APPENDIX A: IMPLEMENTATION PLAN

Milestone 1. Access to Critical Levels of Care for OUD and other SUDs

1. **Please also see “Available SUD Services” table in “Section IV: Comprehensive Evidence-Based Benefit Design”.**
2. **The links to all applicable licensing regulations for the levels of care covered under each milestone criterion are provided at the end of this milestone.**
3. **Information on “Required Services and Support Systems” and “Recommended Services and Support Systems” discussed in this milestone is derived from Pennsylvania Client Placement Criteria (PCPC), the link to which is provided at the end of this milestone.**
4. **Specific staffing requirements for each level of care also come from PCPC.**

Milestone Criteria	Current State	Future State	Summary of Actions Needed
Coverage of outpatient services	Covered by the state plan (see “*Clinic Services” – “**Drug and Alcohol and Methadone Maintenance Clinic Services**”* on Attachment 3.1A/3.1B, Page 4b of the state plan). **Applicable licensing regulations: Title 28 § 704, 705, 709, 711.** Required Services and Support Systems include: • Biopsychosocial Assessment • Specialized professional medical consultation, and tests such as a physical examination, psychiatric evaluation, HIV and TB testing, and other laboratory work, as needed • Individualized treatment planning, with reviews at least every 60 days	Pennsylvania has completed the cross walk of the ASAM criteria with our current system of care, including types of service, hours of clinical care and credentials of staff. Additionally, to assist the field in correctly applying ASAM, DDAP has developed	None needed. Service already provided.

Milestone Criteria	Current State	Future State	Summary of Actions Needed
	• Psychotherapy, including individual, group, and family (per clinical evaluation) • Aftercare planning and follow-up • Transportation to treatment services, Recommended Services and Support Systems include the following: • Occupational and vocational counseling (non-Medicaid funds) • Case management [under 1915(b) in-lieu of authority] • Social services that allow the staff to assist with attendance monitoring, child care, and the provision of shelter and other basic needs (non-Medicaid funds) • Structured positive social activities available within non-program hours, including evenings and weekends (non-Medicaid funds) • Access to more intensive LOC as clinically indicated (Medicaid and non-Medicaid) • Collaboration between the treatment team and various agencies for the coordinated provision of services (non-Medicaid) **Required Staff:** The required Staff at an outpatient care facility include a director and counselor(s), and a clinical supervisor for every eight full-time counselors or counselor assistants, or both. The State of PA recognizes that, based on the agency size and profile, a single person may hold one or more of the above positions. Additional staff may include a	an application guidance for PA's current substance use system. While PA will begin to utilize The ASAM Criteria's for admission determination of level of care on July 1, 2018, other details of aligning PA's SUD system of care (services, hours of service, staff credentials, etc.) with the ASAM Criteria will be an ongoing process beyond July 2018 and is expected to be completed within 24 months of the	

Milestone Criteria	Current State	Future State	Summary of Actions Needed
	clinical supervisor or lead counselor, social services counselor, a psychiatrist, a psychologist, a medical consultant, and any other health and human services staff or consultants (i.e. SUD counselors or other certified SUD clinicians) who may more effectively serve the facility's population.	demonstration approval.	
Coverage of intensive outpatient services	Covered by the state plan (see "*Clinic Services" – "**Drug and Alcohol and Methadone Maintenance Clinic Services**"* on Attachment 3.1A/3.1B, Page 4b of the state plan). **Applicable licensing regulations: Title 28 § 704, 705, 709, 711.** Required Services and Support Systems include: • Biopsychosocial Assessment • Specialized professional medical consultation, and tests such as a physical examination, psychiatric evaluation, HIV and TB testing, and other laboratory work, as needed • Individualized treatment planning, with reviews at least every 60 days (recommended: every 30 days) • Psychotherapy, including individual, group, and family (per clinical evaluation) • Aftercare planning and follow-up • Development of discharge plan and plan for referral into continuum of care • Transportation to treatment services	Already provided	None needed. Service already provided

Milestone Criteria	Current State	Future State	Summary of Actions Needed
	Recommended Services and Support Systems include: • Psychoeducational seminars (non-Medicaid) • Structured positive social activities available within non-program hours, including evenings and weekends (non-Medicaid) • Access to more intensive LOC, as clinically indicated(Medicaid and non-Medicaid) • Emergency telephone line available when program is not in session (non-Medicaid) • Collaboration between the treatment team and various agencies for the coordinated provision of services (non-Medicaid)Occupational and vocational counseling (non-Medicaid) • Case management (under in-lieu-of authority), and social services that allow the staff to assist with attendance monitoring, child care, and the provision of stable shelter and other basic care needs (non-Medicaid). **Required Staff:** The required Staff at an intensive outpatient care facility include a director and counselor(s), and a clinical supervisor for every eight full-time counselors or counselor assistants, or both. The State of PA recognizes that, based on the agency size and profile, a single person may hold one or more of the above positions. Additional staff may include a clinical supervisor or lead		

Milestone Criteria	Current State	Future State	Summary of Actions Needed
	counselor, social services counselor, a psychiatrist, a psychologist, a medical consultant, and any other health and human services staff or consultants (i.e. SUD counselors or other certified SUD clinicians) who may more effectively serve the facility's population.		
Coverage of medication assisted treatment (medications as well as counseling and other services with sufficient provider capacity to meet needs of Medicaid beneficiaries in the state)	Counseling and methadone maintenance covered by the state plan under "*Clinic Services*" – ***"Drug and Alcohol and Methadone Maintenance Clinic Services"*** on Attachment 3.1A/3.1B, Page 4b of the state plan. Methadone maintenance clinics are licensed by DDAP under Pennsylvania regulations, Title 28 § 715, *Standards for Approval of Narcotic Treatment Program*, which includes requirements for medication management and counseling. This chapter is available at: https://www.pacode.com/secure/data/028/chapter715/chap715toc.html Other medications (buprenorphine, vivitrol) covered under ***"Prescribed Drugs"* -** see Attachment 3.1A/3.1B, Page 5a of the state plan. Please also see **Medication Assisted Treatment** in *Section IV: Comprehensive Evidence-Based Benefit Design"* of this application as well as the Medicaid formulary	Already provided	None needed. Service already provided

