DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-25-26
Baltimore, Maryland 21244-1850

State Demonstrations Group

Michelle Probert
Director, Office of MaineCare Services
Maine Department of Health and Human Services
242 State Street
Augusta, Maine 04333-0011

Dear Ms. Probert:

The Centers for Medicare & Medicaid Services (CMS) completed its review of the Implementation Plan, which is required by the Special Terms and Conditions (STCs), specifically, STC # 18, of Maine's section 1115 demonstration, "Maine Substance Use Disorder Care Initiative" (Project No: 11-W-003381), effective through December 31, 2025. CMS determined that the Implementation Plan, meets the requirements set forth in the STCs, and thereby approves the state's Implementation Plan.

The Implementation Plan is approved as of the date of this letter through December 31, 2025 and is hereby incorporated into the demonstration STCs as Attachment C (see attached). We appreciate our continued partnership with Maine on the Maine Substance Use Disorder Care Initiative section 1115.

Your project officer for this demonstration is Ms. Wanda Boone-Massey. She is available to answer any question concerning your section 1115 demonstration. Ms. Boone-Massey's contact information is as follows:

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Sincerely,

7/26/2021

[redacted]

Signed by: Andrea J. Casart -A

Andrea J. Casart
Director
Division of Medicaid Expansion Demonstrations

Enclosure

cc: Gilson DaSilva, State Monitoring Lead, Medicaid and CHIP Operations Group

Maine Department of Health and Human Services: Substance Use Disorder Care Initiative 1115 Waiver Implementation Plan

Contents

Introduction

The State of Maine, including the Department of Health and Human Services ("the Department"), have dedicated significant resources to developing a coordinated response to the opioid epidemic and to the needs of Maine people with Substance Use Disorders (SUD) more broadly. This 1115 waiver is one component of this response, and will play a pivotal role in increasing capacity for residential treatment facility services, and serve as a framework for specific goals and milestones that the Department shares with the Centers for Medicare and Medicaid Services (CMS).

It is important to note that there are many additional assessments, planning projects/awards, and funding opportunities in which the State is involved that intersect and align with this Implementation Plan, including:

- The Governor's Office Maine Opioid Response Strategic Action Plan which lays out strategies to reduce the negative health and economic impacts of SUD and Opioid Use Disorder (OUD) on individuals, families, and communities in Maine. This plan is overseen by the Maine Director of Opioid Response.
- MaineCare's SUPPORT ACT 1003 award ("SUPPORT for ME") to increase the treatment capacity of MaineCare providers to deliver SUD treatment and recovery services.
- MaineCare's Maternal Opioid Misuse model ("MaineMOM") to improve care for pregnant and postpartum women with OUD and their infants by integrating maternal and substance use treatment services.
- Numerous assessments of the SUD treatment and recovery system, through Pew Charitable Trust and the Urban Institute, and many other related efforts within the Department.
- The Family First Prevention Services Act (FFPSA) provides opportunities for collaboration across state systems to identify primary, secondary, and tertiary prevention services that can support families in being safe, healthy, and successful by reducing risk and safety factors. FFPSA includes federal support for evidenced based mental health, substance use, and in home support services in an effort to prevent out of home placements for children at imminent risk of entering foster care.
- Several federal awards to the Department with activities spanning prevention, use of health information technology, harm reduction, treatment, etc.

These efforts, and others, represent moving parts of the SUD response in Maine. This Implementation Plan is intended to highlight key Department activities that advance the specific objectives of the 1115 waiver and does not comprise an exhaustive list of activities taking place currently, or planned, with the Department's SUD response; this Plan will need to be updated over time. Additionally, this Plan does not highlight activities with primary responsibility/oversight outside of the Department; further, there is a focus on activities that relate to MaineCare policies and procedures. Lastly, while the Department considers recovery support services to be integral to effective SUD care, discussions of these efforts fall outside the scope of this Implementation Plan. Please refer to the above linked reports and initiatives for information on these efforts.

Milestones to be Addressed in Maine's 1115 Waiver Implementation Plan

Milestones
Access to critical levels of care for OUD and other SUDs;
Widespread use of evidence-based, SUD-specific patient placement criteria;
Use of nationally recognized, evidence-based, SUD program standards to set residential treatment provider qualifications;
Sufficient provider capacity at each level of care, including MAT;
Implementation of comprehensive treatment and prevention strategies to address opioid misuse and OUD; and
Improved care coordination and transitions between levels of care.

Milestone Implementation Plan

This section contains information detailing Maine's strategies for meeting CMS' six stated milestones over the course of the demonstration, including which party/office is lead for the planned actions.

Access to Critical Levels of Care for OUD and Other SUDs

Current State: MaineCare offers broad SUD and OUD service coverage across the continuum of care. Generally, these services align with an American Society of Addiction Medicine (ASAM) level of care. These covered services include, but are not limited to, the following (see Attachment A for a full description of covered services and their page in the Maine Medicaid State Plan):

- Early Intervention Services
- Outpatient Services
- Intensive Outpatient Services;
- Medication Assisted Treatment (MAT)
- Intensive levels of care in residential and inpatient settings; and
- Medically supervised withdrawal management

As it specifically relates to access to care, the Office of Behavioral Health has partnered with Maine Medical Association's Quality Improvement team to provide training on implementation of rapid induction services in Emergency Departments (EDs), along with supports and trainings for the warm-handoff to community-based treatment. Through their work, 23 of Maine's 33 EDs now offer rapid induction, with four more expected to implement in spring/summer 2021. Funding for this initiative will end September 2022.

The Department is not proposing to add any additional SUD services at this time; however, the Department has identified utilization management limits for residential care that will be removed to ensure that there is no administrative barrier to clinically appropriate admissions for this level of care (see Table 1). Table 1 outlines specific activities that will improve access to services across the continuum of care within 12-24 months of demonstration approval.

