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

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

State	Pennsylvania
Demonstration Name	Coverage for Former Foster Care Youth from a Different State and Substance Use Disorder Demonstration
Approval Date	June 28, 2018
Approval Period	July 1, 2018 through September 30, 2022
SUD (or if broader demonstration, then SUD Related) Demonstration Goals and Objectives	Under this demonstration, the State expects to achieve the following: Objective 1. Increase rates of identification, initiation, and engagement in treatment. Objective 2. Increase adherence to and retention in treatment. Objective 3. Reduce overdose deaths, particularly those due to opioids. Objective 4. Reduce utilization of emergency department and inpatient hospital settings for treatment where the utilization is preventable or medically inappropriate through improved access to other continuum of care services. Objective 5. Fewer readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate. Objective 6. Improve access to care for physical health conditions among beneficiaries.

2. Executive Summary

During the reporting period, Pennsylvania Department of Human Services has made progress on implementation of the SUD component of the 1115 demonstration waiver. The following are highlights of activities January 1, 2019 through March 31, 2019.

- The Commonwealth continues to work toward completing tasks on the implementation work plan. Several work groups meet weekly to discuss all aspects of the SUD 1115 project.
- The Commonwealth formally requested and received date adjustments for the DY1Q1 and DY1Q2 Monitoring Reports from December 31, 2018 to March 14, 2019. The reports were drafted and submitted to CMS on March 13, 2019.
- The Commonwealth finalized the draft evaluation design and submitted the plan to CMS on March 31, 2019.
- Monitoring Protocol:
  - The Commonwealth held meetings with the EQRO, PeopleStat (part of the Department of Public Welfare), the Department of Drug and Alcohol Programs and Mercer (the independent evaluator) to review required performance measure specifications and discuss the evaluation design and waiver milestones.
  - Pennsylvania and its contractors have completed service and coding crosswalks to ensure that the performance measures are calculated consistently.
  - The deviations in coding and programming from the CMS specifications for performance measures based on factors such as data availability and Pennsylvania specific coding practices were identified, evaluated and documented.
  - In addition, OMHSAS met with the Prescription Drug Monitoring Program team to select the HIT performance measures.
  - A reporting schedule of performance measures was developed.
  - The Commonwealth drafted and submitted the Monitoring Protocol. The Monitoring Protocol was submitted to CMS on May 15, 2019.
  - The Commonwealth has begun programming the performance metrics through PeopleStat.

3. Narrative Information on Implementation, by Reporting Topic

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
1.2 Assessment of Need and Qualification for SUD Services			
1.2.1 Metric Trends			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.			
☒ The state has no metrics trends to report for this reporting topic.			
1.2.2 Implementation Update			
Compared to the demonstration design details outlined in the Special Terms and Conditions (STCs) and implementation plan, have there been any changes or does the state expect to make any changes to: A) the target population(s) of the demonstration? B) the clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration?			No changes to the target population or clinical criteria are anticipated at this time. The Commonwealth is currently working on programming reports to calculate the metrics associated with this Milestone. During DY1Q3, Pennsylvania and its contractors have completed service and coding crosswalks to ensure that individuals are assessed and qualified for SUD treatment using ASAM Patient Placement Criteria. The deviations in coding, programming and calculation of performance measures were evaluated and documented to ensure consistent calculation with national specifications. The Commonwealth is currently not aware of any issues with individuals being assessed and qualified for SUD treatment as previous service definitions are still being utilized.

Are there any other anticipated program changes that may impact metrics related to assessment of need and qualification for SUD services? If so, please describe these changes.			The Department of Drug and Alcohol Programs (DDAP) issued guidance to the county contracted providers to use the ASAM admission criteria as of May 1, 2018 and ASAM treatment plans, continuing stay and discharge criteria as of March 1, 2019. This guidance also applies to the HealthChoices BH MCO contracted providers. As additional providers adhere to this guidance there may be changes in the assessment of need and qualification for SUD services.
☐ The state has no implementation update to report for this reporting topic.			
2.2 Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)			
2.2.1 Metric Trends			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.			
☒ The state has no metrics trends to report for this reporting topic.			
2.2.2 Implementation Update			
Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to: a. Planned activities to improve access to SUD treatment services across the continuum of care for Medicaid beneficiaries (e.g. outpatient services, intensive outpatient services, medication assisted treatment, services in intensive residential and inpatient settings, medically supervised withdrawal management)? b. SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential treatment, medically supervised withdrawal management, and medication assisted			No changes to the target population or clinical criteria are anticipated at this time. The Commonwealth is currently working on programming reports to calculate the metrics associated with this Milestone. During DY1Q3, Pennsylvania and its contractors have completed service and coding crosswalks to ensure that individuals are assessed and qualified for SUD treatment using ASAM Patient Placement Criteria. The deviations in coding, programming and calculation of performance measures were evaluated and documented to ensure consistent calculation with national specifications. OMHSAS included ASAM standards in BH-MCO contracts effective on 1/1/2019. DDAP required County contracted providers to comply with ASAM standards as of 1/1/2019. DDAP issued guidance to the county contracted providers to use the ASAM admission criteria as of May 1, 2018 and ASAM treatment plans, continuing stay and discharge criteria as of March 1, 2019. This guidance also applies to the HealthChoices BH MCO contracted providers.

