)**<br>To date, about 9,800 individuals have been trained in use of ASAM skill training and use of the LOC tool and placement determinations. During the pandemic, in-person training moved to a virtual platform in order to accommodate the ongoing need for instruction.<br><br>Treatment planning is proceeding well. Pennsylvania has about 8,700 individuals trained in use of ASAM skill training and use of the LOC tool and placement determinations. The Commonwealth has both in-person and online training active. The transition to using ASAM LOC for a placement tool is also going well given the caveat that the Commonwealth has not fully transitioned to the ASAM service descriptions. |

| Prompt | State has no trends/ update to report (place an X) | Related metric(s) (if any) | State response |
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| 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) | | | **Annual**<br>• DDAP has completed provider assessments based on historical requirements (e.g., PHP required 10 hours of clinical care historically instead of 20 hours required in ASAM), so the assessment results may not align with ASAM standards and could impact self-assessment results; DDAP reported 8–12 months is needed to update provider qualifications and they hope to be done within a year. Programming requirements have not yet been determined, as the comparison of ASAM to licensing requirements is ongoing.<br>• Both DDAP/Department of Human Services (DHS) are in the process of conducting an impact analysis, which will assist in this determination. The Transition Workgroup and an internal DDAP workgroup have reviewed all service descriptions. The impact analysis compares current service delivery and licensing regulations. This analysis will be utilized to guide implementation of types of services, hours of clinical care, credentials of staff, and implementation of requirements.<br>• DDAP continues to draft guidance on the delivery of WM, specifically the ambulatory LOCs 1-WM and 2-WM. Consideration has been given to obtaining subject matter experts via a subcommittee representative of WM providers to ensure accurate reflection of the ASAM Criteria, regulatory compliance, etc.<br>• At the advisement of the ASAM Transition Workgroup, a subcommittee has formed to develop best practices for the delivery of individualized care. This guidance will assist the field in applying the criteria holistically as a guide for clinical practice and decision-making rather than just as a LOC placement tool. The committee charter has been drafted and the work-leads have been established; however, recruitment of group members and |

| Prompt | State has no trends/ update to report (place an X) | Related metric(s) (if any) | State response |
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| | | | execution of the committee were postponed until the consultant was on board and could provide input to the process.<br>• The guidelines will be consistent for DDAP-contracted and SUD providers that are Medicaid enrolled, but not contracted with DDAP. The new requirements include expectations of access to MAT in residential settings. SUD treatment providers must offer access and/or facilitate patient access to MAT while in residential settings.<br>• Simultaneously, the ASAM Transition Workgroup is exploring the service definitions as described in ASAM. In addition, there is a comparison to Pennsylvania regulations to determine if the descriptions can be adopted as written, or if any modifications are required for implementation in Pennsylvania.<br>• The provider self-assessment surveys have been completed. Preliminary designations by self-report have been issued to providers and payers via DDAP/DHS listserv and by posting on DDAP's website. Self-assessment for new providers is available on an ongoing basis and the designation list will be updated periodically. The self-assessment from providers is based on staffing, not on service description. Once the comparison to the regulations is completed and a determination is made regarding applicability, DDAP will hold provider meetings to outline any changes to service descriptions as indicated in ASAM. Once fully adopted, a provider will be confirmed as a specific LOC based upon the preliminary self-designation coupled with their ability/compliance in delivering the service as determined. Identification of providers who are contracted with the Single County Authorities (SCAs) versus Medicaid is in process. A second round of self-assessment surveys were issued regarding staffing/designation for residential service since many |

| Prompt | State has no trends/ update to report (place an X) | Related metric(s) (if any) | State response |
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| | | | providers did not participate in the previous survey. An internal impact analysis regarding the adoption of the service descriptions was conducted to determine if regulation would allow full adoption of services as indicated by the criteria. DDAP Executive staff are reviewing this and a parallel assessment is in process by the ASAM Transition Workgroup.<br><br>The guidelines will essentially serve as a Provider Manual. The guidelines will be widely distributed and posted. DDAP reported they are currently developing a manual that will be available on the DDAP website. DDAP issued ASAM admission criteria guidance to their contracted providers in May 2018, communicated continued stay, and discharge criteria in March 2019. OMHSAS shared this information with Primary Contractors (PCs)/Behavioral Health Managed Care Organizations (BH-MCOs). The May 2018 Guidance and the Continued Stay information issued in March went out to all providers on the DDAP listserv regardless of whether they are contracted with SCAs/BH-MCOs. However, while all licensed providers have been encouraged to use the ASAM Criteria as best practice, the requirement to use ASAM Criteria only applies to contracted providers. DDAP and the ASAM Transition Workgroup has been addressing updates to the "Guidance for Application of ASAM in Pennsylvania's SUD System of Care". The anticipated completion date for these edits is August 2021, with wide distribution across both DDAP/SCA and BH-MCO contracted providers. The ASAM Guidance document was updated in August 2019 to eliminate redundancy and to assist with closer compliance with the criteria. Other changes that occurred were edits to include necessary information that had not been included in the first publication such as admission, continued stay and discharge guidelines, as well as a simplified name change. |

| Prompt | State has no trends/ update to report (place an X) | Related metric(s) (if any) | State response |
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| | | | The revised document has been widely disseminated and is posted on the DDAP website. |
| 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 | | | **DY3Q1 (QE 9/30/2020)**<br>DDAP has assisted the provider network by providing the service descriptions for ASAM LOCs 1.0, 2.0, 3.0, and 4.0 through written documentation, webinars, FAQs, and technical assistance. Providers are now in the process of aligning services to the expectations set forth and in so doing, services are becoming aligned with the described placement criteria. Providers are expected to be substantially aligned by July 1, 2021, but given the magnitude of the changes involved, it is anticipated that providers will require the full course of 2021 for alignment to come into full compliance. Technical assistance will be provided by DDAP as well as through the payer oversight/contracting partners in order to ensure a full alignment with the ASAM Criteria by July 1, 2022 and ongoing.<br><br>**Annual**<br>Providers are utilizing ASAM Criteria for admission determinations of LOC, but because the service definitions are not aligned yet, service delivery is not yet aligned with ASAM. SCAs, who do screening and assessment, are using ASAM for placement criteria but because the service providers are just getting started with the new provider standards, the Commonwealth cannot fully assess the transition. Contractually, new provider standards will not go into effect until July 2021; this year is a warm-up to the new standards. |

| Prompt | State has no trends/ update to report (place an X) | Related metric(s) (if any) | State response |
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| 2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1 | | | **DY3Q1 (QE 9/30/2020)**<br>Service Delivery alignment has begun, including hours, service description and staff qualifications with the expectation that providers will be significantly aligned by July 1, 2021 and fully aligned by July 1, 2022.<br><br>DDAP has been working on guidance for aligning ambulatory and residential WM services to the ASAM Criteria and is currently working with physician advisors to ensure that the guidance for alignment to the criteria is sufficient and appropriate. With the exception of opioid use disorder (OUD) medication induction, ambulatory WM has not been widely utilized across the Commonwealth and therefore, this service has warranted added study and consideration. DDAP anticipates releasing direction and guidance about WM services in Spring 2021 with alignment to begin immediately, with continued implementation throughout the year and into 2022.<br><br>DDAP and DHS has established draft criteria for alignment of co-occurring enhanced services that will replace a 2006 edition is nearing executive and legal review.<br><br>**Annual**<br>**Service Alignment to ASAM Criteria:**<br>An ASAM update was released in January 2020 to the provider community.<br>• In 2020, DDAP and DHS will be aligning service delivery (hours, service descriptions, staff qualifications) to The ASAM Criteria, 2013.<br>• A systematic "roll out" of service delivery descriptions and expectations will occur during the first half of 2020, beginning with residential services (3.0). |

| Prompt | State has no trends/ update to report (place an X) | Related metric(s) (if any) | State response |
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| | | | DDAP and DHS will be communicating details through in-person discussions, listserv communications, web postings, etc.<br>• DDAP will continue to align with the ASAM Criteria by no longer delineating two types of 3.5 LOC, i.e., 3.5 Rehabilitative and 3.5 Habilitative. Services including length of stay within a 3.5 LOC should be determined based on the identified needs of the individual within those programs.<br>• This change will not result in any loss of capacity or changes in licensing. The focus on providing services that meet the needs of each individual and not the length of stay should support overall quality and continuity of service efforts.<br>• Those specialized 3.5 programs, which have been longer in length, and more intense in service, specifically PWWWC services and those programs that have a criminal justice component still have the capacity to offer the services that are necessary, requesting the amount of time needed to address needs identified in the six-dimensional assessment/re-assessment. Client need should always drive length of stay and not be program-driven.<br>• DDAP/DHS expects to be fully aligned with service delivery in 2021.<br>• Compliance with the fully aligned ASAM continuum is expected by July 2022. |

| Prompt | State has no trends/ update to report (place an X) | Related metric(s) (if any) | State response |
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| **3. Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)** | | | |
| **3.1 Metric trends** | | | |
| 3.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2 | X | | |
| **3.2. Implementation update** | | | |
| 3.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:<br>3.2.1.i. Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria | | | **DY3Q1 (QE 9/30/2020)**<br>To date, nearly 9,800 Pennsylvania professionals have been trained in the use of The ASAM Criteria, 2,013 via two-day, in-person, virtual, and online training events.<br><br>**Annual**<br>DDAP issued guidance to the counties to use The ASAM admission criteria as of May 1, 2018. On March 1, 2019, The ASAM Criteria was required for treatment plans, continued stay, and discharge criteria.<br><br>**Training Updates:**<br>• To date, nearly 8,700 Pennsylvania professionals have been trained in the use of The ASAM Criteria, 2013 via two-day, in-person training events.<br>• As of January 1, 2020, DDAP has added an online option to its approved. |

| Prompt | State has no trends/ update to report (place an X) | Related metric(s) (if any) | State response |
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| | | | • ASAM Criteria, 2013 trainings. Online modules 1 and 2 offered by The Change Companies or the in-person trainings offered by Train for Change can now satisfy the training requirement. Details about online ASAM Criteria, 2013 training is on DDAP's website:<br>– https://www.ddap.pa.gov/Professionals/Documents/ASAM%20Page/ASAM%20Training%20Notice%207.10.pdf<br>– In-person trainings will be scheduled at the discretion of DDAP and other sponsoring entities or as arranged independently with Train for Change. |
| 3.2.1.ii. Implementation of a utilization management approach to ensure (a) beneficiaries have access to SUD services at the appropriate LOC, (b) interventions are appropriate for the diagnosis and LOC, or (c) | X | | |