Table 1. Future State: Plan for Access Improvements

Action Items	Implementation Timeframe /Parties Responsible
Early Intervention	
Incorporate Screening, Brief Intervention, and Referral to Treatment (SBIRT) in MaineCare's new primary care alternative payment model.	Rule provision to be effective December 2022/MaineCare Value-Based Purchasing
Outpatient Services	
Clarify through MaineCare rulemaking that partial hospitalization services are approved outpatient services for psychiatric and non-psychiatric hospitals. The rulemaking will be proposed by August 2021 and will follow the process for public comment, response to comment with any necessary amendments, and adoption.	Rule to be effective November 2021/MaineCare Policy
Continue to support the goal of all EDs in Maine offering MAT by offering training on implementation of rapid induction, along with supports and trainings for the warm-handoff to community-based treatment through the ongoing work of the Office of Behavioral Health and the Maine Medical Association's Quality Improvement team.	September 2022/Office of Behavioral Health
Intensive Outpatient Program	
Finalize an independent rate evaluation of SUD Intensive Outpatient Programs. Rate evaluations consist of policy review, literature review, review of similar services reimbursed through Medicaid and private insurers, stakeholder sessions, provider surveys including review of cost reports, drafting rate models, reviewing draft models with stakeholders, public comment, and final revision. Currently, the rate evaluation comment period has closed and the final revision is pending. Following the final rate proposal, the decision to amend rates will be considered as part of MaineCare's comprehensive rate system evaluation and subject to the availability of funds.	July 2021/MaineCare Rate Setting
Medication Assisted Treatment	
Update the Maine Medicaid State Plan to reflect the required CMS templates in accordance with the provisions of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act) relating to mandatory coverage of MAT for OUD.	Submitted 3/31/21, anticipated effective 10/1/2020/ MaineCare Policy
Residential and Inpatient Treatment (including medically supervised withdrawal management)	
Finalize an independent rate evaluation of SUD residential treatment facilities. Rate evaluations consist of policy review, literature review, review of similar services reimbursed through Medicaid and private insurers, stakeholder sessions, provider surveys including review of cost reports, drafting rate models,	July 2021/MaineCare SUPPORT for ME and Rate Setting

reviewing draft models with stakeholders, public comment, and final revision. Currently, the rate evaluation comment period has closed and the final revision is pending. Following the final rate proposal, the decision to amend rates will be considered as part of MaineCare's comprehensive rate system evaluation and subject to the availability of funds.	
Propose rulemaking to remove single admission limitation from Clinically Managed Low Intensity Services and Clinically Managed Population-Specific High Intensity Residential Programs as well as increasing the number of allowable days per admission in Clinically Managed Residential Services from 30 to 45 days in Residential Rehabilitation Type I and from 45 to 60 days in Residential Rehabilitation Type II.	Rule to be effective by October 2021/MaineCare Policy

Use of Evidence-based, SUD-specific Patient Placement Criteria

Current State: MaineCare already requires that providers assess treatment needs based on ASAM Criteria for nearly all SUD services; these requirements are stated in the MaineCare Benefits Manual which is the State regulation for the MaineCare program (Title 22 M.R.S, Chapter 855), for nearly all SUD services. The exception to this is that the Opioid Health Home (OHH) policy does not currently require ASAM placement tools, though it is common practice among providers of the OHH service. The OHH policy does require the documentation of an OUD as part of the eligibility process.

For residential SUD treatment services, the current MaineCare regluations references version 2 of ASAM; however, MaineCare is updating this reference to read "the most current edition"of ASAM through a rulemaking (to be effective October 2021 – see Table 3); this is the only instance where MaineCare rule references an outdated version. No other ASAM related changes are needed across other SUD services in the MaineCare Benefits Manual.

Currently, there is limited utilization management by an Administrative Services Organization (ASO) to assess patient placement for SUD services and to ensure interventions are approrpriate for the diagnosis and level of care; this occurs only as described in Table 2 below. Currently, there is no systematized, routine/ongoing, utilization management approach to ensuring members have timely access to SUD services at the appropriate levels of care outside of the Office of Behavioral Health's Substance Abuse Prevention and Treatment block grant requirements.

(Legend: Prior Authorization Review: Requires clinical review; **Initial Registration:** Clinical review for appropriate diagnosis(es) and duplication and non-concurrent services; **Continued Stay Review:** Requires clinical review for continuation of care; and/or **Discharge Review:** Required for all services on last date of service)

Table 2: Current Utilization Management of SUD services

Service	Type of Utilization Management	Frequency/Description of Review
Targeted Case Management	Initial Registration, Continued Stay Review, Discharge Review	Initial authorization of 30 days with a maximum continued stay of 90 days
Outpatient Services (Comprehensive Assessment, Therapy and Counseling Services)	Initial Registration, Continued Stay Review, Discharge Review	Initial authorization of 365 days with a maximum continued stay of 180 days
Medication Management Services	Initial Registration, Continued Stay Review, Discharge Review	Initial authorization of 180 days with a maximum continued stay of 180 days
Medication Assisted Treatment (Methadone/Opioid Treatment Programs)	Initial Registration, Continued Stay Review, Discharge Review	Initial authorization of 180 days with a maximum continued stay of 180 days
Opioid Health Homes	Initial Registration, Continued Stay Review, Discharge Review	Initial authorization of 180 days with a maximum continued stay of 180 days
Intensive Outpatient Services	Prior Authorization, Continued Stay Review, Discharge Review	Initial authorization of 30 days with a maximum continued stay of 7 days
Clinically Managed Low Intensity Residential Services	N/A	Limited to a single admission of 180 covered days on an annual basis, unless a member has a documented need to exceed that limit. Any stay in excess of 180 days requires documented need in the member's service plan. *See Table 1, Future State
Clinically Managed Residential Services: 1. Residential Rehabilitation I 2. Residential Rehabilitation II 3. Adolescent Residential Rehabilitation	N/A	1. Limited to 30 days for any single admission, with a limit of 2 admissions and 30 covered days on an annual basis. Any continuous stay in excess of 28 days requires

		documented need in the member's treatment plan *See Table 1, Future State 2. The term of residency shall not exceed 45 days *See Table 1, Future State 3. Designed to last at least 3 months and limited to 12 months per single admission.
Clinically Managed Population-Specific High Intensity Residential Programs	N/A	Limited to a single admission of 270 covered days on an annual basis unless a member has a documented need to exceed that limit. Any stay in excess of 270 days requires documented need in the member's treatment plan.*See Table 1, Future State
Medically Monitored Inpatient Programs	N/A	Limited to 7 days for each admission episode, with no limit on the number of admissions or covered days on an annual basis.
Inpatient	Prior Authorization, Initial Registration, Continued Stay Review, Discharge Review (Varies based on the hospital and services provided)	All hospital admissions and continued stays must be certified for medical necessity and length of stay through an appropriate utilization review plan.
Psychiatric Residential Treatment Facility Services	Prior Authorization, Continued Stay Review, and Discharge Review for limited services	Must meet Clinical Certificate of Need criteria

The Department will implement the following activities and utilization management approaches to ensure that members have access to SUD services at the appropriate level of care, interventions are appropriate for the diagnosis and level of care, and that there is an independent process for reviewing placement in residential settings. This milestone will be met within 12-24 months of demonstration approval.