treatment services provided to individuals in IMDs?			DDAP, along with its ASAM Transition Workgroup of which DHS OMHSAS is a member, is exploring the service definitions as described in ASAM and comparing to PA regulation to determine if the descriptions can be adopted as written, or if any modifications are required for implementation in PA. 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 particular level of care based upon the preliminary self-designation coupled with their ability/compliance in delivering the service as determined.
Are there any other anticipated program changes that may impact metrics related to access to critical levels of care for OUD and other SUDs? If so, please describe these changes.			
☐ The state has no implementation updates to report for this reporting topic.			
3.2 Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)			
3.2.1 Metric Trends			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. Changes (+ or -) greater than two percent should be described.			
☐ The state is reporting metrics related to Milestone 2, but has no metrics trends to report for this reporting topic.			
☒ The state is not reporting any metrics related to this reporting topic.			
3.2.2 Implementation Update			
Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to: a. Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria?			Initial face-to-face training (in person two-day training) to provide ASAM assessments and LOC training of providers, primary contractors and behavioral health managed care organizations (BH-MCOs) was completed. There has been on-going training throughout this quarter ending 3/31/2019. DDAP issued guidance to the county contracted providers to use the ASAM admission criteria as of May 1, 2018 and ASAM treatment plans, continuing

b. Implementation of a utilization management approach to ensure: i. Beneficiaries have access to SUD services at the appropriate level of care? ii. Interventions are appropriate for the diagnosis and level of care? iii. Use of independent process for reviewing placement in residential treatment settings?			stay and discharge criteria as of March 1, 2019. This guidance also applies to the HealthChoices BH MCO contracted providers. OMHSAS shared this information with Primary Contractors (PCs)/BH-MCOs. OMHSAS included ASAM standards in BH-MCO contracts effective on 1/1/2019. OMHSAS continues to work with DDAP to identify Medicaid-only providers who do not contract under the Federal Block Grant for compliance monitoring. The May 2018 Guidance and the Continued Stay information issued in March 2019 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 applies only to contracted providers with Single County Authorities administering block grant funds (SCAs) and Behavioral Health Managed Care Organizations administering Medicaid (BH-MCOs). The State has begun analyzing data for outpatient, IOP, and partial hospitalization levels of care for ASAM (levels 1 and 2) using current service definitions and capacity. Programming requirements at each ASAM LOC has not yet been determined because the review of the ASAM descriptions is being compared to licensing requirements still. Both DHS/DDAP are in the process of conducting an impact analysis which will assist in this determination. SCAs have begun to be advised of changes to service requirements with their contracted treatment providers. A modification to the existing contract/Grant Agreement regarding the use of the ASAM Criteria for LOC Assessment has been issued through an update. The revised DDAP Grant Agreement will be issued in 7/1/2020.
Are there any other anticipated program changes that may impact metrics related to the use of			Two changes to Commonwealth coding practices were identified to ensure accurate identification of withdrawal management (WM) and medication

evidence-based, SUD-specific patient placement criteria (if the state is reporting such metrics)? If so, please describe these changes.			assisted treatment (MAT). These coding changes will be implemented at a future date (TBD) to ensure accuracy of reporting for WM and MAT. The next step is to develop a plan to make these changes and to ensure the MMIS is modified and the providers are trained regarding the changes. (Plan to have steps developed by the end of next quarter)
☐ The state has no implementation updates to report for this reporting topic.			
4.2 Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)			
4.2.1 Metric Trends			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. Changes (+ or -) greater than two percent should be described.			
☐ The state is reporting metrics related to Milestone 3, but has no metrics trends to report for this reporting topic.			
☒ The state is not reporting any metrics related to this reporting topic.			
4.2.2 Implementation Update			
Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to: a. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards? b. State review process for residential treatment providers' compliance with qualifications standards? c. Availability of medication assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site?			The Commonwealth had facilities complete provider self-assessments for the current license and current staffing of residential facilities in December 2018. On April 5, 2019, providers who had not completed self-assessments were re-contacted and asked to complete the missing documentation. Recently obtained provider information is currently being vetted by DDAP, based on staffing. The second phase of the self-assessments is for the providers to determine if they are truly equipped to deliver the service as described by ASAM in ASAM 3.5 and 3.7 and congruent with licensure regulations and standards. Designation of facilities for these levels of care (LOC) is in process.

<table>
<tr><td>Are there any other anticipated program changes that may impact metrics related to the use of nationally recognized SUD-specific program standards to set provider qualifications for residential treatment facilities (if the state is reporting such metrics)? If so, please describe these changes.</td><td></td><td></td><td></td></tr>
<tr><td colspan="4">☐ The state has no implementation updates to report for this reporting topic.</td></tr>
<tr><td colspan="4">5.2 Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)</td></tr>
<tr><td colspan="4">5.2.1 Metric Trends</td></tr>
<tr><td>Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.</td><td></td><td></td><td></td></tr>
<tr><td colspan="4">☒ The state has no metrics trends to report for this reporting topic.</td></tr>
<tr><td colspan="4">5.2.2 Implementation Update</td></tr>
<tr><td>Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care?</td><td></td><td></td><td>The Commonwealth is currently working on programming reports to calculate the metrics associated with this Milestone. During DY1Q3, Pennsylvania and its contractors have completed service and coding crosswalks to ensure that individuals are assessed and qualified for SUD treatment using ASAM Patient Placement Criteria. The deviations in coding, programming and calculation of performance measures were evaluated and documented to ensure consistent calculation with national specifications.