| Prompt | State has no trends/ update to report (place an X) | Related metric(s) (if any) | State response |
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| use of independent process for reviewing placement in residential treatment settings | | | |
| 3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2 | X | | |

| Prompt | State has no trends/ update to report (place an X) | Related metric(s) (if any) | State response |
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| **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<br>*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: | | | **DY3Q1 (QE 9/30/2020)**<br>DDAP has assisted the provider network by providing the service descriptions for ASAM LOCs 1.0, 2.0, 3.0, and 4.0 through written documentation, webinars, FAQs and technical assistance. This has given providers who received preliminary designations for ASAM 3.7 based solely on staffing the parameters for assessing their capability to provide engage in service provision based upon |

| Prompt | State has no trends/ update to report (place an X) | Related metric(s) (if any) | State response |
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| 4.2.1.i. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards | | | other expectations. Providers are now in the process of aligning services to these expectations. DDAP will be engaged in a process to ensure for substantial alignment of those providers who elect to move forward and become fully aligned as an ASAM 3.7 provider by July 1, 2021. The number of providers who meet this designation will not be determined until this process has been completed closer to the July 1, 2021 timeline. In the meantime, technical assistance will continue to be provided by DDAP as well as through the payer oversight/contracting partners in order to ensure a full alignment with the ASAM Criteria by July 1, 2022 and ongoing.<br><br>**Annual**<br>OMHSAS and DDAP have had challenges implementing residential provider alignment with ASAM due to the size of the system, and trying to coordinate the transition with so many providers trying to do things in the designated timeframes. The Commonwealth has heard concerns about staffing/client ratios, and credentialing; at this time in the implementation process, these cannot be fully addressed. Providers are expressing concern about the rates and costs because of the extensive involvement of Medicaid managed care and the disparity in rates.<br><br>**Service Alignment to ASAM Criteria:**<br>• In 2020, DDAP and DHS will be aligning service delivery (hours, service descriptions, staff qualifications) to the ASAM Criteria, 2013.<br>• Preliminary designations for residential services were issued based on provider reported staffing. However, staffing alone does not assure that the |

| Prompt | State has no trends/ update to report (place an X) | Related metric(s) (if any) | State response |
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| | | | services described by the criteria are being delivered in residential or ambulatory treatment settings.<br>• Newly licensed residential providers or those who did not complete the designation survey may do so at https://survey123.arcgis.com/share/e493be90d4714530a7ade2cf8084edf4. DDAP will issue preliminary designation letters periodically upon survey completion.<br>• A systematic "roll out" of service delivery descriptions and expectations will occur during the first half of 2020, beginning with residential services (3.0). DDAP and DHS will be communicating details through in-person discussions, listserv communications, web postings, etc.<br>• DDAP will continue to align with the ASAM Criteria by no longer delineating two types of 3.5 LOC, i.e., 3.5 Rehabilitative and 3.5 Habilitative. Services including length of stay within a 3.5 LOC should be determined based on the identified needs of the individual within those programs.<br>• This change will not result in any loss of capacity or changes in licensing. The focus on providing services that meet the needs of each individual and not the length of stay should support overall quality and continuity of service efforts.<br><br>Those specialized 3.5 programs, which have been longer in length, and more intense in service, specifically PWWWC services and those programs that have a criminal justice component still have the capacity to offer the services that are necessary, requesting the amount of time needed to address needs identified in |

| Prompt | State has no trends/ update to report (place an X) | Related metric(s) (if any) | State response |
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| | | | the six-dimensional assessment/re-assessment. Client need should always drive length of stay and not be |
| 4.2.1.ii. Review process for residential treatment providers' compliance with qualifications. | | | **DY3Q1 (QE 9/30/2020)**<br>Technical assistance is being provided on an ongoing basis.<br><br>**Annual**<br>The Commonwealth has received significant buy in from the provider community with training and webinars they have been conducting and moving toward alignment in services with the ASAM Criteria. Today there is a great deal of interest and dialog to align with ASAM and there is buy-in, dialog, and a strong partnership with SCAs. |
| 4.2.1.iii. Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site | | | **DY3Q1 (QE 9/30/2020)**<br>The Commonwealth has seen decreased provider resistance to the provision of MAT across the continuum and while some philosophical barriers and stigma remain, availability of and access to MAT is significantly increasing.<br><br>**Annual**<br>The Commonwealth is working through provider compliance with the MAT accessibility requirement, but there remains some degree of stigma regarding MAT and philosophical barriers with providers. The Commonwealth is trying to address this via education, awareness campaigns, etc. MAT accessibility is addressed this in five-year contracts with SCAs as part of the full continuum of care. Geographically there have been concerns about availability in rural areas. The culture shift, while underway, is not completely there yet, but there has been forward movement. OMHSAS and DDAP have constant messaging, working to |

| Prompt | State has no trends/ update to report (place an X) | Related metric(s) (if any) | State response |
|---|---|---|---|
| | | | remove roadblocks by working with the resistant providers and serve as a motivator of change.<br><br>The Commonwealth has made access to MAT a non-negotiable. This is an Evidence-Based Practice and DDAP and OMHSAS have put it in the contracts; created a MAT 101 training that is available online and are in the throes of an anti-stigma campaign putting a face and a voice to people who have used MAT to get there. The BH-MCOs have assisted with this campaign as well. |
| 4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3 | | | **Annual**<br>DDAP/DHS expects to be fully aligned with service delivery in 2021. |

| Prompt | State has no trends/ update to report (place an X) | Related metric(s) (if any) | State response |
|---|---|---|---|
| **5. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)** | | | |
| **5.1 Metric trends** | | | |
| 5.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4 | | Metric #13 SUD Provider Availability<br><br>Metric #14: SUD Provider Availability - MAT | *Metrics #13 and #14 are annual metrics reported in part A.* |
| **5.2 Implementation update** | | | |
| 5.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:<br>Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care | | | **DY3Q1 (QE 9/30/2020)**<br>DDAP has assisted the provider network by providing the service descriptions for ASAM LOCs 1.0, 2.0, 3.0, and 4.0 through written documentation, webinars, FAQs and technical assistance and providers are working diligently on the alignment process. DDAP has undertaken an initiative to ensure for substantial alignment of those providers who elect to move forward with PH alignment, and this is targeted to be completed by May 2021. Until this this alignment process has been completed, DDAP will not have a clear indication of the number/ capacity of PH providers Commonwealth-wide who will be aligned to the ASAM Criteria and what work will be needed to build capacity for this LOC. Availability of psychiatric services, especially on an OP basis present as a particular challenge for this LOC. |

| Prompt | State has no trends/ update to report (place an X) | Related metric(s) (if any) | State response |
|---|---|---|---|
| | | | **Annual**<br>With the alignment of provider standards to ASAM, DDAP and OMHSAS believe there will be sufficient OP and IOP capacity. However, as the alignment occurs it is unclear if there will be sufficient PH access given the breadth of changes needed in the industry. ASAM 3.5 should have sufficient access. ASAM 3.7 capacity is undetermined because this LOC is also undergoing major changes from the previous definitions. The WM roll out has not started yet so there may be some capacity issues. This is an area where there may be a fair amount of work to do to build capacity. |
| 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** | | | |
| 6.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5 | | Metric #15: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment | Metric #18: Use of Opioids at high dosages in persons without cancer is reported in part A.<br>Metric #21: Concurrent Use of Opioids and Benzodiazepine is reported in part A. |

| Prompt | State has no trends/ update to report (place an X) | Related metric(s) (if any) | State response |
|---|---|---|---|
| | | Metric #18 Use of Opioids at High Dosage in Persons Without Cancer<br><br>Metric #21 Concurrent Use of Opioids and Benzodiazepine<br><br>Metric #22: Continuity of Pharmacotherapy for Opioid Use Disorder | |
| **6.2 Implementation update** | | | |
| 6.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:<br>6.2.1.i. Implementation of opioid | | | **Annual**<br>On October 28, 2019, Governor Wolf announced that health care providers prescribing controlled substances are required to do so electronically, unless they meet certain exceptions. Act 96 requires the electronic prescribing of controlled substances, which is a deterrent against prescription fraud. |

| Prompt | State has no trends/ update to report (place an X) | Related metric(s) (if any) | State response |
|---|---|---|---|
| prescribing guidelines and other interventions related to prevention of OUD | | | |
| 6.2.1.ii. Expansion of coverage for and access to naloxone | X | | |
| 6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5 | X | | |
| **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 | | Metric #17: Follow-up after ED Visit for Mental Illness or Alcohol and Other Drug | The Commonwealth plans to complete programming of metrics #15, 17ii, 22, and 25 prior to the DY3Q3 (QE 3/31/2021) report.<br>• The rate of follow-up after ED Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence within 31 days is 84.3 in 2019.<br>• The rate of follow-up after ED Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence within 7 days is 29.01 in 2019 |

| Prompt | State has no trends/ update to report (place an X) | Related metric(s) (if any) | State response |
|---|---|---|---|
| | | Abuse or Dependence | |
| **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 | | | **DY3Q1 (QE 9/30/2020)**<br>No update to report.<br><br>**Annual**<br>Within the demonstration, the ASAM alignment will emphasize the required provider standards for transition between LOCs. |
| 7.2.2 The state expects to make other program changes that may affect metrics related to Milestone 6 | | | **DY3Q1 (QE 9/30/2020)**<br>No update to report; efforts continue.<br><br>**Annual**<br>DDAP is planning to provide Care Coordination services separate from the clinical counselors by distinct teams/individuals including ancillary services. DDAP is working on a separate five-year strategic plan for improving Care Coordination services. Any individual with SUD in the Commonwealth regardless of funding who needs Care Coordination will be able to receive it. |
| **8. SUD health information technology (health IT)** | | | |