Table 3. Future State: Plan for Improvements in Evidence-Based Patient Placement Criteria

Action Items	Timeframe/Parties Responsible
Establishment of a Utilization Management Approach for Appropriate Access and Level of Care, Including an Independent Process for Reviewing Placement in Residential Treatment	
Require residential SUD providers to submit admissions to the Department's behavioral health utilization management ASO including the ASAM assessment used for placement purposes. The ASO will use the ASAM assessments to do post utilization review for appropriate level of care, starting with a sampling of admissions. Providers will have a window of time, upon admission, to submit the data to the ASO to avoid potential interruption with timely access to services. The Department and the ASO will meet in July 2021 to establish this process (including any ASO contract amendments needed, provider trainings, provider communications, etc.). By December 2021, the Departments contract with the ASO will be updated, if needed, to encompass this effort. The timeframe for full implementation of this process is March 2022.	March 2022/ASO/MaineCare Policy/Office of Behavioral Health
Evaluate options with our ASO to enhance clinical review of placements across the continuum of care and based on the ASAM assessment tools and the incorporation of waitlist/timely access tracking functionality (as currently used for some mental health services). The Department and the ASO will meet in June 2021 to begin these conversations. By September 2021, the Department and ASO will finalize a proposal for incorporation of timely access tracking for SUD services and appropriateness of care assessment. This will include a review of other Medicaid programs' best practices. By December 2021, the Departments contract with the ASO will be updated, if needed, to encompass this effort. Beginning December 2021, the Department will hold provider trainings to initiate a soft-roll out of this new functionality and review process. This process will be piloted until March 2022, when it will become required for all impacted SUD services.	March 2022/ASO/MaineCare Policy/Office of Behavioral Health

Use of Evidence-based SUD-specific Patient Placement Criteria	
Amend MaineCare regulations for residential SUD treatment providers to reference the most recent ASAM version.	Rule to be effective October 2021/MaineCare policy
Evaluate the structure of MaineCare policy to identify and recommend changes to more clearly outline program descriptions and provider qualifications and their relationship to ASAM criteria. Amend MaineCare policy, offer provider training, and/or offer sub-regulatory guidance, as needed.	Work to commence October 2021 to target rule effective date of December 2022 or guidance/training date of July 2022.
Amend the OHH policy, through rulemaking, to require the use of ASAM criteria to assess patient placement and as treatment guidelines.	Rule to be effective December 2021/MaineCare Policy/MaineCare Value-Based Purchasing
Establish an incentive within MaineCare's new value-based primary care model for primary care providers to offer MAT services in alignment with ASAM guidelines for appropriate level of care, have a cooperative referral process with specialty behavioral health providers including a mechanism for co-management for the provision of MAT as needed, or be co-located with a MAT provider.	Rule to be effective December 2021/MaineCare Policy/MaineCare Value-Based Purchasing
Assess training needs in the community that would facilitate improvements in the utilization of ASAM assessment tools for placement purposes. Subsequently, the Department will provide training support,namely, through the launch of the SUPPORT for ME Learning Community which is a statewide learning network for provider training around behavioral health issues, set to launch by January 2022.	January 2022/Office of Behavioral Health
Provide users (health care providers, consumers, case managers, families, etc.) of the service locator tool, an online placement assessment tool (based on ASAM criteria) to inform service outreach. While this is not a clinical assessment, it furthers the impact of this waiver milestone. Utilize information from the service locator tool to assess access to SUD services at the appropriate level of care.	May 2021 (Service Locator Contract finalized)/ September 2021 (Service Locator Implemented)/MaineCare Support for ME

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

Current State: The MaineCare Benefits Manual, which outlines the State's regulation for the Medicaid program, utilizes ASAM criteria as a basis for the provider qualifications of residential services and ASAM assessments are required for placement in residential treatment programs; additionally, state residential licensing regulations also already includes ASAM-aligned SUD-specific program standards regarding the types of services, hours of clinical care and credentials of staff. Currently, responsibility for review and quality assurance of residential treatment facilities is divided across the different Department offices, as described in Table 4. While, the regulatory oversight of residential treatment programs already includes chart reviews, technical assistance, and site visits, the Department is exploring ways to strengthen programmatic oversight of these processes, including whether there are areas of improvement around the assessment of ASAM standards (e.g. types of services, hours of clinical care, and credentials of staff). One area identified is that if a residential treatment provider is MaineCare enrolled, but does not hold a contract with the Office of Behavioral Health for block grant funding, there is currently a gap in programmatic quality assurance activities (e.g. site visits) (please note that regulatory standards of residential treatment providers is already in place, as described above). Additionally, the Office of Child and Family Services is seeking greater involvement in oversight of all behavioral health services for individuals under 21 years of age as part of their specialized Children's Behavioral Health team.

Table 4: Current Process for Assurance of Residential Treatment Facility Program Standards

Office of MaineCare Services	Division of Licensing and Certification	Office of Behavioral Health	Office of Child and Family Services
MaineCare regulations (see MaineCare Benefits Manual, Chapters II and III, Section 97, Private Non-Medical Institution Services) outline ASAM-aligned program expectations and conducts reviews, when necessary, as part of Medicaid program integrity efforts.	As outlined in the SUD facility licensing regulations, the Division of Licensing and Certification assesses programs for the following items: • Program descriptions for residential services; • Clinical assessments; • Admission and discharge dates to ensure compliance with program length limits;	As outlined in manuals and contracts with residential treatment providers,[2] the Office of Behavioral Health conducts annual site visits with residential treatment facilities which hold contract under the Substance Abuse Prevention and Treatment block grants. As part of these site visits, client charts are reviewed, as well as	Currently not involved in quality assurance or licensing.