Milestone Criteria	Current State	Future State	Summary of Actions Needed
	available at https://papdl.com/sites/default/files/ghs-files/Penn%20PDL%2007252017%20v2017_1g.pdf (see **Opiate Dependence Treatments** on page 35 of this Formulary list)		
Coverage of intensive levels of care in residential and inpatient settings	**Medically Managed Inpatient Residential** - (corresponding to ASAM Level 4) covered by the state plan under ***"Inpatient Services"*** - see Attachment 3.1A/3.1B, Page 1b of the state plan. **Applicable licensing regulations: Title 28 § 704, 710.** Required Services and Support Systems include: • 24-hour observation, monitoring, and treatment • Full resources of an acute care general or psychiatric hospital, or a medically managed intensive inpatient treatment service • Treatment for SUD and for coexisting medical and/or psychiatric disorders • Access to detoxification or other more intensive medical/psychiatric services for related emotional/behavioral problems or family conditions which could jeopardize recovery • Assistance in accessing support services • Emergency medical services available • Referral to detox, if clinically necessary	Already provided	None needed. Service already provided

Milestone Criteria	Current State	Future State	Summary of Actions Needed
	• Specialized professional/medical consultation, and testing such as HIV and TB tests, and other laboratory work if needed • Biopsychosocial Assessment • Individualized treatment planning, with review at least every 30 days (where treatment is less than 30 days, the review shall occur every 15 days) • Individual therapy • Group therapy (group size: no larger than 12) • Couples therapy and/or family therapy (if appropriate) • Occupational and vocational counseling • Monitoring of medication, as needed • Physical exam • Development of discharge plan and plan for referral into continuum of care **Required Staff:** The required Staff in a Medically Managed Inpatient Residential facility are appointed according to the Joint Commission on the Accreditation of Hospital Organization's (JCAHO's) standard hospital practices. In addition, they must comply with DDAP staffing requirements. Additional staff may include SUD counselors or registered, certified SUD clinicians able to administer planned interventions according to the assessed needs of the individual.		

Milestone Criteria	Current State	Future State	Summary of Actions Needed
	Other SUD residential services listed below are currently provided under the 1915(b) "in-lieu" of authority for all ages, including children, in non-IMD settings (16 or less beds), and for permissible ages (under 21, and 65 and above years of age) in IMD settings. ➢ **Halfway House** (corresponding to ASAM Level 3.1). A**pplicable licensing regulations: Title 28 § 704, 705, 709.** Required Services and Support Systems include: • Physical exam • Regularly scheduled psychotherapy • Biopsychosocial Assessment • Specialized professional/medical consultation, and tests such as a psychiatric evaluation, HIV and TB testing, and other laboratory work, as needed • Individualized treatment planning, with reviews at least every 30 days • Development of a discharge plan and a plan for referral into continuum of care • Access to services for: vocational assessment, job readiness and job placement, GED preparation and testing, literacy and basic education tutoring, legal, medical and dental care, general health education (esp. AIDS awareness and support), budgeting, credit restoration, housing	Already provided /available (Expenditure authority requested under this 1115 Demonstration	None needed, service already provided/ available (Expenditure authority requested under this 1115 Demonstration)

Milestone Criteria	Current State	Future State	Summary of Actions Needed
	assistance, income support, and recreational/social activities (e.g. fitness, games, peer interaction). Recommended Services and Support Systems include (these services need to be provided in order for a halfway house to receive state/grant funds): • Peer group meetings (non-Medicaid) • Family therapy, if indicated by the individual's treatment plan (under in-lieu-of authority) • Educational or instructional groups (non-Medicaid).. **<u>Required Staff:</u>** The Required Staff in a halfway house include a director and counselor(s), and a clinical supervisor for every eight full-time counselors or counselor assistants, or both. The State of PA recognizes that, based on the agency size and profile, a single person may hold one or more of the above positions. Additional staff may include a clinical supervisor or lead counselor, social services counselor, a psychiatrist, a psychologist, a medical consultant, and any other health and human services staff or consultants (i.e. SUD counselors or other certified SUD clinicians) who may more effectively serve the facility's population.		

Milestone Criteria	Current State	Future State	Summary of Actions Needed
	➢ **Medically Monitored Short Term Residential** (corresponding to ASAM Level 3.5 or 3.7) A**pplicable licensing regulations: Title 28 § 704, 705, 709, 710, 711.** Note: While there are some population specific programs that would meet ASAM level 3.3, they are not widely available in the state at this time. Required Services and Support Systems include: • 24-hour observation, monitoring, and treatment • Emergency medical services available • Referral to detoxification, if clinically needed • Specialized professional/medical consultation, and tests such as HIV and TB testing, and other laboratory work, as needed • Biopsychosocial Assessment • Individualized treatment planning, with reviews at least every 30 days (where treatment is less than 30 days, review shall occur every 15 days) • Individual therapy • Group therapy (group size: no more than 12 members) • Couples therapy (if appropriate) • Family therapy (if appropriate) • Access to occupational and vocational counseling • Monitoring of medication, if necessary	Already provided/available (Expenditure authority requested under this 1115 Demonstration)	None needed, service already provided/available (Expenditure authority requested under this 1115 Demonstration)

Milestone Criteria	Current State	Future State	Summary of Actions Needed
	• Physical exam • Development of discharge plan and plan for referral into continuum of care • Access to services for: vocational assessment, job readiness and job placement, GED preparation and testing, literacy and basic education tutoring, legal, medical and dental care, general health education (esp. AIDS awareness and support), budgeting, credit restoration, housing assistance, income support, and recreational/social activities (e.g. fitness, games, peer interaction) Recommended Services and Support Systems include: • Case management (under in-lieu of authority), • Social services that allow the staff to assist with attendance monitoring, child care, transportation to treatment services, and the provision of stable shelter and other basic care needs (non-Medicaid) • Availability of conjoint treatment (Medicaid or in-lieu of) • Collaboration between the treatment team and various agencies for the coordinated provision of services (non-Medicaid). **Required Staff:** The required Staff in Medically Monitored Short Term Residential treatment		

Milestone Criteria	Current State	Future State	Summary of Actions Needed
	include a director and counselor(s), and a clinical supervisor for every eight full-time counselors or counselor assistants, or both. The State of PA recognizes that, based on the agency size and profile, a single person may hold one or more of the above positions. Additional staff may include a clinical supervisor or lead counselor, social services counselor, a psychiatrist, a psychologist, a medical consultant, and any other health and human services staff or consultants (i.e. SUD counselors or other certified SUD clinicians) who may more effectively serve the facility's population.		
	➢ **Medically Monitored Long Term Residential** (corresponding to ASAM Level 3.5) **Applicable licensing regulations: Title 28 § 704, 705, 709, 711.** Required Services and Support Systems include: • Regular, scheduled psychotherapy • Biopsychosocial Assessment • Specialized professional/medical consultation, and testing such as a psychiatric evaluation, HIV and TB tests, and other laboratory work, as needed • Individualized treatment planning, with reviews at least every 30 days • Access to services for: vocational assessment, job readiness and job placement, GED preparation and	Already provided/available (Expenditure authority requested under this 1115 Demonstration)	None needed, service already provided/available (Expenditure authority requested under this 1115 Demonstration)