| Prompt | State has no trends/ update to report (place an X) | Related metric(s) (if any) | State response |
|---|---|---|---|
| **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 | | Q1. PDMP checking by provider types (prescribers, dispensers).<br>S1. Opioid prescriptions submitted to the PDMP<br>Q2. SSO Connections live.<br>S2. PDMP MME/D threshold exceeded alerts generated<br>S3. PDMP Multiple Provider Alerts generated<br>Q3. Corrections Facilities on-boarded to ADT | Question Area A: The metrics from this quarter demonstrate that information technology is being used to slow down the rate of growth of individuals identified with SUD by increasing the number of providers registered with and using the PDMP.<br><br>**Q1 (HIT1)** PDMP checking by providers (prescribers, dispensers) PDMP Provider Inquiries continued to increase through DY3Q1 (QE 9/30/2020).<br><br>**Q2 (HIT3)** Single Sign On (SSO) Connections live. The number of PDMP connections/users continued to increase through DY3Q1 (QE 9/30/2020).<br><br>**Question Area B:** How is information technology being used to treat effectively individuals identified with SUD?<br><br>**Question Area B:** The HIT Metrics #S1, S2, and S3 demonstrate that the information technology is being used to treat effectively individuals identified with SUD. Actions tracked: Opioid prescriptions dispensed and alerts for high dosage. *Note: Alerts began in October 2018.*<br><br>**S1 (HIT2):** Number of Opioid Prescriptions being dispensed continued to decrease as the number of PDMP queries continued to increase. There were significantly more opioids reported dispensed beginning in January 1, 2019, but the overall trend was still a decrease in dispensed opioids. Since October 2019, |

| Prompt | State has no trends/ update to report (place an X) | Related metric(s) (if any) | State response |
|---|---|---|---|
| | | S4. EDs connected to ADT | the number of opioid prescriptions dispensed has remained under 600,000 with multiple months falling below 500,000.<br><br>**S2 (HIT4):** The number of individuals who receive a dosage of greater than or equal to 90 morphine milligram equivalents (MMEs) per day continued to decrease as measured by number of "Patient Exceeds Opioid Dosage (MME/D) Threshold" alerts generated. The Centers for Disease Control and Prevention (CDC) recommends that prescribers should reassess evidence of the benefits and risks to the individual when increasing dosage to ≥ 50 MME/day (e.g., ≥ 50 mg hydrocodone; ≥ 33 mg oxycodone) and avoid increasing to ≥ 90 MME/day (≥ 90 mg hydrocodone; ≥ 60 mg oxycodone) when possible due to an increased risk of complications. The PDMP has reported fewer than 54,000 alerts since February 2020, dropping below 50,000 twice.<br><br>**S3 (HIT5):** The number of patients received controlled substance prescriptions from three or more prescribers, and three or more pharmacists in a three-month period continued to decrease as measured by the PDMP Multiple Provider Alerts generated. The metric has stayed below 27,000 since February 2020, and has even dropped below 20,000 twice.<br><br>**Question Area C:** How is information technology being used to effectively monitor "recovery" supports and services for individuals identified with SUD?<br><br>The HIT metrics (Q3 and S4) demonstrate that information technology is being used to effectively monitor "recovery supports and services" for individuals identified with SUD. This is occurring through improvements in the overall |

| Prompt | State has no trends/ update to report (place an X) | Related metric(s) (if any) | State response |
|---|---|---|---|
| | | | integration of corrections facilities and EDs with the HIE and PDMP and the increase in alerts sent.<br><br>**Q3 (HIT6):** The number of corrections connections live has increased over the demonstration. Pennsylvania eHealth is working on establishing connections between all prisons and the gateway, to be able to see information about inmates. This is about using the PDMP through a portal and integration with medical records. Twenty-five corrections facilities have been on-boarded with the HIE. This represents all Commonwealth corrections facilities (there are only 24 Commonwealth correctional facilities, one corrections facility was closed in 2020) and they are all on-boarded now to the Pennsylvania Patient & Provider Network (P3N), which is the HIE in the Commonwealth. The Commonwealth will now begin working with county facilities to begin on boarding those facilities.<br>*Note: one corrections facility was closed in 2020.*<br><br>**S4 (HIT7):** Tracking MAT to treat SUDs and prevent opioid overdose using the metric for the number of EDs connected to the HIE (HIT PM 7). The cumulative number of alerts sent by EDs (HIT PM 8) continued to increase even though there are fewer hospitals and EDs dispensing Opioids. This is the Hospital Quality Improvement Program which tracks the number of EDs that are connected to the HIE and sends Automated Admission, Discharge and Transfer (ADT) Alerts. The Commonwealth-wide alerting system tracks the volume of alerting messages over time. Actions Tracked: Individuals connected to alternative therapies from other community-based resources for pain management or general therapy/treatment and number of alerts sent. |

| Prompt | State has no trends/ update to report (place an X) | Related metric(s) (if any) | State response |
|---|---|---|---|
| | | | *Note: one hospital with an ED closed in DY2Q2. This resulted in a slight drop in the number of EDs on-boarded with the HIE. Two hospitals began sending inpatient alerts in November 2019. The Health Information Organizations are working to get more hospitals to send inpatient alerts.* |
| **8.2 Implementation update** | | | |
| 8.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:<br>8.2.1.i. How health IT is being used to slow down the rate of growth of individuals identified with SUD | | | **Question Area A:** The metrics from this quarter demonstrate that information technology is being used to slow down the rate of growth of individuals identified with SUD by increasing the number of providers registered with and using the PDMP. |
| 8.2.1.ii.How health IT is being used to treat effectively individuals identified with SUD | | | **Question Area B:** How is information technology being used to treat effectively individuals identified with SUD?<br><br>**Question Area B:** The HIT Metrics #S1, S2, and S3 demonstrate that the information technology is being used to treat effectively individuals identified |

| Prompt | State has no trends/ update to report (place an X) | Related metric(s) (if any) | State response |
|---|---|---|---|
| | | | with SUD. Actions tracked: Opioid prescriptions dispensed and alerts for high dosage. *Note: Alerts began in October 2018.* |
| 8.2.1.ii. How health IT is being used to effectively monitor "recovery" supports and services for individuals identified with SUD | | | **Question Area C:** The HIT metrics (Q3 and S4) demonstrate that information technology is being used to effectively monitor "recovery supports and services" for individuals identified with SUD. This is occurring through improvements in the overall integration of corrections facilities and EDs with the HIE and PDMP and the increase in alerts sent. |
| 8.2.1.iii. Other aspects of the state's plan to develop the health IT infrastructure/ capabilities at the state, delivery system, health plan/MCO, and individual provider levels | X | | |

| Prompt | State has no trends/ update to report (place an X) | Related metric(s) (if any) | State response |
|---|---|---|---|
| 8.2.1.iv. Other aspects of the state's health IT implementation milestones | X | | |
| 8.2.1.v. The timeline for achieving health IT implementation milestones | X | | |
| 8.2.1.vi. Planned activities to increase use and functionality of the state's prescription drug monitoring program | X | | |
| 8.2.2 The state expects to make other program changes that may affect metrics related to health IT | X | | |

| Prompt | State has no trends/ update to report (place an X) | Related metric(s) (if any) | State response |
|---|---|---|---|
| **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 | | Metric #23: ED Utilization for SUD per 1,000 Medicaid Beneficiaries<br><br>Metric #24: Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries<br><br>Metric #25: Readmissions Among Beneficiaries with SUD<br><br>Metric #26: Drug Overdose Deaths (count) | *Metrics #26, 27, and 32 are annual metrics reported in Part A.*<br><br>The Commonwealth plans to complete programming of metrics #15, 17ii, 22, and 25 prior to the DY3Q3 (QE 3/31/2021) report.<br><br>Metric #23 reports the rate per 1,000 of emergency room visits for SUD. The number of ED visits for SUD per 1,000 beneficiaries continued to decline. There was a slight dip in March/April 2020 due to the pandemic:<br>• ED visits for older adults was steady over time while ED visits for children jumped with the inception of the pandemic.<br><br>Metric #24 reports the rate of hospitalizations per 1,000 members. There was a slight dip in April 2020 due to the pandemic:<br>• There was a drop in hospitalizations per 1,000 members in April 2020 related to the pandemic.<br>• Children in particular experienced an increase in hospitalizations due to SUD at the beginning and middle of the pandemic. |

| Prompt | State has no trends/ update to report (place an X) | Related metric(s) (if any) | State response |
|---|---|---|---|
| | | Metric #27: Drug Overdose Deaths (rate)<br><br>Metric #32: Access to Preventive/Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD | |
| **9.2 Implementation update** | | | |
| 9.2.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics | X | | |

## 4. Narrative information on other reporting topics

<table>
<tr><th>Prompts</th><th>State has no update to report (Place an X)</th><th>State response</th></tr>
<tr><td colspan="3">10. Budget neutrality</td></tr>
<tr><td colspan="3">10.1 Current status and analysis</td></tr>
<tr><td>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.</td><td></td><td>The Commonwealth continued to report on the 1115 waiver schedules this quarter by Date of Payment. The Commonwealth is using the correct budget neutrality (BN) forms for the SUD 1115 quarterly report.</td></tr>
<tr><td colspan="3">10.2 Implementation update</td></tr>
<tr><td>10.2.1 The state expects to make other program changes that may affect budget neutrality</td><td></td><td>The Commonwealth reported on the Commonwealth’s 1115 waiver schedule by Date of Payment only.</td></tr>
<tr><td colspan="3">11. SUD-related demonstration operations and policy</td></tr>
<tr><td colspan="3">11.1 Considerations</td></tr>
<tr><td>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</td><td></td><td>Annual Grievance and Appeal reporting:<br><br>Complaints (Federally known as Grievances)
<table>
<tr><th></th><th>SFY 2018/2019</th><th>SFY 2019/2020</th><th>Rate</th><th>Description</th></tr>
<tr><td>N</td><td>975</td><td>879</td><td>9.85%</td><td>DECREASE in Numerator</td></tr>
<tr><td>D</td><td>2,968</td><td>3,595</td><td>1.21%</td><td>21% INCREASE in Denominator</td></tr>
</table></td></tr>
</table>