[2] These contracts/manuals are not available online.

	• Progress notes and treatment plans indicating number of counseling hours and types of treatment/support provided, including group and individual counseling, living skills/vocation training; • Discharge summaries and treatment follow up plans; • Credentials of employees providing services and supervision to ensure compliance with regulatory requirements for clinical licensure.[1]	other program documents, to ensure compliance with block grant requirements, which include utilizing ASAM placement criteria to determine eligibility.	

Maine also seeks to improve access to medications for OUD for individuals in residential treatment programs. Currently, MaineCare and licensing regulations require that residential treatment providers facilitate access to any specialized service beyond their capabilities; however, through recent outreach, the Department understands that there are some potential policy and reimbursement challenges to facilitating access to medications for OUD. While facilitation of MAT services for patients residing in residential treatment is already in MaineCare regulation, this language is stronger within the Department's state-funded contracts. Additionally, the language in the MaineCare Benefits Manual could be improved to align with ASAM on the use of MAT and to reduce stigmatizing language; for example, discussion of a "substance free lifestyle." In alignment with MaineCare's value-based purchasing efforts, there is interest in exploring a gradual transition to rewarding the direct provision of MAT in these settings through a combination of financial incentives (e.g. assessment of continuous pharmacotherapy, higher payments for facilities that offer MAT onsite) and regulatory changes. Lastly, recent reports suggest additional training/education may support evidence-based integration of medications for OUD into residential settings.

[1] 14-118 CMR Chapter 5, Regulations for Licensing and Certifying of Substance Abuse Treatment Programs:

The Department plans to implement the following activities to strengthen program standards and provider qualifications for residential treatment facilities, including establishing a requirement that residential treatment providers offer MAT on-site or facilitate access to MAT off-site within 12 to 24 months of demonstration approval.

Table 5. Future State: Plan for Residential Treatment Provider Program Standards and Qualifications

Action Items	**Timeframe/Parties Responsible**
Establishment of a Residential Provider Review Process	
Improve the integrated oversight processes for residential treatment providers to assure compliance with ASAM standards across the Division of Licensing and Certification, the Office of MaineCare Services, the Office of Behavioral Health, and the Office of Child and Family Services. All relevant parties will participate in a cross-Department meeting series to establish clear rules and responsibilities for an improved integrated oversight process in July 2021. This will include documentation of types of oversight activities, scope of reviews/areas of focus, frequency, follow-up actions, and communication protocols between parties.	July 2021/DHHS wide
Beginning July 2021, the Office of Behavioral Health will take responsibility for the programmatic oversight for all adult residential treatment facilities enrolled in MaineCare, regardless of whether they hold a contract specifically with their office, effective July 2021. This will ensure site visits occur at all facilities.	July 2021/Office of Behavioral Health
Amend MaineCare Policy to support the Office of Child and Family Services quality assurance activities by requiringprovider participation in the quality assurance activities.	Rule to be effective October 2021/MaineCare Policy
Beginning October 2021, the Office of Child and Family Services will take responsibility for the quality oversight of the limited number of adolescent treatment facilities by reviewing and providing feedback and technical assistance to providers related to reportable events, trauma-informed care agency assessments, clinical records, and fidelity monitoring.	October 2021/Office of Child and Family Services
Establishment of a Requirement that Residential Treatment Providers Offer MAT On-site or Facilitate Access to MAT Off-site	
Amend the MaineCare regulations to replace general language that is misaligned with ASAM regarding the use of MAT and include language to specifically require the facilitation of MAT off-site if that is not a service offered within the facility.	October 2021/MaineCare Policy
Assess current policies and practices, including duplication concerns, reimbursement, administrative issues and the current counseling waivers, aimed at reducing barriers and improving integration of MAT in	December 2021/MaineCare Policy

existing residential programs. The assessment will occur through provider surveys, stakeholder groups, and internal review/decision-making.	
Establishment of Residential Treatment Provider Qualifications in Medicaid policy that align with ASAM standards.	
Evaluate the structure of MaineCare policy to identify and recommend changes to more clearly outline program descriptions and provider qualifications and their relationship to ASAM criteria. Amend MaineCare policy, offer provider training, and/or offer sub-regulatory guidance, as needed.	Work to commence October 2021 to target rule effective date of December 2022 or guidance/training date of July 2022.
Amend MaineCare regulations for residential SUD treatment providers to reference the most recent ASAM version.	Rule to be effective October 2021/MaineCare policy

Sufficient Provider Capacity at each Level of Care, including MAT

Current State: The Department participated in various internal and external inquiries regarding capacity of Medicaid-covered providers to meet the SUD-related needs of MaineCare members both as a whole and with a focus on the recent MaineCare expansion population. This ranged from external reviews of the full service delivery system informed by key informant interviews and review of publicly available data, efforts to map service capacity using administrative data on licensed and unlicensed SUD treatment providers, to internal assessments for various federal grant applications that involved compiling both high-level and detailed data for the SUD system and priority subpopulations in Maine. As a result of one of the funding applications, OMS was awarded over $2M through the Section 1003 Demonstration Project to Increase Substance Use Provider Capacity through a federal cooperative agreement with CMS after a thorough assessment of MaineCare members' SUD-related needs and the capacity of our treatment and recovery system (SUPPORT for ME). The results of the SUPPORT for ME assessment, concluding in September 2021, will provide the basis of additional actions that may be unidentified at this time. SUPPORT for ME's capacity assessment includes key informant interviews with providers, community listening sessions for individuals accessing treatment and recovery services, and quantitative analysis.

Table 6 outlines specific activities that will improve provider capacity across the continuum of care within 12 months of demonstration approval.