Milestone Criteria	Current State	Future State	Summary of Actions Needed
	testing, literacy and basic education tutoring, medical and dental care, general health education (especially AIDS awareness and support), budgeting, credit restoration, housing assistance, income support, and recreational and social activities (e.g. fitness, games, peer interaction) • Monitoring of medication, as needed • 24-hour observation, monitoring, and treatment • Emergency medical services available • Referral to detoxification, if clinically necessary • Individual therapy • Couples therapy (if appropriate) • Family therapy (if appropriate) • Physical exam (within 48 hours expected, but no later than 7 days) • Development of discharge plan and plan for referral into continuum of care Recommended Services and Support Systems include: • Peer groups (non-Medicaid) • Educational/instructional groups (non-Medicaid) **Required Staff:** The required Staff in Medically Monitored Long Term Residential treatment include a director and counselor(s), and a clinical supervisor for every eight full-time counselors or counselor assistants, or both. The State of PA recognizes that, based on the		

Milestone Criteria	Current State	Future State	Summary of Actions Needed
	agency size and profile, a single person may hold one or more of the above positions. Additional staff may include a clinical supervisor or lead counselor, social services counselor, a psychiatrist, a psychologist, a medical consultant, and any other health and human services staff or consultants (i.e. SUD counselors or other certified SUD clinicians) who may more effectively serve the facility's population.		
Coverage of medically supervised withdrawal management	This is provided in **Medically Managed Inpatient Detoxification** (corresponding to ASAM Level 4 WM) covered by the state plan under *"Inpatient Services"* - see Attachment 3.1A/3.1B, Page 1b of the state plan. **Applicable licensing regulations: Title 28 § 704, 710.** Required Services and Support Systems include: • Assessment and treatment of adults with SUDs or addicted individuals with concomitant acute biomedical and/or emotional/behavioral disorders. Clinicians in this setting must be knowledgeable about the biopsychosocial dimensions of SUDs, biomedical problems, and emotional/behavioral disorders. • 24-hour physician availability • 24-hour primary nursing care and observation • Professional therapeutic services • Referral agreements among different LOC	Already provided	None needed. Service already provided

Milestone Criteria	Current State	Future State	Summary of Actions Needed
	• Biopsychosocial Assessment • Monitoring of medication, as needed • Health care education services • Services for families and significant others • Medication administered in accordance with the substance-specific withdrawal syndrome(s), other biomedical or psychiatric conditions, and recognized detoxification procedures • Comprehensive nursing exam upon admission • Physician-approved admission • Physician who is responsible for a comprehensive history (including drug and alcohol) and a physical examination within 24 hours following admission • Specific assessments performed on an individualized basis, with consideration of risk guiding the evaluation (because this population frequently suffers from communicable, infectious, or transmittable diseases). Furthermore, the facility must have appropriate policies and procedures for identification, treatment, and referral of individuals found to have such illnesses, in order to protect other individuals and staff from acquiring these diseases. **Required Staff:** The required Staff in a Medically Managed Inpatient Detox facility is		

Milestone Criteria	Current State	Future State	Summary of Actions Needed
	chosen according to the Joint Commission on the Accreditation of Hospital Organization's (JCAHO's) standard hospital practices. In addition, they must comply with DDAP staffing requirements. Additional staff may include trained clinicians, SUD counselors, or registered, certified SUD clinicians able to administer planned interventions according to the assessed SUD needs of the individual. This service is also provided in **Medically Monitored Inpatient Detoxification** (corresponding to ASAM Level 3.7 WM) – provided under the 1915(b) "in-lieu" of authority for all ages in non-IMD settings, and for permissible ages (under 21, and 65 and above years of age) in IMD settings as discussed below: **Applicable licensing regulations: Title 28 § 704, 705, 709, 711.** Required Services and Support Systems include: • 24-hour observation, monitoring, and treatment • Emergency medical services available • Referral to medically managed detox, if clinically appropriate • Specialized professional/medical consultation, and tests such as HIV and TB testing, and other laboratory work, as needed • Biopsychosocial Assessment	Already provided/available (Expenditure authority requested under this 1115 Demonstration)	None needed. Service already provided/available (Expenditure authority requested under this 1115 Demonstration)

Milestone Criteria	Current State	Future State	Summary of Actions Needed
	• Monitoring of medication, as needed • Development of discharge plan, and plan for referral into continuum of care • Medications ordered by a licensed physician and administered in accordance with the substance-specific withdrawal syndrome(s), other biomedical or psychiatric conditions, and recognized detoxification procedures • Physical examination by a physician within 24 hours following admission, or a physical examination which was conducted within 7 days prior to admission, and was evaluated by the facility physician within 24 hours following admission • Specific assessments performed on an individualized basis, with consideration of risk guiding the evaluation (because population frequently suffers from communicable, infectious, or transmittable diseases). Furthermore, the facility must have appropriate policies and procedures for identification, treatment, and referral of individuals found to have such illnesses, in order to protect other individuals and staff from acquiring these diseases. • Access to services for: vocational assessment, job readiness and job placement, GED preparation and		

Milestone Criteria	Current State	Future State	Summary of Actions Needed
	testing, literacy and basic education tutoring, legal, medical and dental care, general health education (esp. AIDS awareness and support), budgeting, credit restoration, housing assistance, income support, and recreational/social activities (e.g. fitness, games, peer interaction) Recommended Services and Support Systems include: • 24-hour physician available by telephone (non-Medicaid) • Alcohol- or drug-focused nursing assessment by a registered nurse upon admission (in-lieu-of) • Professional counseling services available 12 hours a day, provided by appropriately qualified staff (in-lieu-of) • Health education services (non-Medicaid) • Clinical program activities designed to enhance the individual's understanding of his/her SUD (in-lieu-of) • Family/significant other services, as appropriate (non-Medicaid). **Required Staff:** The required Staff at a medically monitored inpatient detox facility include a director and counselor(s), and a clinical supervisor for every eight full-time counselors or counselor assistants, or both. The State of PA recognizes that, based on the agency size and profile, a single person may hold one or more of the above positions.		