<table>
<tr><th>Prompts</th><th>State has no update to report (Place an X)</th><th>State response</th></tr>
<tr><td>approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail.</td><td></td><td>Grievances (Federally known as Appeals)
<table>
<tr><th></th><th>SFY 2018/2019</th><th>SFY 2019/2020</th><th>Rate</th><th>Description</th></tr>
<tr><td>N</td><td>117</td><td>343</td><td>2.93%</td><td>Almost a threefold INCREASE in SUD Grievances filed</td></tr>
<tr><td>D</td><td>975</td><td>2,052</td><td>2.10%</td><td>A two fold INCREASE in Grievances</td></tr>
</table>
In looking at State Fiscal Year (SFY) 2019/2020 compared to SFY 2018/2019, there was an increase in the SUD complaints filed (numerators) and a decrease in the Mental Health (MH)/ SUD complaints filed (denominators). There was an upward trend in quarterly percentages with one break over eight quarters.<br><br>BH-MCO reports concerning SUD Complaints<br>(federal language — Grievances)<br>• The BH-MCOs have noted an increase in SUD complaint numbers but these were smaller numbers than MH complaints.<br>• There were smaller clusters of SUD complaints in OP SUD providers that were newer or had turnover of staff.</td></tr>
</table>

| Prompts | State has no update to report (Place an X) | State response |
|---|---|---|
| | | • There has been an ongoing quality improvement effort related to complaints by having consistent collaboration between care management staff and providers.<br>• Of the SUD complaints, COVID-19 precautions/protocols Q4 SFY 2019/2020 were a newer complaint area as providers/members tried adjusted to this pandemic (April, May, and June 2020).<br>• There have been newer services as related to the opioid epidemic with newer learning processes for providers.<br>• All of the BH-MCOs responding have active review processes to identify opportunities in collaboration when a provider or area has been identified.<br><br>In analyzing the above Commonwealth SUD grievance numbers in the 1115 waiver, we compared this to the data provided for SFY 2018/2019. We found a sharp decrease in the SUD grievances filed and the MH/SUD denominators in SFY 2019/2020 when compared to SFY 2018/2019.<br><br>BH-MCO reports concerning SUD Grievances (federal language-Appeals):<br>• The 1135 waiver of pre-authorization requirements during the pandemic went into effect in May 2020, decreasing denials and thus grievances. |

| Prompts | State has no update to report (Place an X) | State response |
|---|---|---|
| | | • There has been a consistent decrease in denials over this time period related to more frequent peer-to-peer consultations. This resulted in decreased grievance numbers.<br>• Provider and BH-MCO staff learned to apply ASAM guidelines together as part of the Commonwealth-wide transition initiative. This helped in the interpretation of medical necessity guidelines for SUD treatment thus decreasing denials then grievances.<br>• One BH-MCO implemented a system for automated authorization and notification of several SUD LOCs through our provider portal, which lessened the need for prior authorization of SUD services.<br><br>Another BH-MCO removed the precertification requirements for 2.5 LOC and on April 1, 2020 moved to an alternative payment arrangement because of the pandemic during this period no SUD precertification were required. |
| **11.2 Implementation update** | | |
| 11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:<br>11.2.1.i. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service) | | **DY3Q1 (QE 9/30/2020)**<br>Despite being three years into this initiative, political pushback continues to occur. Pennsylvania has been able to make significant strides forward with its transition despite the minority opposition; however, it does mean that 100% of the department's effort has not been able to be focused entirely on the transition itself. |

| Prompts | State has no update to report (Place an X) | State response |
|---|---|---|
| | | Additionally, the size of the Commonwealth and number of providers continues to make the transition a sizeable effort.<br><br>**Annual**<br>Initially, the Commonwealth faced many political issues that caused significant delays. Pennsylvania has over 900 providers involved in this transition — not like some states with a small number of public funded providers. Pennsylvania has a large number of providers trying to transition; this is not a barrier or a challenge, but this is a large number of providers to transition. |
| 11.2.1.ii. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes) | | **DY3Q1 (QE 9/30/2020)**<br>No update.<br><br>**Annual**<br>There are 16 providers who contract under Medicaid who do not have contracts with the SCAs. OMHSAS is analyzing its options for ensuring that those Medicaid-only providers will comply with ASAM requirements. |
| 11.2.1.iii. Partners involved in service delivery | | **DY3Q1 (QE 9/30/2020)**<br>No update.<br><br>**Annual**<br>The Commonwealth is also working with two sister agencies; forging a major system transformation across the entire Commonwealth. |

| Prompts | State has no update to report (Place an X) | State response |
|---|---|---|
| | | The Drug and Alcohol system is layered; DDAP (managing the system transformation), SCA (responsible for getting the clients the services that they need), OMHSAS (overseeing Medicaid), PCs and BH-MCOs contracting for Medicaid services, and providers (providing the services). |
| 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 | | Annual<br>• The Commonwealth cooperated with the Drug Enforcement Administration's 19th National Prescription Drug Take-Back Day Initiative on October 24, 2020.<br>• Governor Wolf launched the nation's first innovative, evidence-based SUD stigma reduction campaign on September 28, 2020. Life Unites Us is an evidence-based approach to stigma reduction of SUD specifically for OUD. The partnership with national non-profit, Shatterproof, is the first of its kind.<br>• The Wolf administration encouraged participation in overdose awareness day on August 31, 2020 to remember those who have lost their battle with SUD.<br>• Governor Wolf signed the 11th renewal of Opioid Disaster Declaration on August 19, 2020. |

| Prompts | State has no update to report (Place an X) | State response |
|---|---|---|
| | | • Governor Wolf released an Opioid command center strategic plan to fight the opioid epidemic on July 6, 2020.<br>• Governor Wolf announced more than $2 million in grants for employment services for individuals with OUD on July 2, 2020.<br>• Governor Wolf awarded $1 million in grants to help veterans overcome SUD on March 2, 2020.<br>• Governor Wolf awarded $1.5 million in grants for OUD Criminal Justice Diversion Programs on February 18, 2020.<br>• Governor Wolf proposed regulations to support MH/SUD coverage regulations on February 3, 2020.<br>• Governor Wolf announced $5 million in grants to health individuals in recovery for OUD and their families on January 30, 2020.<br>• On December 30, 2019, Governor Wolf announced that the Commonwealth would allocate $5 million in federal funding for loan repayment for health care practitioners providing medical and behavioral health care and treatment for SUD and OUD in areas where there is high opioid-use and a shortage of health care practitioners.<br>• On December 3, 2019, Governor Wolf signed the eighth renewal of Pennsylvania's Opioid Disaster Declaration. In January 2018, he signed the first disaster declaration so the Commonwealth could focus resources and break down government siloes to address the burgeoning heroin and opioid epidemic. |

| Prompts | State has no update to report (Place an X) | State response |
|---|---|---|
| | | • On December 2, 2019, Governor Wolf announced that DDAP would award $2.1 million in federal Substance Abuse and Mental Health Services Administration (SAMHSA) grants to enhance community recovery supports for individuals with SUD. On November 7, 2019, Governor Wolf announced that his administration was awarding $3.4 million in federal SAMHSA grants for support services for pregnant and postpartum women with OUD.<br>• On October 28, 2019, Governor Wolf announced that health care providers prescribing controlled substances are required to do so electronically, unless they meet certain exceptions. Act 96 requires the electronic prescribing, which is a deterrent against prescription fraud.<br>On October 1, 2019, Governor Wolf kicked of the first Opioid Command Center Opioid Summit: Think Globally, Act Locally. The summit brought 200 individuals helping their communities fight the opioid crisis, including community organizations, non-profits, schools, health care workers, addiction and recovery specialists, and families affected by the opioid crisis. |
| 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. | | • Centers for Medicare & Medicaid Services (CMS) approved the monitoring protocol in December 2020.<br>• CMS approved the Commonwealth's Evaluation Design on May 22, 2020. |
| 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 | | The Commonwealth submitted the mid-point assessment on February 23, 2021 consistent with the deadlines agreed upon due to the pandemic. All other deadlines are anticipated to be met. |
| 12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates | | The Commonwealth submitted the mid-point assessment on February 23, 2021 consistent with the deadlines agreed upon due to the pandemic.<br><br>The draft interim evaluation report is due September 30, 2021 and the draft summative evaluation report is due 18 months following the demonstration (March 31, 2024). There are no anticipated barriers to achieving the goals and timeframes related to the demonstration evaluation after the pandemic. |

| Prompts | State has no update to report (Place an X) | State response |
|---|---|---|
| **13. Other demonstration reporting** | | |
| **13.1 General reporting requirements** | | |
| 13.1.1 The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol | | **DY3Q1 (QE 9/30/2020)**<br>WM and co-occurring disorders are service details that are in process, but that have not yet been released to the provider network. DHS and DDAP have begun working on coding of those services that have been determined. Efforts are underway to establish a joint monitoring tool for implementation by DDAP, SCAs, and OMHSAS. DHS is preparing updated coding in order to collect encounter data from Medicaid BH-MCOs regarding the updated ASAM LOCs.<br><br>**Annual**<br>Any delays or variance with provisions outlined in Standard Terms and Conditions.<br><br>DHS and DDAP are working together to develop ASAM service descriptions and delivery standards including admission, continuing stay and discharge criteria, the types of services, hours of clinical care, credentials of staff, and implementation of requirements for each LOC. Admission, continuing stay and discharge criteria are complete. Once the remainder of the ASAM service descriptions and delivery standards are complete, DHS will work to ensure that the coding and rates are consistent with any needed changes. Finally, DHS and DDAP will work to ensure that a cohesive provider monitoring program is in place. |

| Prompts | State has no update to report (Place an X) | State response |
|---|---|---|
| | | Capacity monitoring is anticipated to be embedded in the provider monitoring effort.<br><br>**Service Alignment to ASAM Criteria:**<br>An ASAM update was released in January 2020 to the provider community.<br>• In 2020, DDAP and DHS aligned service delivery (hours, service descriptions, staff qualifications) to The ASAM Criteria, 2013.<br>• A systematic "roll out" of service delivery descriptions and expectations occurred during the first half of 2020, beginning with residential services (3.0). DDAP and DHS communicated details through in-person discussions, listserv communications, web postings, etc.<br>• DDAP aligned with the ASAM Criteria by no longer delineating two types of 3.5 LOC, i.e., 3.5 Rehabilitative and 3.5 Habilitative. Services including length of stay within a 3.5 LOC were be determined based on the identified needs of the individual within those programs.<br>• This change will not result in any loss of capacity or changes in licensing. The focus on providing services that meet the needs of each individual and not a predetermined length of stay should support overall quality and continuity of service efforts.<br>• Those specialized 3.5 programs, which have been longer in length, and more intense in service, specifically PWWWC |

| Prompts | State has no update to report (Place an X) | State response |
|---|---|---|
| | | services and those programs that have a criminal justice component still have the capacity to offer the services that are necessary, requesting the amount of time needed to address needs identified in the six-dimensional assessment/ re-assessment. Client need should always drive length of stay and not be program-driven.<br>• DDAP/DHS expects to be fully aligned with service delivery in July 2021.<br>• Compliance reviews of residential providers are expected to take place in early 2022.<br>• Compliance with the fully aligned ASAM continuum is expected by July 2022. |
| 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:<br>13.1.3.i. The schedule for completing and submitting monitoring reports | | The Commonwealth submitted the mid-point assessment on February 23, 2021 consistent with the deadlines agreed upon due to the pandemic. |
| 13.1.3.ii. The content or completeness of submitted reports and/or future reports | X | |
| 13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation | X | |

| Prompts | State has no update to report (Place an X) | State response |
|---|---|---|
| **13.2 Post-award public forum** | | |
| 13.2.2 If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicating any resulting action items or issues. A summary of the post-award public forum must be included here for the period during which the forum was held and in the annual report. | | The next post award forum is scheduled for March 2021, due to the pandemic. |
| **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. | X | |