Table 6: Future State: Plan for Provider Capacity Improvements

Action Items	Implementation Timeframe /Parties Responsible
Impacting all levels of care	
Produce assessments of SUD service provider capacity relative to need across the service continuum and including recovery supports. This will include a discussion of barriers to provider capacity, including willingness to offer these services, and how to fill gaps in MaineCare coverage (e.g. eligibility gaps, workforce constraints).	Ongoing through September 2021/ MaineCare SUPPORT for ME
Conduct an evaluation of MaineCare rates and rate setting system and develop and implement a plan for the creation of a comprehensive, streamlined, and coherent system that will support MaineCare members' access to high value-services.	Ongoing through November 2021/MaineCare Rate Setting
Deploy a service locator tool which will assist the public, including health care providers and consumers, to search for local behavioral health providers with capacity to provide SUD/OUD care. This tool will go beyond the existing MaineCare provider directly by offering a straightforward way to identify treatment providers and treatment options, including provider capacity/appointment availability. This tool will produce ongoing assessment of the number of SUD service providers accepting new patients.	May 2021 (Service Locator Contract encumbered)/ September 2021 (Service Locator Implemented)/MaineCare Support for ME
Fund SUD specific telehealth support through the North East Telehealth Resource Center to expand effective utilization of telehealth services.	Ongoing through September 2021/ MaineCare SUPPORT for ME
Establish an incentive within MaineCare's new value-based primary care model for primary care providers to offer MAT services in alignment with ASAM guidelines for appropriate level of care, have a cooperative referral process with specialty behavioral health providers including a mechanism for co-management for the provision of MAT as needed, or be co-located with a MAT provider.	Rule to be effective December 2021/MaineCare Policy/MaineCare Value-Based Purchasing
Residential Treatment (including medically supervised withdrawal management)	
Implement Maine's approved 1115 IMD Exclusion Waiver for SUD services and work with current and prospective residential treatment providers to understand their options for serving MaineCare members in facilities that have more than 16 beds.	January 2021-December 2025/MaineCare Policy
MAT	
Amend the OHH rule to improve access to treatment, reduce administrative barriers to providing MAT, promote evidence-based treatment standards, and reinforce integration with primary care. This includes more flexibility and clarity around counseling expectations and the inclusion of methadone as a form of	Rule to be effective December 2021 /MaineCare Value-Based Purchasing

MAT under this model (all forms of buprenorphine, buprenorphine derivatives, and naltrexone are already used in the model). MaineCare is also assessing feasibility and appropriateness of expanding the OHH model to allow additional SUD chronic condition eligibility, such as stimulant use disorder. Stimulant use is reportedly on the rise in Maine both in cases of polysubstance use and independently.	Ongoing/MaineCare Value-Based Purchasing
Review all MAT policies for policy and utilization management restrictions that may impact access to evidence-based and low-barrier care.	Ongoing through September 2021/MaineCare Policy and Pharmacy
Explore mobile MAT options in order to reach vulnerable populations statewide.	Ongoing through December 2022/ Office of Beahvioral Heatlh
Gather data on barriers and gaps to accessing SUD treatment for youth Conduct online survey for youth and young adults (ages 12-21) who have been impacted by SUD to better understand their perspective on SUD capacity and treatment and recovery needs in Maine.	Ongoing through September 2021/MaineCare SUPPORT for ME

Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Misuse and OUD

Current State: Over the past five years, the Department has focused heavily on the implementation of revised opioid prescribing guidelines as well as implementation of strategies to increase utilization and improve functionality of Maine's Prescription Drug Monitoring Program (PDMP). This work included the implementation of legislation (P.L. 488, 127th Legislature) titled "An Act to Prevent Opiate Abuse by Strengthening the Controlled Substances Prescription Monitoring Program," numerous benefit changes within the MaineCare program to promote alternative treatments to pain management, and sustained academic detailing to support safe prescribing. There is also a PDMP Advisory Committee, consisting of external stakeholders (e.g. providers, pharmacists, health care organizations) and state personnel, which meets bimonthly, to increase utilization and improve functionality of the PDMP.

As of the beginning of Governor Mills' Administration, there has also been a focus on expanded coverage of and access to naloxone for overdose reversal. MaineCare coverage for naloxone is already in place with low-barrier access and additional efforts are underway to incentivize and/or require co-prescribing of naloxone with MAT. There are also many initiatives through the Office of Behavioral Health to deploy various distribution networks, including exploring ways to fund more direct distribution and leave-behind doses of naloxone.

Table 7. Future State: Plan for Additional Comprehensive Treatment and Prevention Strategies to Address OUD

Action Items	Timeframe/Parties Responsible
Expand Coverage of and Access to Naloxone	
Consider implementing a standing order for naloxone.	September 2021/ MaineCare Pharmacy
Implementation of Strategies to Increase Utilization and Improve Functionality of the PDMP	
Improve functional and data analytic capacity of the PDMP (see Attachment B)	Ongoing through November 2021/Office of Behavioral Health
Other Strategies to Prevent Prescription Drug Misuse and Overdose Risk	
Assess concurrent use of opioids and benzodiazapines in MaineCare's Medicaid Accountable Care Organizations, as part of this program's performance-based payments. This data will be evaluated collaboratively with these entities and with the 1115 monitoring reports to identify areas of intervention for improvement.	December 2021 and Ongoing/MaineCare Value-Based Purchasing
Implementation of Opioid Prescribing Guidelines	
N/A already in place.	

Improved Care Coordination and Transitions between Levels of Care

Current State: MaineCare regulations (MaineCare Benefits Manual, Section 97) require residential treatment providers to deliver scheduled therapeutic and rehabilitative treatment consisting of transitional services that are designed to facilitate a member's return to the community. Additionally, programs are required to have written policies and procedures to facilitate client referrals and coordination of services internally and externally. Residential treamtnt providers are also required by MaineCare to have written policies and procedures regarding discharge and treatment follow-up.

In addition to the residential treatment provider requirements around care coordination and transitions of care, MaineCare covers a limited set of populations with SUD through Targeted Case Management (TCM, MaineCare Benefits Manual, Section 13), offers an OHH program to serve individuals with OUD (MaineCare Benefits Manual, Section 93), and allows SUD as a qualifying condition in their primary care Health Home model (MaineCare Benefits Manual, Section 91). The MaineCare provider requirements for these (and other non-SUD specific) care coordination and/or case management services include specific expectations around transitions of care. The Health Home programs includes a service called Comprehensive Transitional Care which includes assisting members and

family/guardian/caregivers, as appropriate, with the discharge process. For the OHH model, this specifically includes requirements of outreach to assist the member in returning to treatment for OUD, connecting or re-connecting members to other providers or community-based services post-discharge, and working to prevent avoidable readmissions. While care transition support is considered a basic element of all case management services, including TCM, OHH, Behavioral Health Homes (BHH), primary care Health Homes, and Community Integration services for members with serious mental illness, there is a need to assess and improve the experience and effectiveness of these services for members with SUD. Part of this work includes creating clear expectations and accountability for discharging as well as receiving providers. Establishment and implementation of policies to ensure residential and inpatient facilities link beneficiaries with community-based services and supports following stays in these facilities will be aggressively addressed through this 1115 waiver. This milestone will be achieved within 24 months of demonstration approval and will be tracked through the 1115 monitoring measures consistently and on an ongoing basis.