Milestone Criteria	Current State	Future State	Summary of Actions Needed
	Additional staff may include a clinical supervisor or lead counselor, social services counselor, a psychiatrist, a psychologist, a medical consultant, and any other health and human services staff or consultants (i.e. SUD counselors or other certified SUD clinicians) who may more effectively serve the facility's population.		

References for Milestone 1

- **Title 28 § 704 – Staffing Requirements for Drug and Alcohol Treatment Facilities:** https://www.pacode.com/secure/data/028/chapter704/chap704toc.html
- **Title 28 § 705 – Physical Plant Standards:** https://www.pacode.com/secure/data/028/chapter705/chap705toc.html
- **Title 28 § 709 – Standards for Licensure of Freestanding Treatment Facilities:** https://www.pacode.com/secure/data/028/chapter709/chap709toc.html
- **Title 28 § 710 – Drug and Alcohol Services** (Inpatient Hospital)**:** https://www.pacode.com/secure/data/028/chapter710/chap710toc.html
- **Title 28 § 711 – Standards for Certification of Treatment Activities Which Are Part of a Health Care Facility:** https://www.pacode.com/secure/data/028/chapter711/chap711toc.html
- **Title 28 § 715 – Standards for Approval of Narcotic Treatment Programs:** https://www.pacode.com/secure/data/028/chapter715/chap715toc.html
- **Pennsylvania Client Placement Criteria (PCPC)- contains detailed information about all services / levels of care as well as staffing requirements for each level of care:** http://www.ddap.pa.gov/Manuals/PA%20Client%20Placement%20Criteria%20(PCPC)%20Edition%203%20Manual.pdf

Milestone 2: Use of Evidence-based, SUD-specific Patient Placement Criteria

(Please also see Section V: Appropriate Standards of Care)			
Milestone Criteria	**Current State**	**Future State**	**Summary of Actions Needed**
Implementation of requirement that providers assess treatment needs based on SUD-specific, multi-dimensional assessment tools that reflect evidence-based clinical treatment guidelines	Pennsylvania currently uses PCPC[1], which is a set of guidelines designed to provide clinicians with a basis for determining the most appropriate care for individuals with SUDs. PCPC uses a multidimensional (six dimensions – Acute Intoxication and Withdrawal; Biomedical Conditions and Complications; Emotional/Behavioral Conditions and Complications; Treatment Acceptance/Resistance; Relapse Potential; Recovery Environment) approach in interpreting the information gathered through assessment.	The state is replacing PCPC with ASAM effective July 1st, 2018. DDAP has published on their website all information and timelines pertaining to transition to ASAM. Behavioral Managed Care contracts effective July 1, 2018 will contain language affirming this requirement.	Here's a timeline/summary of the actions that have already been taken/or remain to be taken in order to transition to ASAM by July 1st, 2018: **February/March 2017**: Pennsylvania made the decision to transition from PCPC to The ASAM Criteria and stakeholders were notified. **April – present**: Initiated an FAQ for the field regarding transition updates and concerns. Posted to DDAP's website. **April – May 2017**: Conducted a training survey to the field to determine impact and training need for the state. **April – May 2017:** Announced the

[1] "Pennsylvania's Client Placement Criteria," Third Edition (2014). Available at: http://www.ddap.pa.gov/Manuals/PA%20Client%20Placement%20Criteria%20(PCPC)%20Edition%203%20Manual.pdf

			discontinuation of the PCPC training. **May 2017:** Summarized survey data for training considerations and planning purposes. **May 2017**: Convened the ASAM Transition Workgroup with various subcommittees to explore the implications of the transition. **June 2017**: PA's ASAM Transition Workgroup participated in a 2-day, in-person ASAM training with *The Change Company*. **August – Present:** Ongoing internal reviews of Pennsylvania Web Infrastructure for Treatment Services (PA WITS) screening and assessment tools, licensing regulations, contractual language (DDAP's Treatment Manual) to determine any conflicts or areas of concern to address as a department or with the ASAM Transition Workgroup. **Current:** OMHSAS, in collaboration with DDAP is exploring options to

			support providers in the transition to the use of ASAM. This includes reviewing funding sources that may be utilized to support the training costs, recommending to providers that they identify the key staff that need to be trained, and collaborating regionally to schedule trainings for cost effectiveness. **May 2018:** Guidance for application of ASAM in PA released. **July 1, 2018:** Target date for transition to ASAM.
Implementation of a utilization management approach such that (a) beneficiaries have access to SUD services at the appropriate level of care	HealthChoices Managed Care contracts have access standards for services in all of the MCO agreements. These access standards will apply to 1115 Demonstration Waiver services as well: The provider network must provide face-to-face treatment intervention within one hour for emergencies, within twenty-four (24) hours for urgent situations, and within seven (7) days for routine appointments and for specialty referrals.	Pennsylvania will continue to contractually enforce current access standards.	Pennsylvania will continue to contractually enforce the current access standards. No other action needed.

	Please also see "Utilization Management" under **Section X: Benefit Management.**	Pennsylvania will be replacing PCPC with ASAM effective July 1st, 2018.	
Implementation of a utilization management approach such that (b) interventions are appropriate for the diagnosis and level of care	Pennsylvania statute, Act 152 of 1988 requires the utilization of placement criteria approved by DDAP to address the type, level, and length of stay in treatment for individuals SUD. HealthChoices contracts and DDAP Treatment Manual require that assessment be done within 7 days, and mandates the use of PCPC to determine the level of care. Please also see "Utilization Management" under **Section X: Benefit Management.**	Beginning July of 2018, Pennsylvania will replace PCPC with ASAM as the tool to determine the level of care and interventions needed.	Please see the actions outlined in the beginning of this table.
Implementation of a utilization management approach such that (c) there is an independent process for reviewing placement in residential treatment settings	The BH-MCO is required to coordinate service planning and de-livery with human services agencies. The BH-MCO is required to have a letter of agreement with the county Drug & Alcohol agency that include procedures for coordination with the SCA for placement and payment for care provided to members in residential treatment facilities outside the HC zone.	Will continue to follow the current processes.	No action needed

	Managed Care contracts require prior approval for residential services, independently reviewed by a clinician and medical director. Please also see "Utilization Management" under **Section X: Benefit Management.**		