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

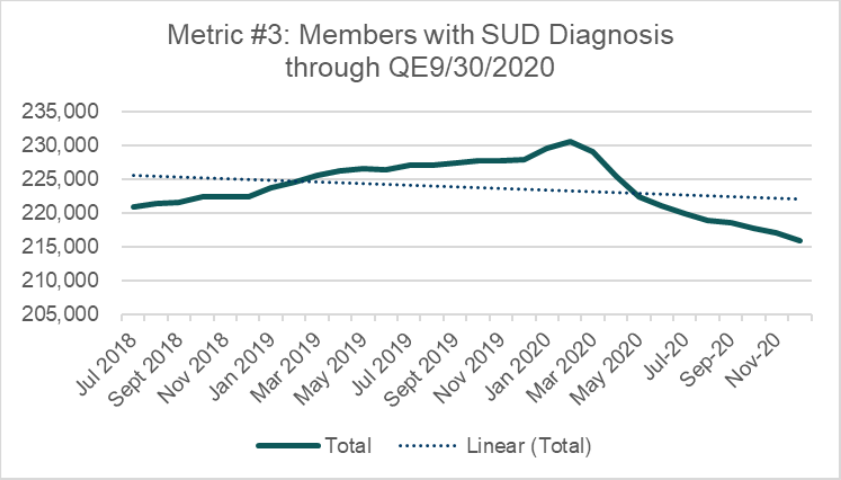
Note: Licensee and states must prominently display the following notice on any display of Measure rates:

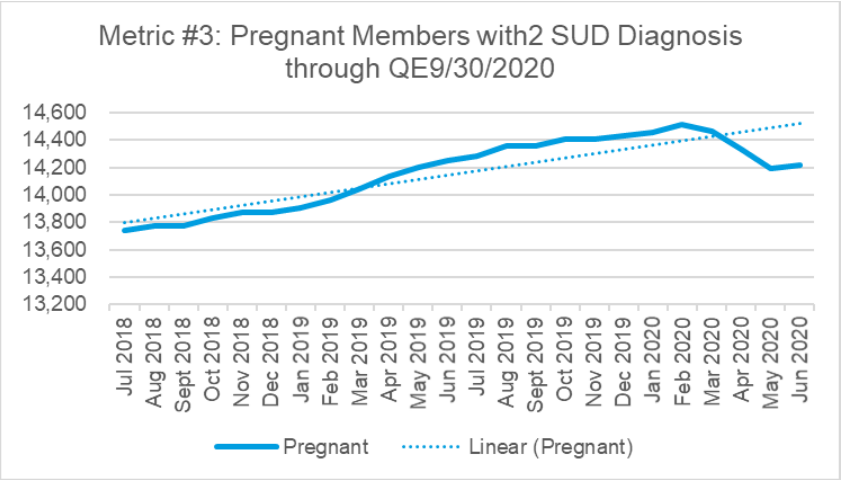
*Measures IET-AD, FUA-AD, FUM-AD, and AAP [Metrics #15, 17(1), 17(2), and 32] are Healthcare Effectiveness Data and Information Set (HEDIS®) measures that are owned and copyrighted by the National Committee for Quality Assurance (NCQA). HEDIS measures and specifications are not clinical guidelines, do not establish a standard of medical care and have not been tested for all potential applications. The measures and specifications are provided "as is" without warranty of any kind. NCQA makes no representations, warranties or endorsements about the quality of any product, test or protocol identified as numerator compliant or otherwise identified as meeting the requirements of a HEDIS measure or specification. NCQA makes no representations, warranties, or endorsement about the quality of any organization or clinician who uses or reports performance measures and NCQA has no liability to anyone who relies on HEDIS measures or specifications or data reflective of performance under such measures and specifications.*

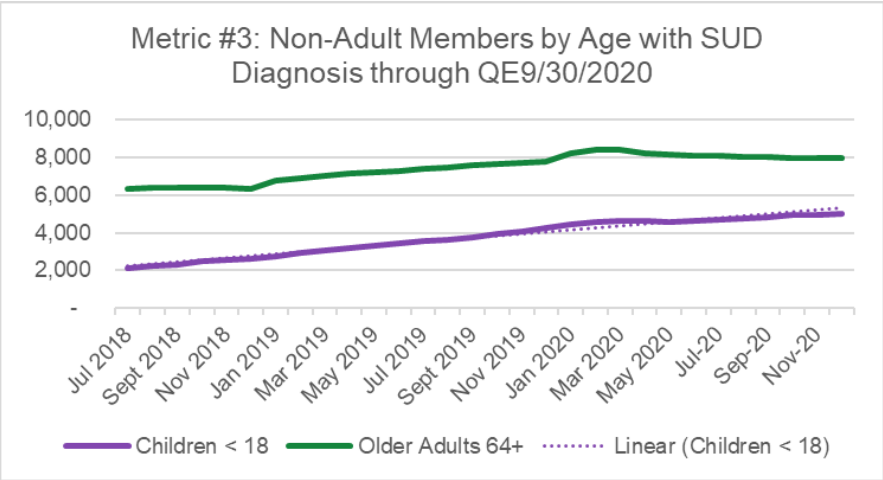
*The measure specification methodology used by CMS is different from NCQA's methodology. NCQA has not validated the adjusted measure specifications but has granted CMS permission to adjust. A calculated measure result (a "rate") from a HEDIS measure that has not been certified via NCQA's Measure Certification Program, and is based on adjusted HEDIS specifications, may not be called a "HEDIS rate" until it is audited and designated reportable by an NCQA-Certified HEDIS Compliance Auditor. Until such time, such measure rates shall be designated or referred to as "Adjusted, Uncertified, Unaudited HEDIS rates."*