Of note, the Department has additional initiatives to improve care transitions out of state prisons and local jails, including processes to ensure active/full MaineCare upon release for eligible MaineCare members, and state-funded MAT and care coordination transition services to facilitate transitions to MaineCare-covered community services.

The Department has also partnered with community providers to implement and continuously improve the BHH and OHH programs (from 2014 and 2017, respectively) to improve coordination of mental and physical health. These efforts are critical to ensure that providers involved in care transitions account for all of an individuals health and social needs during transitions, including establishing or re-establishing primary and specialty physical health services. Health Home providers participate in regular peer learning and technical assistance convenings with the Department to continuously improve these efforts.

The BHH program, which serves adults with serious mental illness and children with serious emotional disturbance (and many individuals having co-occuring SUD), has core competencies surrounding integration of physical and behavioral health and requires formal agreements between BHH organizations and primary care practices in their service area. This program has a pay-for-performance measure focused on the intersection of physical and behavioral health, specifically assessing metabolic screening for individuals on antipsychotic medications.

Building upon the BHH program and the integrated team-based approach to care, the Department introduced OHHs in 2017 to improve the quality and availability of integrated MAT services statewide. This program currently serves over 2,600 MaineCare members with OUD monthly, with utilization increasing monthly due to increasing provider capacity and increased Medicaid eligibility. This program also focuses on whole-person care and requires the MAT provider to connect members to primary care and establish releases of information with the members' primary care provider, with member consent.

Lastly, the SUPPORT for ME team recently conducted a care integration assessment adapted from the Maine Health Access Foundation (MeHAF) Site Self-Assessment tool across various provider types serving MaineCare members with SUD. The purpose of the assessment is to collect information from organizations to help MaineCare better understand the level of care within their organization and across several dimensions of care. A full analysis of these results will be reported in Spring 2021. In Table 8, we highlight that this program's focus on integration with physical health will be strengthened by a pay-for-performance provision within the next 12 months that is aligned with this 1115 performance measure of ensuring individuals with SUD access physical health care.

Table 8. Future State: Plan for Improved Care Coordination and Transitions between Levels of Care

Action Items	Timeframe/Parties Responsible
Implementation of Policies to Ensure Residential and Inpatient Facilities Link Beneficiaries with Community-Based Services	
Assess transitions of care (through provider surveys, stakeholder groups, and internal review/decision-making), including a specific focus on plans and procedures of residential treatment facilities (including medically supervised withdrawal facilities) to support effective/safe discharges (through incorporation of this in site visits and quality assurance activities).	December 2021/Office of Behavioral Health/Office of Child and Family Services
Develop mechanism for performance monitoring for residential treatment facilities, behavioral health inpatient facilities, and community providers to assess follow-up after a residential stay (e.g. seven days or less). The first step is to develop internal or contracted vendor support to routinely assess performance on designated follow-up care quality measures. MaineCare or it's vendor, will review data and work with internal and external stakeholders to share provider-level performance on this metric. MaineCare will consider opportunities to incorporate financial incentives/penalties related to this effort and other key metrics.	January 2022/MaineCare Value-Based Purchasing
Evaluate whether current duplication or other policies restrict provider's ability to engage in effective care transitions. The state will conduct an assessment through provider surveys, stakeholder groups, and internal review/decision-making.	Ongoing through April 2022/ MaineCare Policy
Amend MaineCare residential treatment facilities regulations to be more specific around requirements that these providers must coordinate with the member's treatment team, including but not limited to the member's case management, behavioral health home, or opioid health home providers to coordinate care and facilitate access to any identified services and supports, considering their physical and mental health needs.	Rule to be effective October 2021/MaineCare Policy

Additional Policies to Ensure Coordination of Care for Co-Occurring Physical and Mental Health Conditions	
Share targeted results of the Maine Health Access Foundation (MeHAF) Site Self-Assessment/care integration assessment with providers to seek feedback on opportunities for future technical assistance offerings or other supports needed to improve integration of SUD with other mental and physical health services.	July 2021/MaineCare SUPPORT for ME
Incorporate a pay-for-performance provision into the OHH model that includes a measure on annual primary care or ambulatory visits.	Rule to be effective December 2021/MaineCare Policy/ MaineCare Value-Based Purchasing
Convene residential treatment and BHH/OHH providers in a working group around transitions and integration of physical and behavioral health.	November 2021/MaineCare Value-Based Purchasing
Assess TCM and OHH eligibility for opportunity to include additional SUD conditions aimed at developing a more robust care management/care coordination system for individuals with SUD.	Ongoing through March 2022/ MaineCare Policy
Amend MaineCare Policy clearly state providers must coordinate with the member's treatment team, including but not limited to the member's case management, behavioral health home, or opioid health home providers to coordinate care and facilitate access to any identified services and supports, considering their physical and mental health needs.	Rule to be effective October 2021/MaineCare policy

Implementation Administration

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Attachment A: MaineCare Covered SUD Services