Milestone 3: Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities

Milestone Criteria	Current State	Future State	Summary of Actions Needed
Implementation of residential treatment provider qualifications in licensure requirements, policy manuals, managed care contracts, or other guidance. Qualification should meet program standards in the ASAM Criteria or other nationally recognized, SUD-specific program standards regarding, in particular, the types of services, hours of clinical care, and credentials	Pennsylvania regulations, Title 28 § 704 available at https://www.pacode.com/secure/data/028/chapter704/chap704toc.html outlines the staffing requirements and qualifications of various staff positions for drug and alcohol treatment activities. Required full-time equivalents (FTE) for **Medically Monitored Residential** settings is one FTE counselor for every eight clients. Pennsylvania regulations, Title 28 § 709 – Subchapter E: *Standards for Inpatient Nonhospital Activities – Residential Treatment and Rehabilitation* outlines the standards for licensure of all Medically Monitored Residential Treatment settings (comparable to ASAM levels 3.1 through 3.7). Available at: https://www.pacode.com/secure/data/028/chapter709/subchapEtoc.html I residential facilities operate 24/7 and provide clinical treatment on a structured schedule, including individual, group, family therapy, medication monitoring, psychoeducational groups, recovery support services.	Will provide residential services to comply with ASAM criteria.	Pennsylvania has completed the cross walk of the ASAM criteria with our current system of care, including types of service, hours of clinical care and credentials of staff. Additionally, to assist the field in correctly applying ASAM, DDAP has developed an application guidance for PA's current substance use system. While PA will begin to utilize The ASAM Criteria's for admission determination of level of care on July 1, 2018, other details of aligning PA's SUD system of care (services, hours of service, staff credentials, etc.) with the ASAM Criteria will be an ongoing process

of staff for residential treatment settings	Pennsylvania regulations, Title 28 § 711 outlines the *Standards for Certification of Treatment Activities which are a Part of a Health Care Facility.* Available at: https://www.pacode.com/secure/data/028/chapter711/chap711toc.html		beyond July 2018 and is expected to be completed within 24 months of the demonstration approval. **PCPC to ASAM Crosswalk available at:** http://www.ddap.pa.gov/Professionals/Documents/ASAM%20Crosswalk%20final.pdf. **Guidance for application of ASAM in PA's SUD system of care:** http://www.ddap.pa.gov/Professionals/Documents/ASAM%20Application%20Guidance%20Final.pdf.
Implementation of a state process for reviewing residential treatment providers to ensure compliance with these standards	All residential settings are licensed by DDAP on an annual basis. Complaints regarding facilities require an immediate onsite review by DDAP. Annual site inspections are conducted for all levels of care. The inspections include but not limited to the follow: a. Physical plant inspection b. Client chart review (hours of care, services provided included here among other things) c. Personnel (staffing) chart review (credentials of staff included here) d. Level of care specific P&P	DDAP will continue to license the residential settings and ensure compliance with the standards.	Aligning PA's SUD system of care (services, hours of service, staff credentials, etc.) with the ASAM criteria will be an ongoing process beyond July 2018 and is expected to be completed within 24 months of the demonstration approval.

	e. Medication review (if applicable) f. Direct observation of services g. Staff and client interviews Licensing procedures are outlined in Pennsylvania regulations, Title 28 § 709 – Subchapter B available at: https://www.pacode.com/secure/data/028/chapter709/subchapBtoc.html **Clicking on any county on the map in this link will show the providers in the county and the licensing surveys associated with each provider and other related information**: http://sais.health.pa.gov/commonpoc/Content/PublicWeb/DAFind.aspx		
Implementation of requirement that residential treatment facilities offer MAT on-site or facilitate access off site	Facilities may be licensed to provide treatment approaches using a primary medication other than for detoxification. Licensing regulations also require the facilities to coordinate in obtaining other benefits as needed. As per the revised language in the DDAP Treatment Manual, Medication and clinical, therapeutic interventions should be available in all levels of care across the continuum, even if the SUD treatment provider is not the prescriber of the medication. If MAT is needed, the provider will ensure that the clients' needs are met directly or through an appropriate referral to a prescriber and may not preclude the admission of individuals on MAT into services. In May 2018, DDAP issued "Guidance for Application of ASAM in Pennsylvania's SUD System of Care" that addresses the availability of	The current regulations, which are the minimum standards, will stay in place. Additionally, as outlined in the "Guidance for Application of ASAM in Pennsylvania's SUD System of Care" issued in May 2018, it is DDAP's expectation that clients will be treated as individuals, and	DDAP has revised the Treatment Manual to reflect the guidance referenced in the second column.

	MAT across the continuity of care, including residential treatment (please see page 25, bullets 3 and 4). This documents is available at http://www.ddap.pa.gov/Professionals/Documents/ASAM%20Application%20Guidance%20Final.pdf.	if medication is needed, that the provider will ensure that the clients' needs are met. (please see the link to this document in the previous column). DDAP has revised the Treatment Manual to reflect this guidance.	

Milestone 4: Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD

Milestone Criteria	Current State	Future State	Summary of Actions Needed
Completion of assessment of the availability of providers enrolled in Medicaid and accepting new patients in the following critical levels of care throughout the state (or at least in participating regions of the state) including those that offer MAT:	This is a link to a searchable database of all D&A facilities in the Commonwealth: http://sais.health.pa.gov/commonpoc/Content/PublicWeb/DAFind.aspx **HealthChoices Managed Care contracts will require the following access standards for 1115 Demonstration Waiver services:** The Provider network must provide face-to-face treatment intervention within one hour for emergencies, within twenty-four (24) hours for urgent situations, and within seven (7) days for routine appointments and for specialty referrals. The BH-MCOs monitor their provider network to ensure capacity to serve their members, and expand their network as needed.	Will continue to ensure that access standards are met and required capacity is available.	None needed
• **Outpatient Services;** • **Intensive Outpatient Services;**	The Commonwealth has 802 licensed Outpatient and Intensive Outpatient facilities with capacity to serve 91863 individuals. Additionally, there are 177 SUD Partial Hospitalization programs that can serve 4738 individuals.		
• **Medication Assisted Treatment (medications as well as counseling**	In November 2017, outpatient maintenance was provided by 75 providers serving 30291 individuals.		

and other services);	Since 2002 till January 2018, 3717 Pennsylvania physicians have been certified under DATA 2000, with 2725 of those certified to treat up to 30 patients and the remaining 992 certified to treat up to 100 patients[Error! Bookmark not defined.] . Vivitrol can be administered by any licensed physician.		
• **Intensive Care in Residential and Inpatient Settings;**	Pennsylvania has 250 licensed facilities that provide intensive care in residential and inpatient settings, with a capacity to serve 10,071 individuals.		
• **Medically Supervised Withdrawal Management**	Pennsylvania has 87 licensed Detoxification facilities in various levels of care serving 1783 individuals.		