The Commonwealth is considering options for collecting a capacity baseline for appointment/bed availability at each level of care including: reporting through the self-assessment; a separate provider survey, validation at licensure visits, or use of the State’s on-line capacity management system for SUD facilities.</td></tr>
<tr><td>Are there any other anticipated program changes that may impact metrics related to provider capacity at critical levels of care, including for medication assisted treatment (MAT) for OUD? If so, please describe these changes.</td><td></td><td></td><td></td></tr>
</table>

☐ The state has no implementation updates to report for this reporting topic.			
6.2 Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			
6.2.1 Metric Trends			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.			
☒ The state has no metrics trends to report for this reporting topic.			
6.2.2 Implementation Update			
Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to: a. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD? b. Expansion of coverage for and access to naloxone?			Commonwealth prescribing guidelines were issued as of December 31, 2018. The “Good Samaritan” law for drug overdose (Act 139) was passed September 30, 2014. The Commonwealth has ensured that Naloxone is available via standing order in Act 139. The Commonwealth is currently working on programming reports to calculate the metrics associated with this Milestone. During DY1Q3, Pennsylvania and its contractors have completed service and coding crosswalks to ensure that individuals are assessed and qualified for SUD treatment using ASAM Patient Placement Criteria. The deviations in coding, programming and calculation of performance measures were evaluated and documented to ensure consistent calculation with national specifications
Are there any other anticipated program changes that may impact metrics related to the implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD? If so, please describe these changes.			
☐ The state has no implementation updates to report for this reporting topic.			
7.2 Improved Care Coordination and Transitions between Levels of Care (Milestone 6)			
7.2.1 Metric Trends			

Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.			
☒ The state has no metrics trends to report for this reporting topic.			
7.2.2 Implementation Update			
Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports?			Licensure regulations within the Commonwealth require linkage/referral to services as necessary. The Commonwealth is currently working on programming reports to calculate the metrics associated with this Milestone. During DY1Q3, Pennsylvania and its contractors have completed service and coding crosswalks to ensure that individuals are assessed and qualified for SUD treatment using ASAM Patient Placement Criteria. The deviations in coding, programming and calculation of performance measures were evaluated and documented to ensure consistent calculation with national specifications
Are there any other anticipated program changes that may impact metrics related to care coordination and transitions between levels of care? If so, please describe these changes.			
☐ The state has no implementation updates to report for this reporting topic.			
8.2 SUD Health Information Technology (Health IT)			
8.2.1 Metric Trends			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. Changes (+ or -) greater than two percent should be described.	*DY1Q1 through DY1Q3*	*HIT1-5*	*See attachment for results* The first two HIT metrics demonstrate that information technology being used to slow down the rate of growth of individuals identified with SUD by increasing the number of providers registered and the use of the PDMP checking by prescribers and dispensers. Metric #1 which reported the number of PDMP connections and users showed a steady increase in the number of system registrants who are pharmacists, prescribers, and their delegates. This did not include any state oversight personnel who were given administrative registrations.

			Metric #2 which reported the number of queries by month showed an overall upward trend in the number of queries run by prescribers, pharmacists and delegates through manual and automated queries with PDMP-integrated EMR systems. The next three metrics demonstrate that the information technology is being used to treat effectively individuals identified with SUD. Metric #3 demonstrates effectiveness of the PDMP improving because there is an overall decrease in the number of Opioid prescriptions being submitted to the PDMP as the number of queries and users increases. For Metrics #4 and #5, beginning in October 2018, the PDMP began sending alerts for high milligram equivalents per day (MME/D) and for individual patients utilizing more than 3 prescribers and 3 dispensers in a 90-day period. Since then, the number of alerts sent has increased over time.
☐ The state has no metrics trends to report for this reporting topic.			
8.2.2 Implementation Update			
Compared to the demonstration design and operational details outlined in STCs and implementation plan, have there been any changes or does the state expect to make any changes to: a. How health IT is being used to slow down the rate of growth of individuals identified with SUD? b. How health IT is being used to treat effectively individuals identified with SUD? c. How health IT is being used to effectively monitor "recovery" supports and services for individuals identified with SUD? d. Other aspects of the state's plan to develop the health IT infrastructure/capabilities at the			Health Information Technology (HIT) is being used via the E-Health statewide health information exchange in the office of medical assistance to work at the regional level and across regions to establish health information exchange (HIE) connections. These connections are intended use predictive analytics to identify long-term opioid use for provider profiling. The HIE is also intended to support enhanced clinician review of patient history. OMHSAS has met with the Prescription Drug Monitoring Program team to select the HIT performance measures for the monitoring protocol. A reporting schedule has been developed.

state, delivery system, health plan/MCO, and individual provider levels? e. Other aspects of the state's health IT implementation milestones? f. The timeline for achieving health IT implementation milestones? g. Planned activities to increase use and functionality of the state's prescription drug monitoring program?			
Are there any other anticipated program changes that may impact metrics related to SUD Health IT (if the state is reporting such metrics)? If so, please describe these changes.			
☐ The state has no implementation updates to report for this reporting topic.			
9.2 Other SUD-Related Metrics			
9.2.1 Metric Trends			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.			
☒ The state has no metrics trends to report for this reporting topic.			
9.2.2 Implementation Update			
Are there any anticipated program changes that may impact the other SUD-related metrics? If so, please describe these changes.			The Commonwealth is currently working on programming reports to calculate the metrics associated with this Milestone. During DY1Q3, Pennsylvania and its contractors have completed service and coding crosswalks to ensure that individuals are assessed and qualified for SUD treatment using ASAM Patient Placement Criteria. The deviations in coding, programming and calculation of performance measures were evaluated and documented to ensure consistent calculation with national specifications
☐ The state has no implementation updates to report for this reporting topic.			
10.2 Budget Neutrality			
10.2.1 Current status and analysis			