Service	Brief Description	SPA Page
Community-based Services		
Early Intevention Services	Services include screening and health risk assessment, Screening, Brief Intervention and Referral to Treatment (SBIRT), and evidence-based parenting interventions.	Attachment 3.1-A Page 2; item 5a
Targeted Case Management	Services consist of assessment, planning, referral and related activities, and monitoring and follow-up activities for individuals with a diagnosed SUD who are currently seeking treatment and are either pregnant, living with minor children, or an intravenous drug user.	Supplement 1 to Attachment 3.1-A Page 6a-6f
Outpatient Services (Comprehensive Assessment, Therapy and Counseling Services)	Services include comprehensive assessment, individual and group therapy for children and adults with mental health and co-occurring disorders.	Attachment 3.1-A Page 5; item 13a-Diagnostic Services: Attachment 3.1-A Page 5(a) and Attachment 3.1-A Page 6, item 13d-Rehabilitative Services: Attachment 3.1-A Page 5(a)(xii)
Medication Management Services	Services directly related to the psychiatric evaluation, prescription, administration, education and/or monitoring of medications intended for the treatment of mental health disorders, SUD, and/or co-occurring disorders.	Attachment 3.1-A Page 6, item 13d-Rehabilitative Services: Attachment 3.1-A Page 5(a)(xxi)
Medication Assisted Treatment	Treatment for SUD that includes the use of methadone delivered in accordance with the Substance Abuse and Mental Health Services Administration (SAMHSA) regulations. Services include assessment, planning, counseling, drug use disorder testing, and medication administration. Also includes MAT services that are delivered in an office-based setting, (e.g. OBOT or a certified Opioid Treatment Program (OTP).	SPA # 21-0003 - Attachment 3.1-A Page 6, item 13d- Rehabilitative Services: Attachment 3.1-A Page 5(a)(x)

Opioid Health Homes	Integrated MAT services, including office visits with a MAT prescriber, prescription medication for OUD, OUD counseling, comprehensive care management/care coordination/health promotion, urine drug screening, and peer recovery support services provided through a bundled rate.	Section 3.1-H
Intensive Outpatient Services	Intensive and structured service of alcohol and drug assessment, diagnosis, and treatment services in a non-residential setting for members who meet ASAM criteria level II.1 or II.5. Services include co-occurring mental health and SUD. Available to adults and children.	Attachment 3.1-A Page 6, item 13d-Rehabilitative Services: Attachment 3.1-A Page 5(a)(xiv)
Residential		
Clinically Managed Low Intensity Residential Services	Services delivered according to ASAM level 3.1, including scheduled therapeutic and rehabilitative treatment designed to enable the member to sustain a substance free lifestyle in an unsupervised community situation. Available to adults.	Attachment 3.1-A Page 6, item 13d-Rehabilitative Services: Attachment 3.1-A Page 5(a)(xix)
Clinically Managed Population-Specific High Intensity Residential Programs	Services delivered according to ASAM level 3.3, Category II, including scheduled therapeutic plan consisting of treatment services designed to enable the member to sustain a substance free life style within a supportive environment. The treatment mode may vary with the member's needs and may be in the form of individual, group or family counseling. Available to adults.	Attachment 3.1-A Page 6, item 13d-Rehabilitative Services: Attachment 3.1-A Page 5(a)(xviii)
Clinically Managed Residential Services	Services delivered according to ASAM level 3.5, including therapeutic treatment and planning consisting of assessment, diagnostic, and counseling services. Available to adults and children.	Attachment 3.1-A Page 6, item 13d-Rehabilitative Services: Attachment 3.1-A Page 5(a)(xvi)
Medically Monitored Inpatient Programs	Services delivered according to ASAM level 3.7, including a planned structured regimen of 24-hour professionally directed evaluation, observation, medical monitoring, and addiction treatment in an inpatient setting. Services provide immediate diagnosis and care to members having acute	Attachment 3.1-A Page 6, item 13d-Rehabilitative Services: Attachment 3.1-A Page 5(a)(xvii)

	physical problems related to substance use disorder. Available to adults and children.	
Inpatient		
Psychiatric Residential Treatment Facility (PRTF) Services	Comprehensive mental health treatment and/or SUD treatment to children and adolescents who, due to mental illness, SUD, or Serious Emotional Disturbance (SED), meet level of care requirements for a PRTF.	Attachment 3.1-A Page 7, item 16

Attachment B: Health IT Plan

As a component of Milestone 5,[3] Implementation of Strategies to Increase Utilization and Improve Functionality of Prescription Drug Monitoring Programs (PDMP), please find Maine's SUD Health IT Plan. In summary, Maine has a robust PDMP, administered by Appriss, that has been supported through legislative and programmatic effort; however, this plan will focus on three main areas of improvement that are based on user feedback and best practice review:

- Complete work to integrate Maine's PDMP and Health Information Exchange (HIE) systems
- Provider, pharmacy and health system engagement and education around PDMP-based SUD assessment and decision support, PDMP compliance, and workflow optimization
- Implementation of enhanced PDMP data analytics capabilities

Table 1. State Health IT / PDMP Assessment & Plan

Milestone Criteria	Current State	Future State	Summary of Actions Needed
Prescription Drug Monitoring Program (PDMP) Functionalities			
Enhanced interstate data sharing in order to better track patient-specific prescription data	Maine's PDMP is currently connected with 34 state PDMPs and the Military Health System, and connections with an additional 15 states are currently pending. We are integrating with another interstate data sharing tool, RxCheck that will allow us to connect with those PDMP's that are not currently able to connect through the NAPD PMPi Interconnect.	• Finalize connections between Maine's PDMP system and the 15 states currently pending • Explore establishing PDMP connections with US Territories and the Canadian province of New Brunswick	• The Office of Behavioral Health (OBH) administers the PDMP system in Maine. OBH's PDMP Coordinator will check in with the 15 pending states on a monthly basis to assess technological readiness for intrastate data sharing and establish these connections as the technological progress allows.

[3] Milestone 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.

			• OBH is managing a re-engagement with the Appriss AWARxE PDMP system, which includes RxCheck for intrastate data sharing. RxCheck will be implemented upon "Go Live" with Appriss (planned date 4/4/21). • OBH's PDMP Coordinator will communicate on a monthly basis with US Territories and New Brunswick, Canada to assess progress towards procuring and implementing PDMP systems; OBH will pursue connections as technological dependencies are clarified.
Enhanced "ease of use" for prescribers and other state and federal stakeholders	Prescribers (clinicians) and dispensers (pharmacies) are currently able to access Maine's PDMP directly as a stand-alone application or via established interoperability with over 150 different electronic health record (EHR) and pharmacy management systems. Prescribers can allow their delegates (clinical staff with special permissions set through the PDMP and connected to a specific prescriber's DEA) to run Batch Patient Reports.	• Inclusion of scheduled I through V substances to provide authorized users with a broad set of information and tools required to support clinical decision-making at the time of prescribing or dispensing • Enhanced data integration, analytic, and reporting capabilities encompassing diverse SUD-related data sets to enable outcome measurement and actionable insights for treatment purposes.	The future state requires legislative changes and the request for these rule changes will be heard in the current legislative session running through July 2021.