Milestone 5: Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD

Milestone Criteria	Current State	Future State	Summary of Actions Needed
Implementation of opioid prescribing guidelines along with other interventions to prevent opioid abuse	The Commonwealth has taken significant steps to improve prescribing practices for opioids. DOH and the DDAP have lead roles in the ***Safe and Effective Prescribing Practices Task Force***. The task force membership is drawn from various state agencies, representatives from medical associations, provider advocates and community members. **The task force developed and adopted guidelines for ten medical specialties on the safe and effective use of opioids in the treatment of pain**. The following link provides those guidelines: http://www.health.pa.gov/My%20Health/Diseases%20and%20Conditions/M-P/opioids/Pages/Prescribing-Guidelines.aspx#.WIZm5K8o5iz. Pennsylvania's Medical Assistance fee for service (FFS) system requires prior authorization of all short acting opioids for prescriptions that exceed a 3 day supply for children under 21 (within the past year) or a 5 day supply for adults 21 and older (within the past 6 months). All long acting opioids require prior authorization. Quantity limits are based on 50 MME (morphine milligram equivalents) per day. The Department requires that the managed care organizations implement the same prior authorization guidelines for certain drug classes, including opioids. All other prior authorization policies developed by the MCOs	Will continue to ensure the efficacy of the opioid prescribing guidelines.	None needed at this time.

	must be reviewed and approved by the Department prior to implementation and at least annually. Automated approval applies at the pharmacy point of sale for beneficiaries with diagnosis of active cancer, sickle cell crisis, neonatal abstinence syndrome, or if the beneficiary is receiving palliative care or hospice services. If the conditions are not identified in the claims history, approval is issued for the opioid through the prior authorization process. These guidelines for medical necessity apply in both the Medicaid FFS and MCO delivery systems. Pennsylvania's Medical Assistance FFS Preferred Drug List is available at **https://papdl.com/sites/default/files/ghs-files/Penn%20PDL%2007252017%20v2017_1g.pdf** (see page 33 for **Oncology Agents** and page 35 for **Opiate Dependence Treatments**). This also contains links to *Prior Authorization Guidelines, Quantity Limits Lists,* and *Prior Authorization Forms.* Managed care organizations can develop their own formulary/preferred drug list that must be submitted to the Department for review and approval prior to implementation. Additionally, the following link provides a searchable database for all drugs available in the Medical Assistance Preferred Drug List, with information on any *prior authorization requirements, preferred/non-preferred, quantity limits* etc.: **http://www.dhs.pa.gov/publications/forproviders/schedules/drugfeeschedule/index.htm.**		

Expanded coverage of, and access to, naloxone for overdose reversal	Pennsylvania's Act 139 of 2014 allows first responders including law enforcement, fire fighters, EMS or other organizations the ability to administer naloxone to individuals experiencing an opioid overdoes. The law also allows individuals such as friends or family members that may be in a position to assist a person at risk of experiencing an opioid related overdose to obtain a prescription for naloxone. This legislation also provides immunity from prosecution for those responding to and reporting overdoses. The Commonwealth has made naloxone available for any Pennsylvanian. Individuals can go to a participating pharmacy and secure naloxone for themselves or a family member under Commonwealth's Physician General's standing order for prescription available at: http://www.health.pa.gov/My%20Health/Diseases%20and%20Conditions/M-P/opioids/Documents/General%20Public%20Standing%20Order-001-2018.pdf	This order will be reviewed and updated as needed, if there is relevant new science about Naloxone administration. Even if no new science on this becomes available, the standing order will be reviewed and updated if needed, in at least in 4 years from the effective date of 01/10/2018. This standing order does not specifically address if it will be renewed every 4 years after that or not.	None needed at this time.
Implementation of strategies to increase utilization and improve	The following is a discussion of the activities undertaken by Pennsylvania's PDMP office: **Mass communication and Outreach**	The seven education modules discussed in the previous	The Commonwealth will continue to monitor practices and

functionality of prescription drug monitoring programs	Starting May 2016, PDMP office conducted several communication and outreach activities to all the prescribers and dispensers in PA. Additionally, the office partnered with the professional medical societies and associations, and executive leadership of the health care entities to send communications about the launch of the PDMP system, tutorials on how to use the PDMP system and identify red flags, etc. With the continued efforts, PA PDMP saw uptake in the registration and use of the system. As of Dec 2017, there are about 97,000 registered users of the system and on an average about 52,000 patient queries are conducted each day, with over 1.1 million patient searches completed by the users each month. The outreach activities included: • E-mail blasts • Online tutorials • Mass mailings • Online video resources • Conference booths at various professional societies • Social media, radio and TV PSAs • Webinars • Outreach through medical professional societies and state licensing boards • PA – Health Alerts Network (PA-HAN) • County and municipal health department outreach **Ensuring all authorized users can assign delegates** To ease the burden on the licensed medical professionals such as the prescribers and dispensers, PA PDMP allowed the authorized users to assign delegates that can run the patient searches on behalf of them. This is a very	column under *PDMP and Opioid Prescriber Education Initiative* will be available early Q1 2018 for prescriber and dispenser face to face education as well as through online training, and continuing medical education units (CME) will be provided. More information will be posted on www.doh.pa.gov/PDMP	needs and take steps as needed.

	important feature especially when providers are busy addressing patient health concerns. This feature has overall improved the clinical workflows for the providers. **<u>Interstate data sharing capability</u>** Right after the launch of the PA PDMP system, the Commonwealth worked towards interstate data sharing with the neighboring states. This allows users of the PA PDMP system to search for their patients across state lines. The states that are now connected also allow their respective states to search PA PDMP system for their patients. This functionality is especially critical for the health care practices where they are closely bordered to another state and their patients are traveling across state line to locate multiples providers and pharmacies for controlled substances. These multiple provider episodes (doctor shopping) can be reduced or eliminated if providers have access to their patient's prescription history from bordering states. In Pennsylvania, patients that went to 5+ prescribers and 5+ pharmacies in the span of 3 months have been reduced to 86% since the launch of the PA PDMP system. Additionally, patients that went to 10+ prescribers and 10+ pharmacies in the span of 3 months have been completely eliminated. As of December 2017, PA PDMP is now connected with CT, DE, IL, LA, MA, MD, ME, MN, NJ, NY, OH, OK, SC, TX, VA, WV and Washington D.C. **<u>Registration and query requirements of PA PDMP</u>** *Achieving Better Care by Monitoring All Prescriptions Program* (ABC-MAP) Act 191 of 2014 legislation required prescribers to query the PDMP		