Discuss the current status of budget neutrality and provide an analysis of the budget neutrality to date. If the SUD component is part of a comprehensive demonstration, the state should provide an analysis of the SUD-related budget neutrality and an analysis of budget neutrality as a whole.			
☒ The state has no metrics trends to report for this reporting topic.			
10.2.2 Implementation Update			
Are there any anticipated program changes that may impact budget neutrality? If so, please describe these changes.			No costs have been reported on the Commonwealth's 1115 waiver schedules within the MBES to date. The Commonwealth will be submitting prior period adjustments on the CMS-64 on the next regular quarterly report to ensure that the costs are reported on the correct waiver schedule. The CMS formats for BN will be utilized for reporting the DY1Q4 reports for the SUD 1115.
☐ The state has no implementation updates to report for this reporting topic.			
11.1 SUD-Related Demonstration Operations and Policy			
11.1.1 Considerations			
Highlight significant SUD (or if broader demonstration, then SUD-related) demonstration operations or policy considerations that could positively or negatively impact beneficiary enrollment, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the SUD demonstration's approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail.			The Commonwealth is utilizing a work plan for the implementation and a work group meets weekly to discuss all aspects of the SUD 1115 implementation.
☐ The state has no related considerations to report for this reporting topic.			
11.1.2 Implementation Update			

Compared to the demonstration design and operational details outlined in STCs and the implementation plan, have there been any changes or does the state expect to make any changes to: a. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)? b. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)? c. Partners involved in service delivery?			
Has the state experienced any significant challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers)? Has the state noted any performance issues with contracted entities?			
What other initiatives is the state working on related to SUD or OUD? How do these initiatives relate to the SUD demonstration? How are they similar to or different from the SUD demonstration?			
☒ The state has no implementation updates to report for this reporting topic.			
12.1 SUD Demonstration Evaluation Update			
12.1.1 Narrative Information			
Provide updates on SUD evaluation work and timeline. The appropriate content will depend on when this report is due to CMS and the timing for the demonstration. See report template instructions for more details.			Mercer, the independent evaluator, facilitated meetings with the Commonwealth team to begin development of the evaluation design plan for the waiver. These meetings included development of driver diagrams, development of research questions, development of hypotheses and beginning to develop the analytic methods that will be employed and assessing the methodological limitations. The meetings began October 12, 2018 and continued through the draft evaluation design submission on March 31, 2019.

			Once the Commonwealth receives CMS comments, the evaluation design will be finalized, submitted to CMS and placed on the Commonwealth's website consistent with STC requirements.
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.			There are no anticipated barriers to achieving the goals and timeframes related to the demonstration evaluation.
List anticipated evaluation-related deliverables related to this demonstration and their due dates.			Draft evaluation design submitted to CMS: March 31, 2019 Revised draft evaluation design: 60 days after receipt of CMS comments Mid-point assessment: November 16, 2020 Draft interim evaluation report: One year prior (September 30, 2021) to the end of the demonstration, or with renewal application Final interim evaluation report: 60 days after receipt of CMS comments Draft summative evaluation report: 18 months of the end of the demonstration (March 30, 2024)
☐ The state has no SUD demonstration evaluation update to report for this reporting topic.			
13.1 Other Demonstration Reporting			
13.1.1 General Reporting Requirements			
Have there been any changes in the state's implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol?			
Does the state foresee the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes?			
Compared to the details outlined in the STCs and the monitoring protocol, has the state formally requested any changes or does the state expect to formally request any changes to:			The Commonwealth formally requested adjustments to the following Monitoring Report dates: DY1Q1 and DY1Q2 date extended from December 31, 2018 to March 14, 2019

a. The schedule for completing and submitting monitoring reports? b. The content or completeness of submitted reports? Future reports?			DY1Q4 and Annual Report date extended from June 30, 2019 to March 14, 2020. However, an extension is no longer needed, and submission will be on September 30, 2019.
Has the state identified any real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation?			
☐ The state has no updates on general reporting requirements to report for this reporting topic.			
13.1.2 Post Award Public Forum			
If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicating any resulting action items or issues. A summary of the post-award public forum must be included here for the period during which the forum was held and in the annual report.			The Commonwealth completed the post award forum on 4/23/2019 (see attachment for summary).
☐ There was not a post-award public forum held during this reporting period and this is not an annual report, so the state has no post award public forum update to report for this reporting topic.			
14.1 Notable State Achievements and/or Innovations			
14.1 Narrative Information			
Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SUD (or if broader demonstration, then SUD related) demonstration or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in			

quantifiable terms, e.g., number of impacted beneficiaries.			
☒ The state has no notable achievements or innovations to report for this reporting topic.			