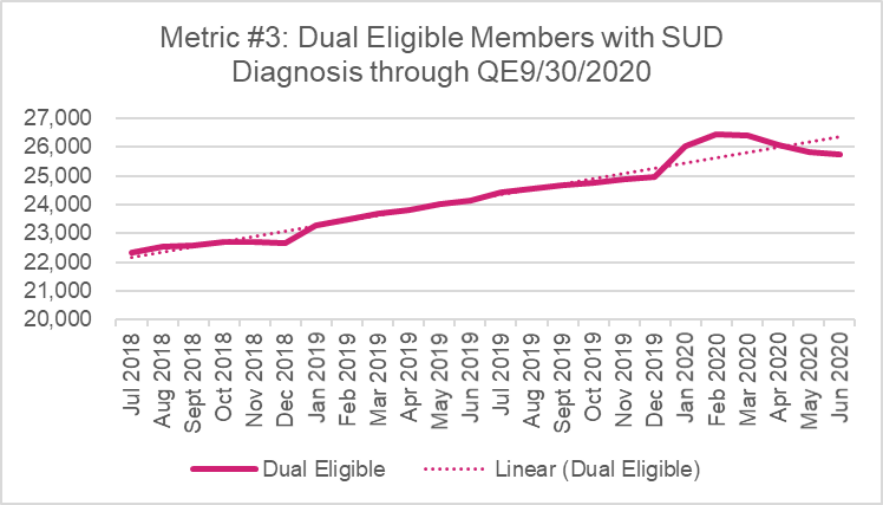
**Appendix**: Metric Graphs

**1. Assessment of need and qualification for SUD services**

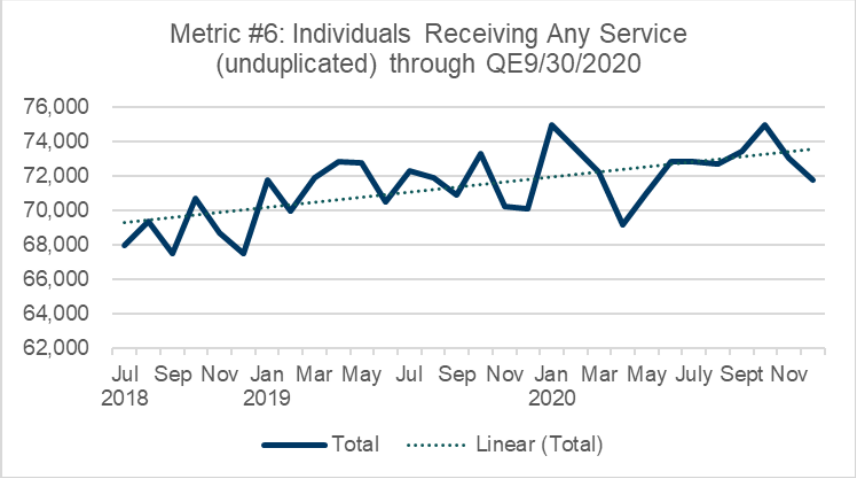


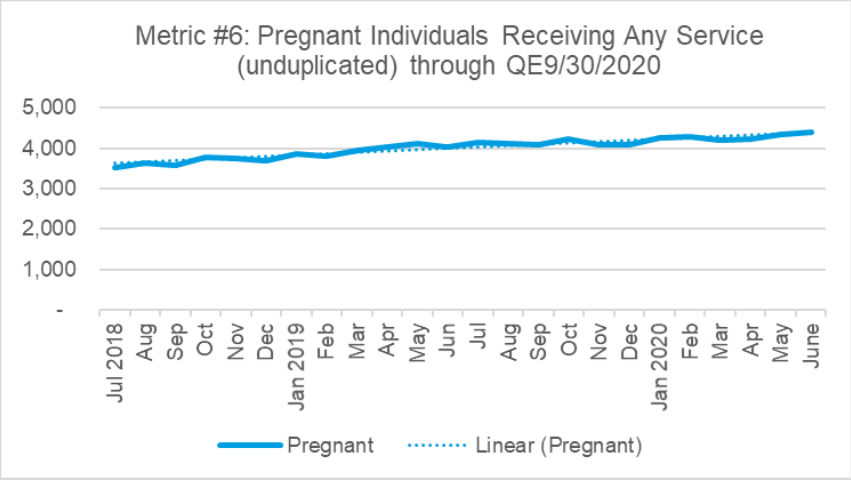



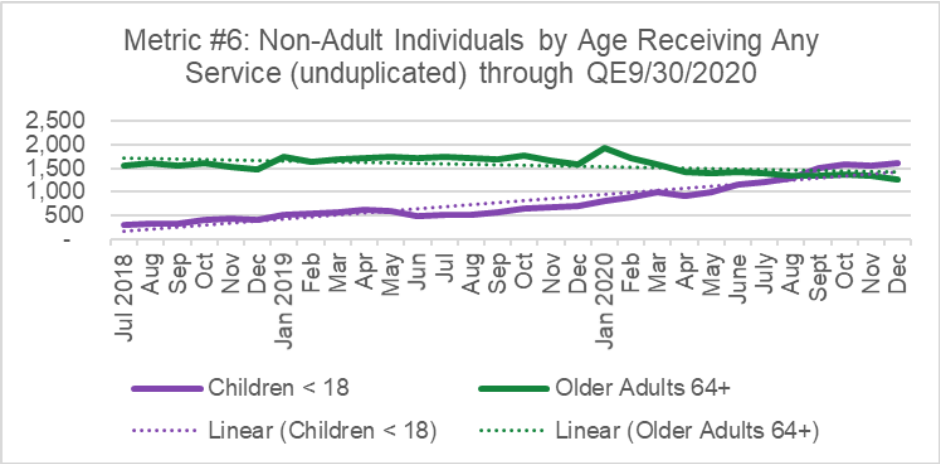

Metric #3: Non-Adult Members by Age with SUD Diagnosis through QE9/30/2020
10,000
8,000
6,000
4,000
2,000
-
Jul 2018
Sept 2018
Nov 2018
Jan 2019
Mar 2019
May 2019
Jul 2019
Sept 2019
Nov 2019
Jan 2020
Mar 2020
May 2020
Jul-20
Sep-20
Nov-20
Children < 18
Older Adults 64+
Linear (Children < 18)

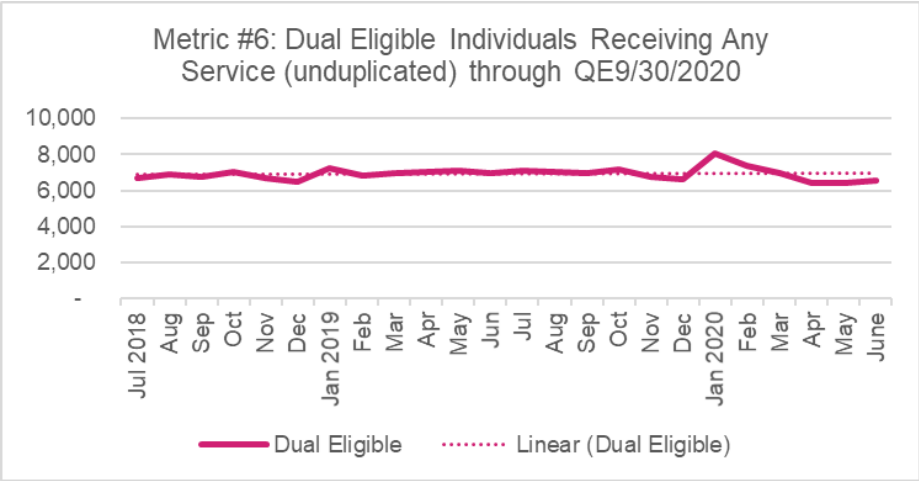

Metric #3: Dual Eligible Members with SUD Diagnosis through QE9/30/2020
27,000
26,000
25,000
24,000
23,000
22,000
21,000
20,000
Jul 2018
Aug 2018
Sept 2018
Oct 2018
Nov 2018
Dec 2018
Jan 2019
Feb 2019
Mar 2019
Apr 2019
May 2019
Jun 2019
Jul 2019
Aug 2019
Sept 2019
Oct 2019
Nov 2019
Dec 2019
Jan 2020
Feb 2020
Mar 2020
Apr 2020
May 2020
Jun 2020
Dual Eligible
Linear (Dual Eligible)

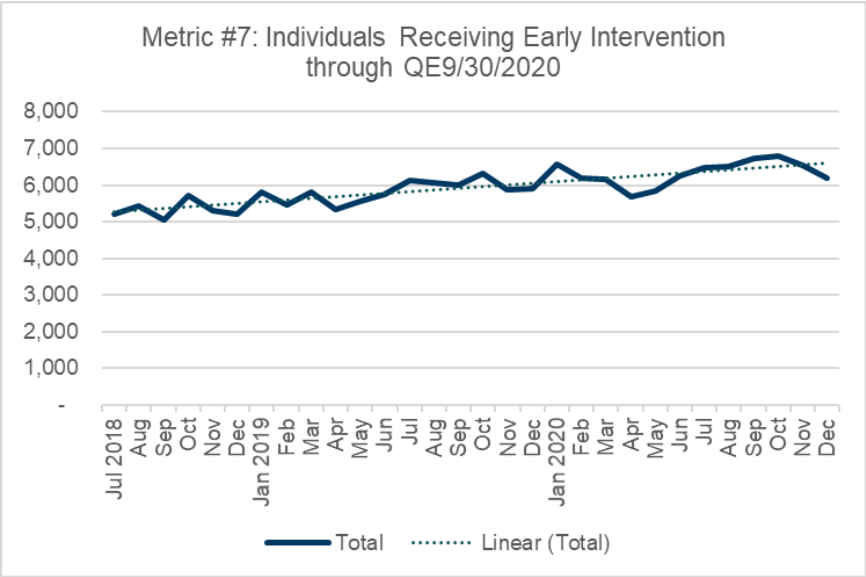
## 2. Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)

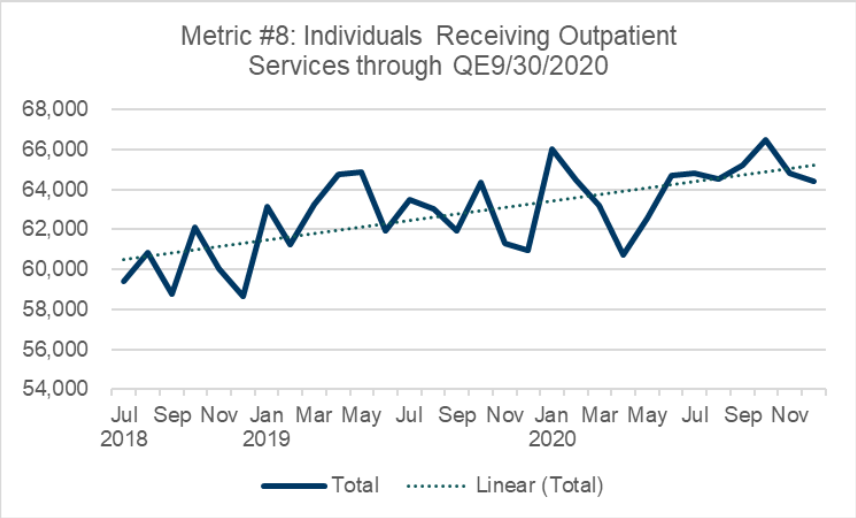


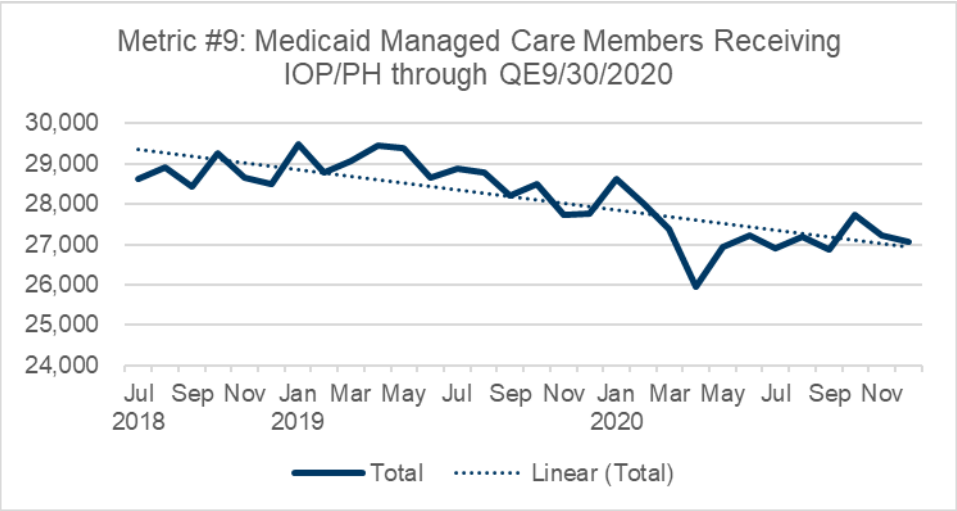



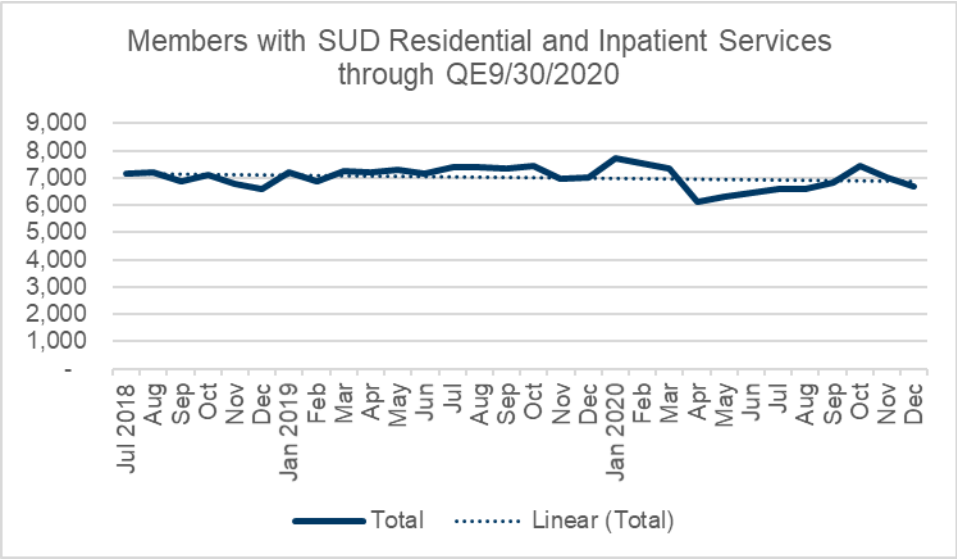

Metric #6: Non-Adult Individuals by Age Receiving Any Service (unduplicated) through QE9/30/2020
2,500
2,000
1,500
1,000
500
-
Jul 2018
Aug
Sep
Oct
Nov
Dec
Jan 2019
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan 2020
Feb
Mar
Apr
May
June
July
Aug
Sept
Oct
Nov
Dec
Children < 18
Older Adults 64+
Linear (Children < 18)
Linear (Older Adults 64+)