	system 1) before they prescriber any new controlled substances to their patients or 2) if they have reason to believe that their patients are involved in abuse, misuse or diversion of controlled substances. In November 2016, the legislation required all the licensed prescribers and dispensers to register with the program. With the effective date of Jan 1, 2017, PA PDMP system registrants increased. The use of the system almost doubled since the effective date. Additional query requirements were included for both prescribers and dispensers. Prescribers were now required to check the PDMP system each time they prescribe opioids or benzodiazepine. Dispensers shall query the PDMP before dispensing an opioid drug product or a benzodiazepine prescribed to a patient if any of the following apply: 1) The patient is a new patient of the dispenser. 2) The patient pays cash when they have insurance. 3) The patient requests a refill early. 4) The patient is getting opioid drug products or benzodiazepines from more than one prescriber. **Integrate the PA PDMP system with Electronic Health Record (EHR) and Pharmacy Management System (PMS)** The Pennsylvania Department of Health (DOH) is integrating the Prescription Drug Monitoring Program (PDMP) system into electronic health records and pharmacy systems across the commonwealth. The goal is to minimize any workflow disruption by providing near-instant and seamless access to critical prescription history information to both prescribers and pharmacists. All health care entities in Pennsylvania legally authorized to prescribe, administer or dispense controlled substances are eligible to apply for		

	integration. This includes ambulatory care units, acute care facilities, emergency care units, physician practices, pharmacies, drug treatment facilities and others. Once the integration with the health care entities that use the Certified Electronic Health Record Technology (CEHRT) is successfully completed, the Eligible Professionals (Eps) and Eligible Hospitals (EHs) also meet the definition of a Meaningful Use (MU) Stage 2 specialized registry. **PDMP and Opioid Prescriber Education Initiative** PA PDMP Office developed an Education Workgroup that consisted of PA Physician General's Office, staff from Department of Drug and Alcohol Programs, members of the ABC-MAP Advisory Committee, members of two Single county authority that help refer patients to treatment programs, health care administrators, pharmacists and physicians. The purpose of this workgroup was to provide recommendations to the PA PDMP office on the creation and development of innovative and evidence-based education materials for prescribers and dispensers. The workgroup prioritized four topics that consisted of 1) how to effectively build the PDMP system into clinical workflows, 2) how to effectively use the PDMP data to make informed clinical decisions and refer patient to treatment, 3) how to safely taper high doses of opioids to recommended levels, and 4) how to create a culture of change and promote the above strategies in their respective clinical settings. Using these topics, the PDMP Office partnered with University of Pittsburgh and developed seven education		

	modules that consisted of pocket cards, flow diagrams, resource flyers and guide documents.		
Other	Please see **Section XII: Strategies to Address Prescription Drug Abuse** and **Section XIII: Strategies to Address Opioid Use Disorder**		

Milestone 6: Improved Care Coordination and Transitions between Levels of Care

Milestone Criteria	Current State		Summary of Actions Needed
Implementation of policies to ensure residential and inpatient facilities link beneficiaries with community-based services and supports following stays in these facilities	Please see Section VII: Care Coordination Design Additionally, Pennsylvania regulations **Tittle 28 § 709.52. Treatment and Rehabilitation services** is available at https://www.pacode.com/secure/data/028/chapter709/s709.52.html require that the Individual Treatment and Rehabilitation Plan include information about the various support services needed.	Already meeting the requirement	None needed
Additional policies to ensure coordination of care for co-occurring physical and mental health conditions	Please see the discussion on CCBHCs Based on a person and family-centered plan of care aligned with the requirements of Section 2402(a) of the ACA and aligned with state regulations and consistent with best practices, the CCBHC coordinates care across the spectrum of health services, including access to high-quality physical health (both acute and chronic) and behavioral health care, as well as social services,	The Commonwealth will review data from CCBHCs and decide on any future steps. The evaluation of Pennsylvania's CCBHC Demonstration is accomplished in two ways. A quality dashboard has been developed to allow the CCBHCs to submit data on three identified goals	The Commonwealth will review data from CCBHCs.

	housing, educational systems, and employment opportunities as necessary to facilitate wellness and recovery of the whole person.	(30+ measures). This data is reviewed on a quarterly basis and shared with all the clinics and stakeholders at quarterly meetings. Data is also collected through encounter submission for the 21 CCBHC measures required by the Demonstration. The External Quality Review Organization will assist Pennsylvania in validating these measures. This data will also be shared with stakeholders.	

Attachment A – Template for SUD Health Information Technology (IT) Plan

Section I.

Table 1. State Health IT / PDMP Assessment & Plan

Milestone Criteria	Current State	Future State	Summary of Actions Needed
5. Implementation of comprehensive treatment and prevention strategies to address Opioid Abuse and OUD, that is: --Enhance the state's health IT functionality to support its PDMP; and --Enhance and/or support clinicians in their usage of the state's PDMP.	**Provide an overview of current PDMP capabilities, health IT functionalities to support the PDMP, and supports to enhance clinicians' use of the state's health IT functionality to achieve the goals of the PDMP.**	**Provide an overview of plans for enhancing the state's PDMP, related enhancements to its health IT functionalities, and related enhancements to support clinicians' use of the health IT functionality to achieve the goals of the PDMP.**	**Specify a list of action items needed to be completed to meet the HIT/PDMP milestones identified in the first column. Include persons or entities responsible for completion of each action item. Include timeframe for completion of each action item**
Prescription Drug Monitoring Program (PDMP) Functionalities			
Enhanced interstate data sharing in order to better track patient specific prescription data	The PDMP is connected to an interstate sharing hub (PMP Interconnect) and is actively sharing with 16 other states and Washington DC.	PDMP routinely analyzes data to see if patients are traveling from other states to Pennsylvania for prescriptions. As this analysis continues, and if patients are coming from other states, the Commonwealth will work towards interconnecting with those states.	None needed at this time.
Enhanced "ease of use" for prescribers and other state and federal stakeholders	The PDMP has a user-friendly web portal for prescribers, dispensers and their delegates.	Already in place	None needed at this time.