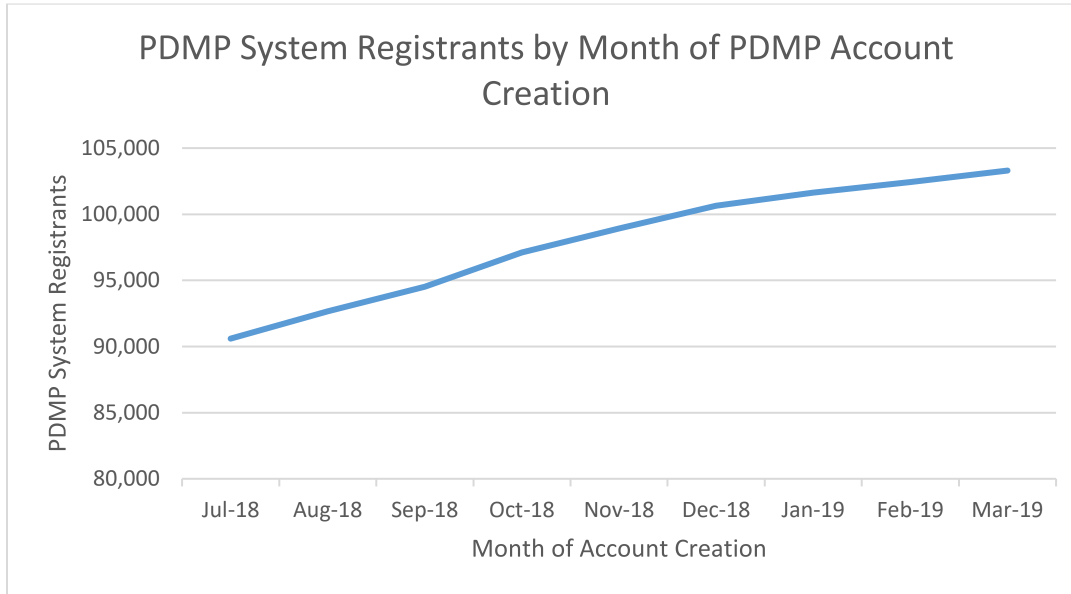
Attachment 8.2.1 HIT Metrics

Baseline as of July 1, 2018
To be calculated with a monthly period and reported quarterly through the end of the waiver (Except for item #6, which is an annual reporting qualitative measure).

Question being answered	Action	Report – Measure description
How is information technology being used to slow down the rate of growth of individuals identified with SUD?	PDMP checking by provider types (prescribers, dispensers)	1. Number of PDMP connections/users 2. Number of PDMP queries
How is information technology being used to treat effectively individuals identified with SUD?	Alerts for high dosage.	3. Number of opioid prescriptions being submitted to the PDMP 4. Number of "Patient Exceeds Opioid Dosage (MME/D) Threshold" alerts generated – This patient is receiving a dosage of greater than or equal to 90 morphine milligram equivalents (MME) per day. 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 morphine milligram equivalent/day (e.g., ≥ 50 mg hydrocodone; ≥ 33 mg oxycodone) and avoid increasing to ≥ 90 morphine milligram equivalent/day (≥ 90 mg hydrocodone; ≥ 60 mg oxycodone) when possible due to an increased risk of complications. 5. Number of "Patient Seeing Multiple Providers for Controlled Substances" alerts generated – This patient received controlled substance prescriptions from <#> or more prescribers and

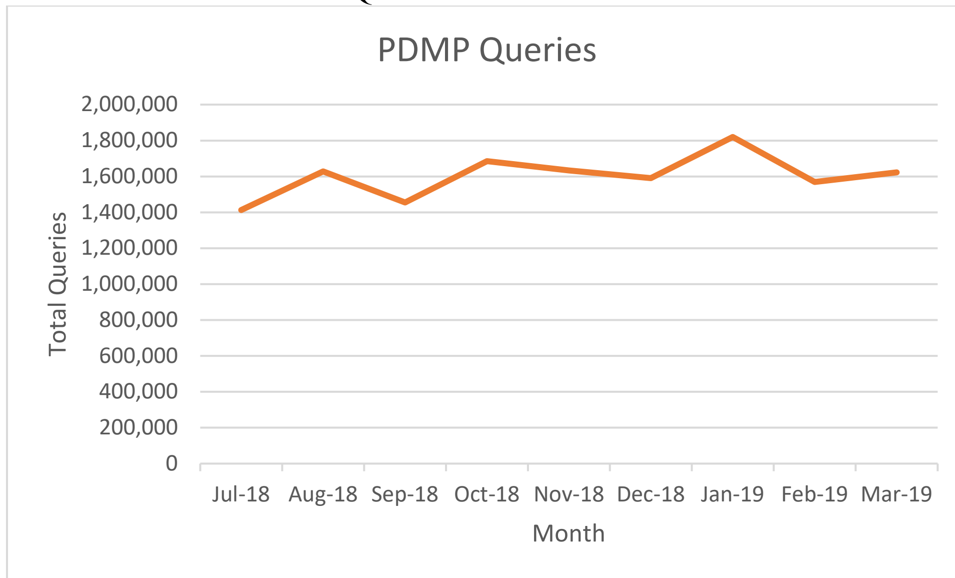
		<#> or more pharmacists in a three-month period.
How is information technology being used to effectively monitor "recovery" supports and services for individuals identified with SUD?	Connecting corrections systems to care delivery systems for incarcerated individual release to community	6. Number of connections live *Note: HIE is working on establishing connections between all prisons and the gateway, to be able to see information about inmates. This is about HIT and using a portal and integration. This will be an annual qualitative reporting item.*
How is information technology being used to effectively monitor "recovery" supports and services for individuals identified with SUD?	Individuals connected to alternative therapies from other community-based resources for pain management or general therapy/treatment.	7. Tracking Medication-Assisted Treatment (MAT) (use of medications with counseling and behavioral therapies) to treat substance use disorders and prevent opioid overdose (Number of EDs connected; Potential Metric: Number of Alerts sent by EDs) *Note: this is the Hospital QI program. This tracks the number of emergency departments that are connected to the HIE project, which is a statewide alerting system, and potentially the volume of alerting messages over time. As of February 14, 2019, there were 38 Emergency Departments in place. There were 40 Emergency Departments in place as of March 31, 2019.*