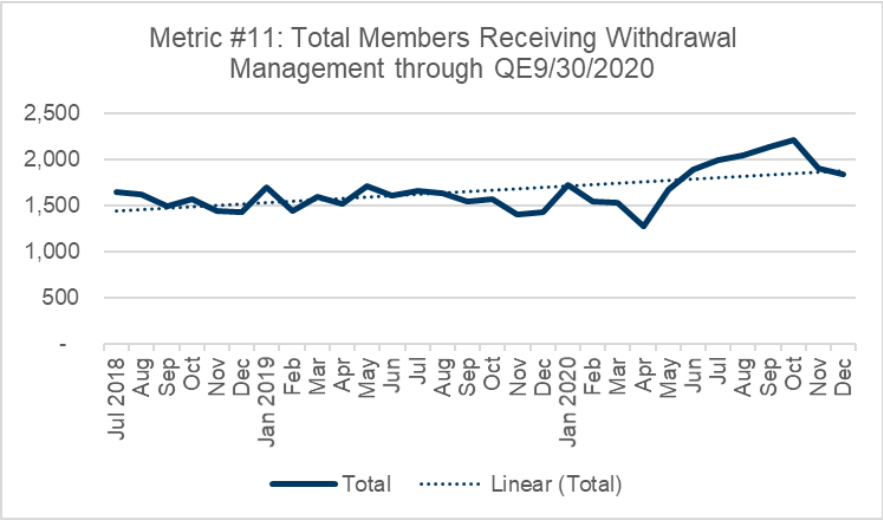

Metric #6: Dual Eligible Individuals Receiving Any Service (unduplicated) through QE9/30/2020
10,000
8,000
6,000
4,000
2,000
-
Jul 2018
Aug
Sep
Oct
Nov
Dec
Jan 2019
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan 2020
Feb
Mar
Apr
May
June
Dual Eligible
Linear (Dual Eligible)

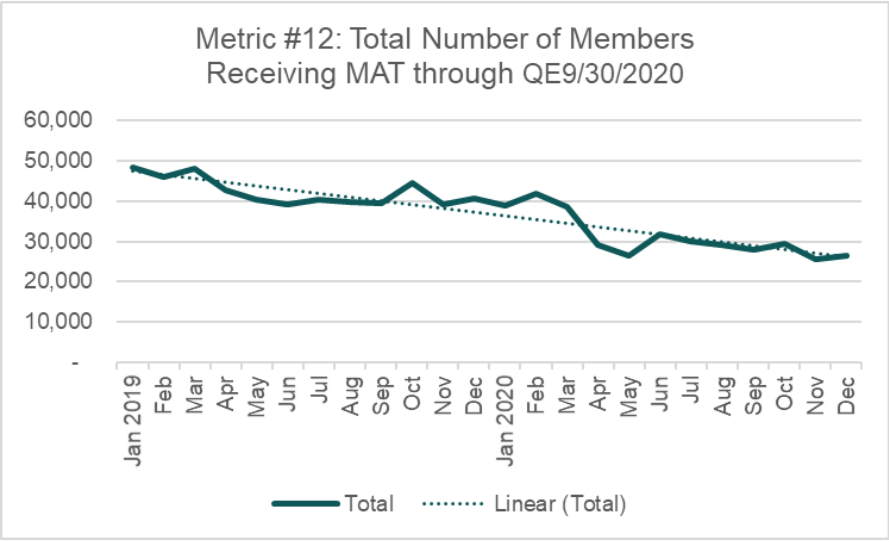

Metric #7: Individuals Receiving Early Intervention through QE9/30/2020
8,000
7,000
6,000
5,000
4,000
3,000
2,000
1,000
-
Jul 2018
Aug
Sep
Oct
Nov
Dec
Jan 2019
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan 2020
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Total
Linear (Total)


Metric #8: Individuals Receiving Outpatient Services through QE9/30/2020
68,000
66,000
64,000
62,000
60,000
58,000
56,000
54,000
Jul 2018
Sep
Nov
Jan 2019
Mar
May
Jul
Sep
Nov
Jan 2020
Mar
May
Jul
Sep
Nov
Total
Linear (Total)

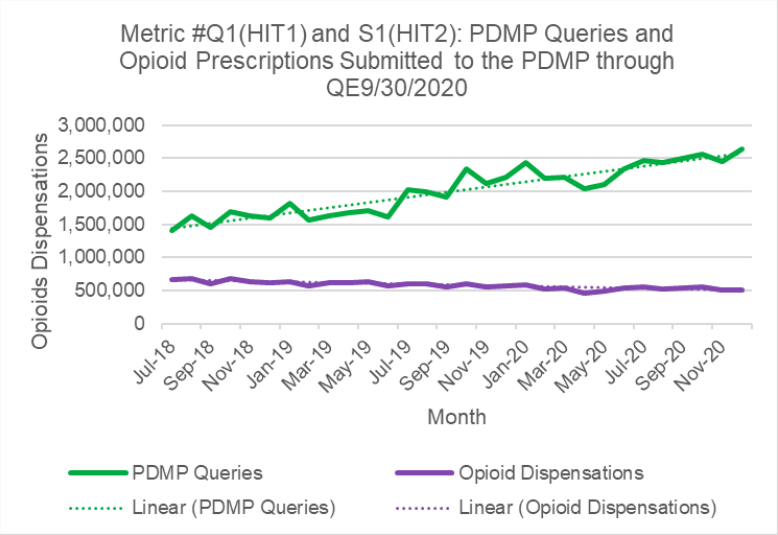

Metric #9: Medicaid Managed Care Members Receiving IOP/PH through QE9/30/2020
30,000
29,000
28,000
27,000
26,000
25,000
24,000
Jul Sep Nov Jan Mar May Jul Sep Nov Jan Mar May Jul Sep Nov
2018
2019
2020
Total
Linear (Total)

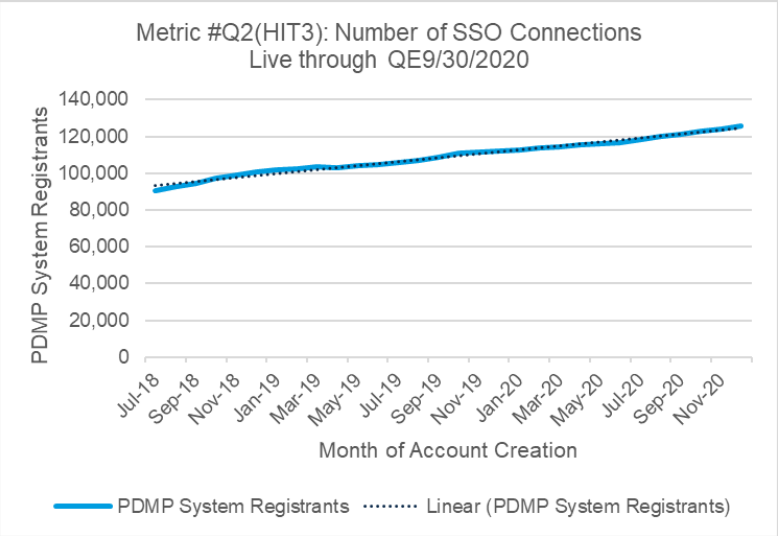

Members with SUD Residential and Inpatient Services through QE9/30/2020
9,000
8,000
7,000
6,000
5,000
4,000
3,000
2,000
1,000
-
Jul 2018 Aug Sep Oct Nov Dec Jan 2019 Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan 2020 Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
Total
Linear (Total)

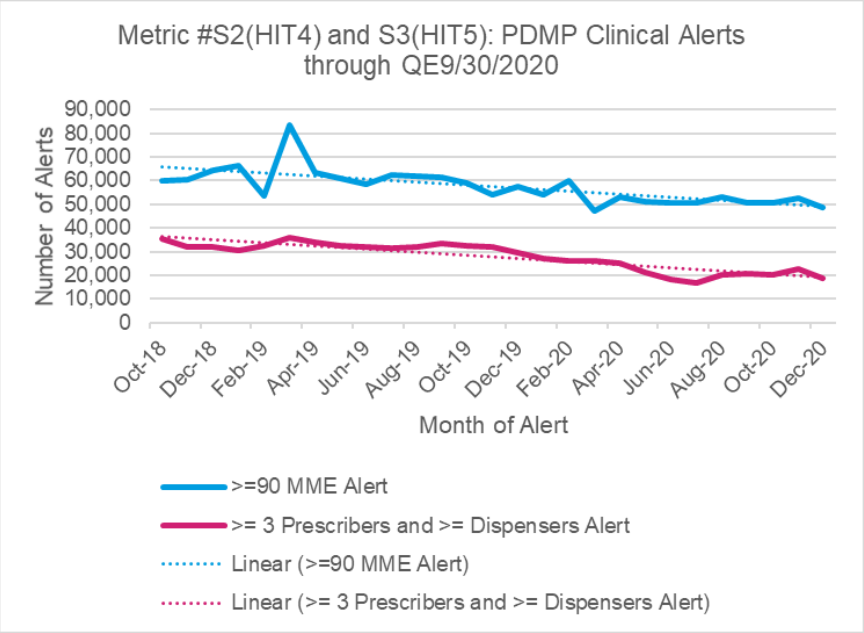

Metric #11: Total Members Receiving Withdrawal Management through QE9/30/2020
2,500
2,000
1,500
1,000
500
-
Jul 2018
Aug
Sep
Oct
Nov
Dec
Jan 2019
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan 2020
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Total
Linear (Total)

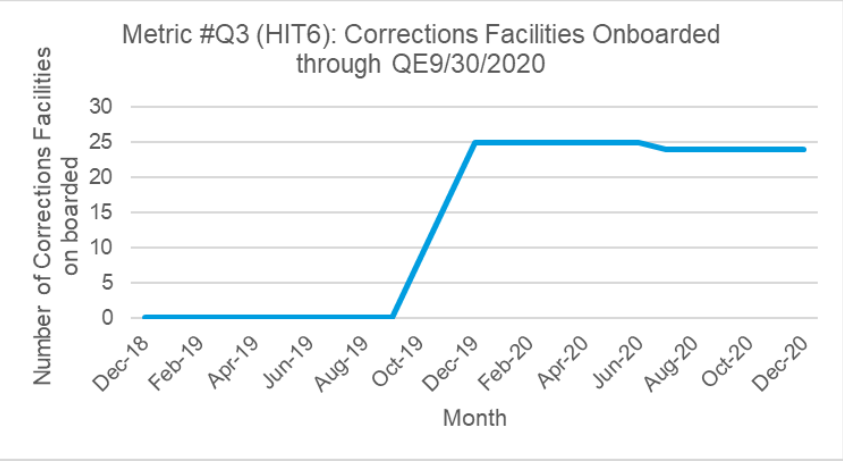

Metric #12: Total Number of Members Receiving MAT through QE9/30/2020
60,000
50,000
40,000
30,000
20,000
10,000
-
Jan 2019
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan 2020
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Total
Linear (Total)