	Additionally, it has the option to integrate one's EHR or pharmacy management system with the PDMP to minimize any workflow disruption. It provides near-instant and seamless access to critical prescription history information to both prescribers and pharmacists.		
Enhanced connectivity between the state's PDMP and any statewide, regional or local health information exchange (HIE)	The PDMP Office is not yet connected to an HIE.	The PDMP Office is actively working with the PA eHealth Partnership to establish a connection to the Public Health Gateway (PHG). The pilot is expected to be implemented in the Spring of 2018.	1. Establish connection from PHG to PDMP (3 weeks) • Configure (1 week) • Test (1 week) • Production (1 week) 2. Establish connection from HIO to PHG (8 weeks) • Evaluate options and determine scope of work (2 weeks) • Design and Develop (4 weeks) • Test (1 week) • Production (1 week)

			Responsible organization: PA eHealth Partnership
Enhanced identification of long-term opioid use directly correlated to clinician prescribing patterns[1] (see also "Use of PDMP" #2 below)	The PDMP Office does not currently utilize predictive analytic capabilities relating to predicting long-term opioid use.	The PDMP Office will evaluate the feasibility of utilizing predictive analytics to forecast increased risk of long-term opioid use based on initial prescribing characteristics.	The epidemiologist and statistician from the PDMP Office will evaluate the feasibility of this by Q2 2018.
Current and Future PDMP Query Capabilities			
Facilitate the state's ability to properly match patients receiving opioid prescriptions with patients in the PDMP (i.e. the state's master patient index (MPI) strategy with regard to PDMP query)	The PDMP vendor uses an algorithm that automatically links patient records (coming from pharmacies) based on name, DOB, zip code, and street address.	N/A	N/A
Use of PDMP – Supporting Clinicians with Changing Office Workflows / Business Processes			
Develop enhanced provider workflow / business processes to better support clinicians in accessing the PDMP prior to prescribing an opioid or other controlled substance to address the issues which follow	The PDMP Office partnered with a university to develop evidence-based educational materials including a module on integrating the PDMP into the provider workflow. These materials will soon be available online (with continuing education credits offered) and taught during in-person sessions at hospitals, clinics, and provider offices.	See the previous column.	None needed at this time.

	EHR Integration The PDMP Office has a contract with Appriss to integrate the PDMP system into electronic health records and pharmacy systems across the commonwealth. The goal is to minimize any workflow disruption by providing near-instant and seamless access to critical prescription history information to both prescribers and pharmacists. DOH is covering the subscription fees associated with using the integration service for every health care entity in Pennsylvania that elects to connect its health IT system to the PDMP until August 31, 2019. All health care entities in Pennsylvania legally authorized to prescribe, administer or dispense controlled substances are eligible to apply for integration. As of 5/11/2018, we have integrated with 23 pharmacy stores as well as 65 private practices, 4 health systems, and 1		

	independent hospital, representing over 8835 providers. **<u>Education Milestones accomplished to date:</u>** **May 2017:** Contracted with University of Pittsburgh to develop prescriber education curriculum. **July 2017:** Beta testing and presentation of materials to education workgroup for review and feedback. **October 2017 – January 2018:** Review of all created education materials: multiple edits, updates and revisions completed. **February 2018:** 1. Finalized curriculum titled: Evidence-Based Prescribing: Tools You Can Use to Fight the Opioid Epidemic consisting of seven modules. 2. CME accreditation secured through University of Pittsburgh Medical Center – each		

	module approved for 1.0 AMA PRA Category 1 Credit™ 3. Contracted with University of Pittsburgh to create online webinars. **March 2018:** 1. Printed educational modules 2. On-site education began with a pilot session in Washington County. **April 2018:** 1. Final review and testing of online webinars completed. 2. Continued on-site education in first round of priority counties. **May 2018:** 1. Online courses offered free of charge on PA TRAIN. 2. PDMP education webpage created to house all materials. 3. On-site education completed as of 5/18/18: a. Number of sessions completed:		

	18 in 7 out of the first 15 priority counties b. Number of providers educated: 58 c. Total number of participants educated: 96 (includes providers, other licensed healthcare professionals and administrative staff)		
Develop enhanced supports for clinician review of the patients' history of controlled substance prescriptions provided through the PDMP—prior to the issuance of an opioid prescription	The PDMP system currently provides a patient's controlled substance history and calculates the patient's total morphine milligram equivalence (MME) per day as well as the MME for every medication.	The PDMP system will soon generate email alerts to prescribers and dispensers when their patients meet any of the following: multiple provider threshold, daily MME threshold, or has active concurrent opioid & benzodiazepine prescriptions. These alerts will also be prominently displayed on PDMP reports.	Requirements were finalized and send to the PDMP system vendor on 1/3/2017. Awaiting a change order. No specific timeline has been established yet. Target is Q2 2018.
Master Patient Index / Identity Management			

Enhance the master patient index (or master data management service, etc.) in support of SUD care delivery.	The PDMP system already uses an algorithm that automatically links patient records (coming from pharmacies) based on name, DOB, zip code, and street address.	See the previous column	No action needed at this time
Overall Objective for Enhancing PDMP Functionality & Interoperability			
Leverage the above functionalities / capabilities / supports (in concert with any other state health IT, TA or workflow effort) to implement effective controls to minimize the risk of inappropriate opioid overprescribing and to ensure that Medicaid does not inappropriately pay for opioids	The PDMP Office is cooperating with the Department of Human Services to provide them with data to aid them in their efforts to implement effective controls to minimize the risk of inappropriate opioid overprescribing—and to ensure that Medicaid does not inappropriately pay for opioids.	Already in place.	None needed at this time.

Attachment A - Section II – Implementation Administration

Please provide the contact information for the state's point of contact for the SUD Health IT Plan.

Name and Title: Meghna Patel, Director PDMP Office.
Telephone Number: 717-547-3144
Email Address: megpatel@pa.gov

Attachment A - Section III – Other Relevant Documents

Pennsylvania is providing additional information below as requested by the Office of the National Coordinator for health Information Technology (ONC):

1. Pennsylvania has a sufficient health IT infrastructure/ecosystem at every appropriate level (i.e. state, delivery system, health plan/MCO and individual provider) to achieve the goals of the demonstration.

2. Pennsylvania's SUD Health IT Plan is aligned with the state's broader State Medicaid Health IT Plan (SMHP).

3. Pennsylvania will include in its July 2019 behavioral health managed care contract amendments the requirement to use health IT standards referenced in 45 CFR 170 Subpart B and the Interoperability Standards Advisory (ISA).

4. Within 90 days of the approval of this Implementation Plan, Pennsylvania will adopt, as mutually agreed upon with the federal government, appropriate performance metrics to monitor the SUD HIT Plan.