Metric #1



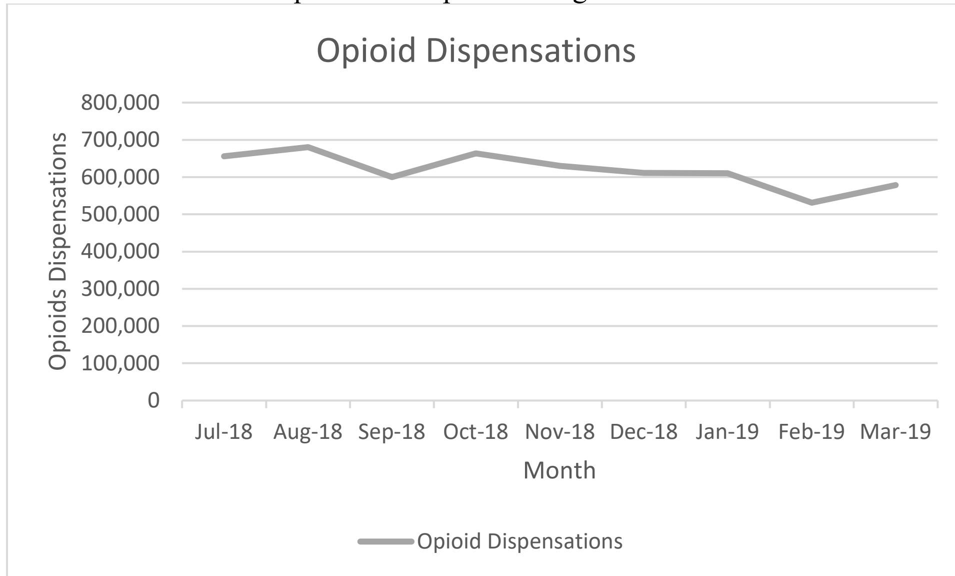
Note: PDMP Registrants are Pharmacists, Prescribers, Pharmacist delegates and Prescriber delegates in Pennsylvania.
PDMP system registrants does not include administrative registrants.
Count of PDMP system registrants are total PDMP system registrants at the month end.

Metric #2 Number of PDMP Queries



Note: Queries are limited to prescribers, pharmacists, delegates.
Queries are a sum of manual PDMP queries and automated queries with PDMP-integrated EMR systems.

Metric #3: Number of Opioid Prescriptions being submitted to the PDMP

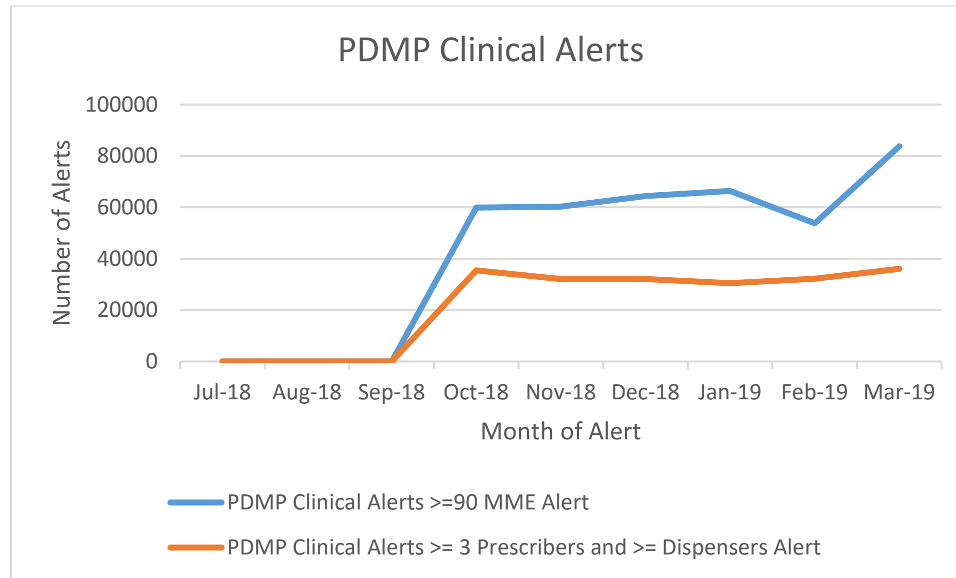


Note: Limited to PA resident data. Does not include Buprenorphine data.

Data for Metrics 1-3

Month of Account Creation	PDMP System Registrants	PDMP Queries	Opioid Dispensations
Jul-18	90,597	1,412,660	656,182
Aug-18	92,655	1,628,400	680,400
Sep-18	94,529	1,455,548	600,374
Oct-18	97,121	1,685,788	663,704
Nov-18	98,913	1,633,053	630,120
Dec-18	100,635	1,590,463	610,933
Jan-19	101,626	1,819,639	610,434
Feb-19	102,427	1,568,688	531,260
Mar-19	103,301	1,622,537	578,414

Metric #4 and Metric #5



Note: Alerts began in October 2018. MME is high milligram equivalents per day.