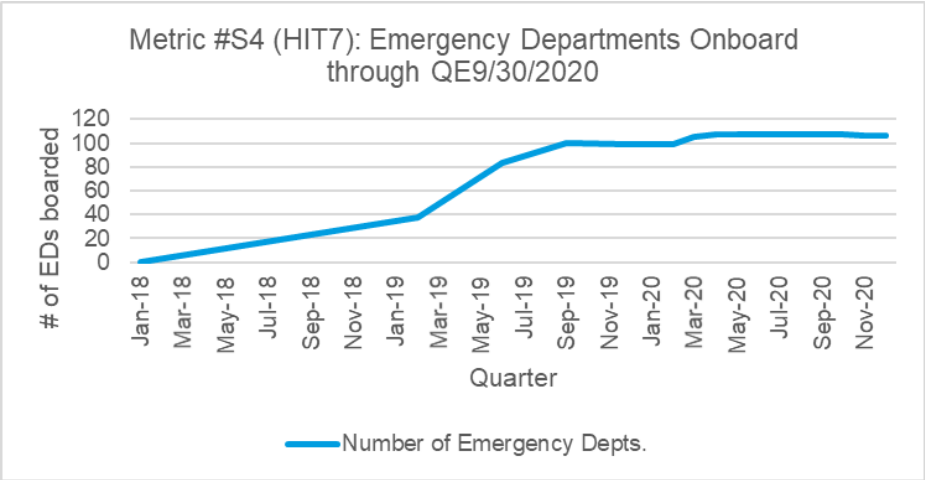
## 8. SUD health information technology (health IT)

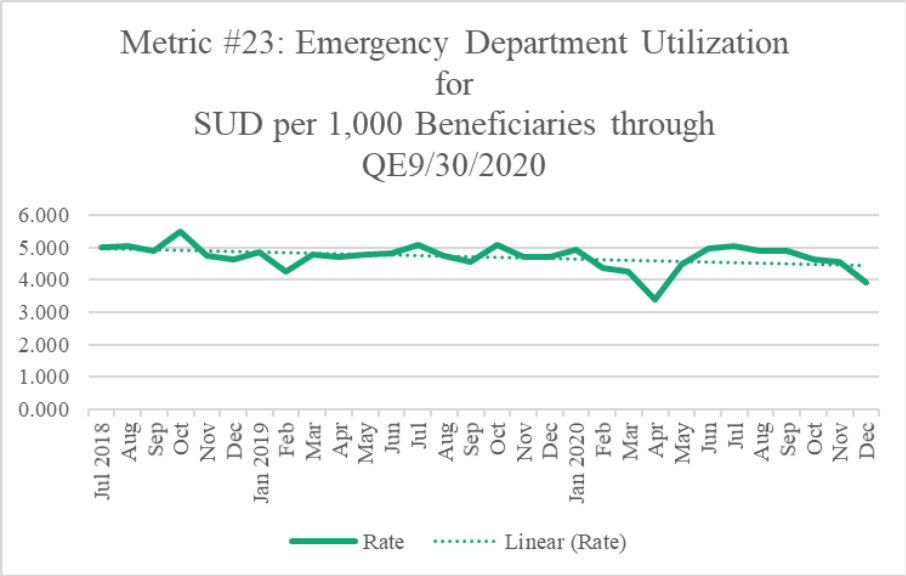


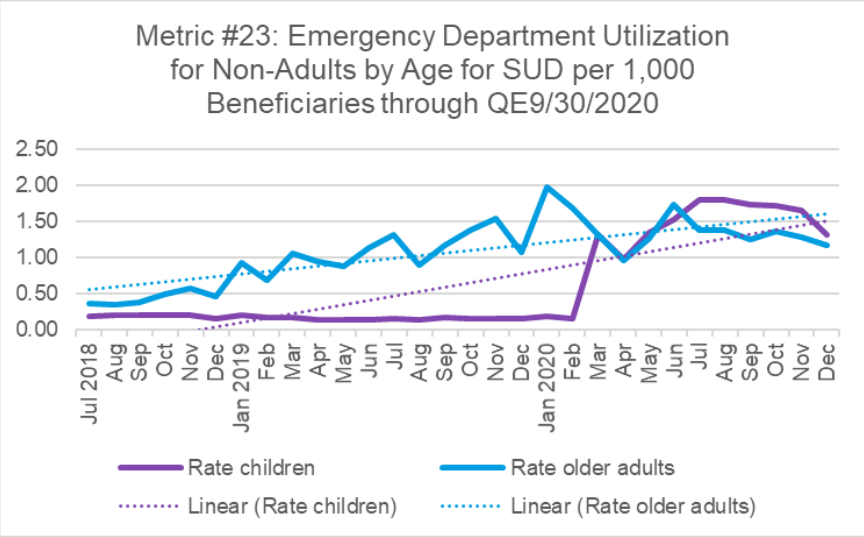



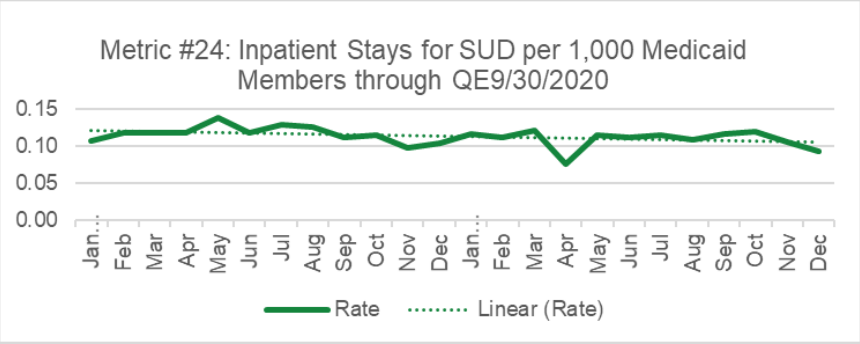

Metric #S2(HIT4) and S3(HIT5): PDMP Clinical Alerts through QE9/30/2020
Number of Alerts
90,000
80,000
70,000
60,000
50,000
40,000
30,000
20,000
10,000
0
Oct-18
Dec-18
Feb-19
Apr-19
Jun-19
Aug-19
Oct-19
Dec-19
Feb-20
Apr-20
Jun-20
Aug-20
Oct-20
Dec-20
Month of Alert
>=90 MME Alert
>= 3 Prescribers and >= Dispensers Alert
Linear (>=90 MME Alert)
Linear (>= 3 Prescribers and >= Dispensers Alert)

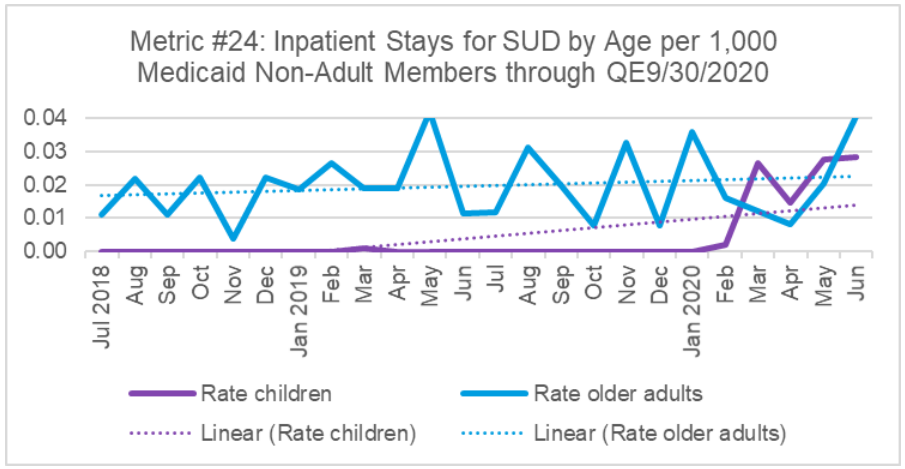

Metric #Q3 (HIT6): Corrections Facilities Onboarded through QE9/30/2020
Number of Corrections Facilities on boarded
30
25
20
15
10
5
0
Dec-18
Feb-19
Apr-19
Jun-19
Aug-19
Oct-19
Dec-19
Feb-20
Apr-20
Jun-20
Aug-20
Oct-20
Dec-20
Month


Metric #S4 (HIT7): Emergency Departments Onboard through QE9/30/2020
# of EDs boarded
120
100
80
60
40
20
0
Jan-18
Mar-18
May-18
Jul-18
Sep-18
Nov-18
Jan-19
Mar-19
May-19
Jul-19
Sep-19
Nov-19
Jan-20
Mar-20
May-20
Jul-20
Sep-20
Nov-20
Quarter
Number of Emergency Depts.


Metric #23: Emergency Department Utilization for SUD per 1,000 Beneficiaries through QE9/30/2020
6.000
5.000
4.000
3.000
2.000
1.000
0.000
Jul 2018
Aug
Sep
Oct
Nov
Dec
Jan 2019
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan 2020
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Rate
Linear (Rate)


Metric #23: Emergency Department Utilization for Non-Adults by Age for SUD per 1,000 Beneficiaries through QE9/30/2020
2.50
2.00
1.50
1.00
0.50
0.00
Jul 2018
Aug
Sep
Oct
Nov
Dec
Jan 2019
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan 2020
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Rate children
Rate older adults
Linear (Rate children)
Linear (Rate older adults)


Metric #24: Inpatient Stays for SUD per 1,000 Medicaid Members through QE9/30/2020
0.15
0.10
0.05
0.00
Jan...
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan...
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Rate
Linear (Rate)


Metric #24: Inpatient Stays for SUD by Age per 1,000
Medicaid Non-Adult Members through QE9/30/2020
0.04
0.03
0.02
0.01
0.00
Jul 2018
Aug
Sep
Oct
Nov
Dec
Jan 2019
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan 2020
Feb
Mar
Apr
May
Jun
Rate children
Rate older adults
Linear (Rate children)
Linear (Rate older adults)