Data for Metrics 4 and 5

PDMP Clinical Alerts		
	>=90 MME Alert	>= 3 Prescribers and >= Dispensers Alert
Jul-18	0	0
Aug-18	0	0
Sep-18	0	0
Oct-18	59,887	35,530
Nov-18	60,245	32,137
Dec-18	64,384	32,145
Jan-19	66,384	30,506
Feb-19	53,757	32,260
Mar-19	83,787	36,085

Note: Alerts began in October 2018

Attachment to 13.1.2 Post Award Public Forum
SUMMARY OF PENNSYLVANIA SUD 1115 DEMONSTRATION POST AWARD FORUM COMMENTS

Commenter 1

Supports the 1115 Waiver, but expressed serious concerns about the replacement of PCPC with ASAM. Stated using ASAM is in violation of Act 152 of 1988 and PA constitution and that there concerns in the Pennsylvania House and Senate regarding decision to transition to ASAM. The commenter cited a PA Supreme Court ruling and said the ruling in that is about a situation similar to the constitutionality issue raised by ASAM implementation.

Commenter 2

Wholeheartedly endorses the life-saving objectives of the Waiver, but expressed concerns with the use of ASAM. Stated ASAM was developed for use with commercial insurance for less deteriorated individuals. The commenter, at a minimum, recommends altering/tailoring ASAM criteria to use with the services and populations served by the state agencies. Questions why PA cannot make changes to ASAM when other states have. The commenter also expressed concerns about the training costs and productivity losses associated with training time. The commenter also stated that the ASAM implementation results in profits for a private entity (ASAM/The Change Company). Recommends Pennsylvania reverting to PCPC or obtain an agreement/commitment from ASAM/The Change Companies to allow the state to modify ASAM to fit the needs of the population served.

Commenter 3

This behavioral health managed care organization representing nine counties collectively support the comprehensive implementation of the current ASAM Criteria to guide the clinical decision making for all Substance Use Disorder (SUD) treatment and case management providers. Emphasizes that all treatment medical interventions must be tailored to the individual client and be based upon established medical criteria ASAM criteria is the internationally established standards for the medical process of creating individualized treatment services for those with addiction. Their reviews of the current SUD treatment provided in their region indicate that the vast majority of the residential SUD services have never fully advanced to be individualized under the PCPC resulting in high readmission rates. States that ASAM's evidence based criteria will drive quality and outcomes that not only save lives, but provide cost savings to the taxpayers. Urges DHS to continue toward full and comprehensive implementation of the ASAM criteria.

Attachment to 13.1.2 Post Award Public Forum
SUMMARY OF PENNSYLVANIA SUD 1115 DEMONSTRATION POST AWARD FORUM COMMENTS

Commenter 4

Offered continued support to the SUD 1115 Demonstration, but expressed concerns primarily about the adoption of ASAM. The commenter asked what the state doing to tailor ASAM to PA service delivery system since the PA Act 152 of 1989 requires the Commonwealth to develop the placement criteria. According to the commenter, ASAM criteria include a number of "fail first" criteria that are in violation of federal MH Parity Act. The commenter stated that the initial demonstration application was modified after the public version and wanted to know how feedback can be provided for additional material. The commenter also wanted to know where the quarterly reports and draft Evaluation Design are published what the stakeholder involvement was there in the Development of the Evaluation Design. Wanted to know if public venues be provided regularly to have an open dialogue and when Gaudenzia would receive response to the feedback provided to the Commonwealth. The commenter inquired when there would be an update to the May 2018 ASAM Guidance document issued by DDAP. Wants to know how Mercer was selected as the independent evaluator and why independent universities with expertise in SUD treatment evaluation such as Temple or Villanova were not selected. Asked if there is a process to track number of members at each level of care, length of stay, grievances, appeals etc. Wanted to when data on some of the metrics will be available. The commenter says there is inconsistency on provider capacity issues with what the monitoring report says and what the state needs assessment for the CURES Act says. States that the six month post award public forum was delayed. The individual also stated that there is backlog in ASAM training and asked if CARF acceptable in place of ASAM. The individual also stated they are seeing changes in programming with difficulty admitting clients to residential levels of care and adverse effects on length of stay with ASAM implementation.

Commenter 5

This provider did not provide any written comments, but in general spoke in favor of going back to PCPC while supporting the objectives of the 1115 Waiver. The commenter was of the opinion that ASAM adds lot of complexity.

Commenter 6

Stated that ASAM placement criteria for halfway houses are inconsistent with PA halfway house program and that clients clinically recommended for halfway house were denied care based on funder's understanding of ASAM criteria. The commenter stated that the restrictions

Attachment to 13.1.2 Post Award Public Forum **SUMMARY OF PENNSYLVANIA SUD 1115 DEMONSTRATION POST AWARD FORUM COMMENTS**
in ASAM criteria does not permit treatment and stabilization beyond acute withdrawal phases of the stabilization and recovery process and that the ASAM Guidance document issued by DDAP does not resolve the issues related to halfway houses and Women with Children program. The commenter was also of the opinion that the PA ASAM Transition Workgroup does not adequately represent the treatment community. The individual also stated that the changes to Partial Hospitalization programs as required by ASAM may lead to the closure of these programs. The commenter said ASAM and its training are not reflective of the publicly funded treatment system and recommends 1115 Waiver with a change to PCPC from ASAM.

DEPARTMENT'S OVERALL RESPONSES TO COMMENTS

PCPC to ASAM Transition

The use of ASAM criteria as the assessment and level of care placement tool aligns with both CMS requirements for a nationally recognized SUD specific program standard for residential treatment facilities as well as with the Department of Drug and Alcohol Program's (DDAP) decision to transition to the use of ASAM as the placement standard for Pennsylvania. This decision was announced by DDAP in March of 2017 prior to the decision by DHS to submit an 1115 Demonstration application to CMS. DDAP issued guidance to the counties to use the ASAM admission criteria as of May 1, 2018 and ASAM treatment planning, continuing stay and discharge criteria as of March 1, 2019. The ASAM Transition Workgroup convened by DDAP assists with the transition to ASAM and addresses any issues related to the criteria that would require specific application guidance for providers. The ASAM Transition Workgroup continues to meet and discuss any identified transition needs.

Delay in the Post Award Forum

DHS requested and received approval from CMS to hold the first public forum at a later date to ensure that information regarding budget neutrality and the monitoring data would be ready and available for the public to review in advance of the public forum. A public forum is required annually and DHS will continue to share all Waiver related information and reports information to stakeholders.

Availability of Various Waiver-related Reports for Public

The 1115 Demonstration requires quarterly and annual reporting on the specific milestones and measures to CMS. Part of the reporting also includes a summary of the public comments received at the post award forum to be provided to CMS. DHS posts all the required information on the DHS website, including budget neutrality information. Regarding the Evaluation Plan, it should be noted what DHS submitted to CMS on March 31, 2019 was the draft Evaluation Design. This was developed in accordance with the requirements set forth by CMS. After CMS provides their feedback on the draft, DHS will have 60 days to submit the revised draft Evaluation Design to CMS. Upon CMS approval, the document will be included as an attachment to the STCs. The final Evaluation Design will also be published on DHS website within 30 days of approval by CMS.

Selection of Independent Evaluator

The STCs of the SUD 1115 Waiver approval require DHS to arrange with an independent party to conduct an evaluation of the Demonstration to ensure that necessary data is collected at the level of detail needed to research the approved hypotheses in the Evaluation Design. Mercer Government Human Services Consulting (Mercer), through a request for proposal (RFP) process, contracts to provide technical assistance to DHS's Office of Mental Health and Substance Abuse Services (OMHSAS). Mercer, through their contract with DHS, has assured that it presently has no interest and will not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of its services. DHS/OMHSAS selected Mercer to function as the Independent Evaluators based on the following qualifications:

- Experience working with federal programs and Demonstration waivers
- Experience with evaluating effectiveness of complex, multi-partnered programs
- Familiarity with CMS federal standards and policies for program evaluation
- Familiarity with nationally-recognized data sources
- Analytical skills and experience with statistical testing methods.

ELIGIBILITY GROUP	DEMONSTRATION YEAR (DY) 01									
	July - September 2018 Actuals	October - December 2018 Actuals	January - March 2019 Actuals	April - June 2019 Actuals	YTD Actual	DY 01 Without Waiver	DY 02 Without Waiver	DY 03 Without Waiver	DY 04 Without Waiver	DY 05 Without Waiver
SUD IMD TANF MEG										
Eligible Member Months	2,269	1,878	1,486		5,633	9,377	9,611	9,851	10,098	2,588
PMPM Cost	$ 472.73	$ 473.96	$ 503.53	#DIV/0!	$ 481.27	$ 520.37	$545.35	$571.53	$598.96	$627.71
Total Expenditure	$ 1,072,473	$ 890,165	$ 748,360		$ 2,710,998	$ 4,879,509	$5,241,359	$5,630,142	$6,048,298	$1,624,513.48
SUD IMD SSI DUALS MEG										
Eligible Member Months	1,008	962	717		2,687	3,585	3,675	3,766	3,861	989
PMPM Cost	$ 128.52	$ 127.52	$ 120.14	#DIV/0!	$ 125.93	$ 252.46	$264.58	$277.28	$290.59	$304.54
Total Expenditure	$ 129,592	$ 122,689	$ 86,119		$ 338,400	$ 905,069	$972,332	$1,044,236	$1,121,968	$301,190
SUD IMD SSI NON-DUALS MEG										
Eligible Member Months	2,347	2,074	1,823		6,244	7,212	7,393	7,577	7,767	1,990
PMPM Cost	$ 1,505.54	$ 1,499.28	$ 1,954.90	#DIV/0!	$ 1,634.63	$ 2,024.02	$2,121.17	$2,222.99	$2,329.69	$2,441.52
Total Expenditure	$ 3,533,554	$ 3,110,042	$ 3,563,087		$ 10,206,683	$ 14,597,232	$15,681,810	$16,843,595	$18,094,702	$4,858,625
SUD IMD HCE MEG										
Eligible Member Months	16,924	15,321	12,338		44,583	63,818	65,414	67,049	68,725	17,611
PMPM Cost	$ 519.78	$ 523.07	$ 529.16	#DIV/0!	$ 523.50	$ 741.38	$776.97	$814.26	$853.34	$894.30
Total Expenditure	$ 8,796,816	$ 8,013,825	$ 6,528,576		$ 23,339,218	$ 47,313,389	$50,824,716	$54,595,319	$58,645,792	$15,749,517
SUD IMD Total all MEGs										
Eligible Member Months	22,548	20,235	16,363	0	59,147	83,992	86,092	88,244	90,450	23,178
PMPM Cost	$ 600.15	$ 599.78	$ 667.72	#DIV/0!	$ 618.72	$ 805.97	$ 844.68	$ 885.19	$ 927.70	$ 972.21
Total Expenditure	$ 13,532,436	$ 12,136,721	$ 10,926,142	$ -	$ 36,595,299	$ 67,695,200	$ 72,720,216	$ 78,113,292	$ 83,910,760	$ 22,533,846