Enhanced connectivity between the state's PDMP and any statewide, regional or local health information exchange	The State of Maine has a robust HIE infrastructure developed and operated by HealthInfoNet. HealthInfoNet was launched in 2006 and has since carried out a range of projects and functions in collaboration with and under contract to Maine DHHS. HealthInfoNet connects providers to other providers through a secure online network to share patients' electronic health record data, allowing doctors, hospitals, and other providers to share important health information required to improve the quality and safety of patient care in the state. HealthInfoNet is an independent, nonprofit 501(c)(3) organization, warehousing electronic health record data for almost all (98%) of Maine residents. HealthInfoNet is connected to the majority of healthcare facilities in the state, including all hospitals, over 750 ambulatory care sites, multiple reference laboratories, pathology laboratories, Federally Qualified Health Centers (FQHCs), long-term care and home health facilities, behavioral health providers, independent laboratories, social services providers, and the Veterans Administration (using both local	By using the statewide PDMP, integrated with the statewide HIE and providers' EHR systems, prescribers will be able to view a patient's comprehensive prescription drug history (scheduled I-V substances) in context of their overall medical record to mitigate drug-to-drug interactions, ensure the co-prescription of Naloxone, and/or refer the patient to another authorized prescriber for education and/or treatment. Connection through the PDMP and HIE will occur through the current system.	The Office of Behavioral Health is managing the integration of Maine's PDMP with its HIE. Functionality for HIE connection will be implemented no later than December 2021. Maine recently made the determination to re-engage with the Appriss AWARxE PDMP system, which will allow the state to leverage work that has already been done by HealthInfoNet in other states to connect the HealthInfoNet HIE with the Appriss AWARxE PDMP. The first meeting between the HealthInfoNet and Appriss technology teams to begin work on the integration project is scheduled for 2/23/21.

	connections and the Sequoia Project). Additionally, HealthInfoNet receives a routine claims data feed from the Office of MaineCare Services.		
Enhanced identification of long-term opioid use directly correlated to clinician prescribing patterns[4] (see also "Use of PDMP" #2 below)	The current PDMP system allows prescribers to connect through their EHR to view patients' comprehensive prescription drug history. Prescribers are able to assign a delegate to assist with bulk patient reports for review prior to the patient's visit to ensure better provider/patient communication regarding their level of care.	By using the statewide PDMP, integrated with the statewide HIE and providers' EHR systems, prescribers would be able to view a patient's comprehensive prescription drug history (scheduled I-V substances) in context of their overall medical record to mitigate drug-to-drug interactions, ensure the co-prescription of Naloxone, and/or refer the patient to another authorized prescriber for education and/or treatment. With an advanced analytic and reporting infrastructure, the State's program would easily be able to assist with the Administration's policy efforts by combining diverse data sources (e.g., PDMP, HIE clinical, Medicaid claims, a SUD Treatment Services application, VITAL Signs, etc.) to deliver timely reporting and data-sharing of opioid-related outcomes.	The Office of Behavioral Health is managing the integration of Maine's PDMP with its HIE. Functionality for HIE connection will be implemented no later than December 2021. Maine recently made the determination to re-engage with the Appriss AWARxE PDMP system, which will allow the state to leverage work that has already been done by HealthInfoNet in other states to connect the HealthInfoNet HIE with the Appriss AWARxE PDMP. The first meeting between the HealthInfoNet and Appriss technology teams to begin work on the integration project is scheduled for 2/23/21.
Current and Future PDMP Query Capabilities			

[4] Shah A, Hayes CJ, Martin BC. Characteristics of Initial Prescription Episodes and Likelihood of Long-Term Opioid Use — United States, 2006–2015. MMWR Morb Mortal Wkly Rep 2017;66:265–269. DOI: http://dx.doi.org/10.15585/mmwr.mm6610a1.

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)	Appriss currently uses a unique patient identifying algorithm that merges patients well and also allows the Maine PDMP Administrators the ability to manually merge patients if desired.	The State will assess the clinical, analytic and workflow outcome value of upgrading the HIE MPI to ensure a more complete representation of a patient's medication use history, as well as to associate the PDMP data with other clinical encounters and data available through the HIE. Patient matching is important to safety in the Maine PDMP and for PDMP interstate data sharing as required in the PARTNERSHIP Act. Patient matching is central to getting the right and complete information for a patient's medication use prescription history to a provider making clinical decisions when viewing the PDMP data.	While the PDMP system merges patients effectively, the state is considering are leveraging of the HIE MPI as an additional resource when users are connecting through their EMR. Future plans to leverage the HIE MPI center around constructing a comprehensive multi-source state database of linked client records that would allow a more encompassing view of how individuals are served by various DHHS services and systems, including MaineCare, OBH, Office of Child and Family Services, Office of Aging and Disability Services, Emergency Management Services, Syndromic Surveillance (hospital ED data), Department of Corrections, Department of Public Safety, etc.
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	Appriss allows prescribers to view a patient record either through their own EHR, via the HealthInfoNet portal, or through its AWARxE program. Appriss allows the provider to review the patient's	Appriss currently utilizes PMP Gateway for point-of-care integration prescribers' EHR systems. In addition, the Office of Behavioral Health is managing the ongoing work to integrate the AWARxE PDMP with HealthInfoNet such that providers who	As part of Maine's re-engagement with the Appriss AWARxE PDMP system, the state will maintain provider EHR integrations via the Appriss PMP Gateway. In

controlled substance to address the issues which follow	record by accessing the EHR, assigning a delegate to print prior to the appointment in the bulk print feature or to view prior to the visit in the PMP and print the record to add to the patient's chart when appropriate. Prescribers have access to the patient's record from another PMP (out-of-state) to help identify any doctor-shopping, doctor-cycling, or co-prescribing habits.	participate with the HIE will be able to access PDMP data within the HIE portal. (Please see above for description of this project.) PMP Gateway increases utilization of PDMP data at the point-of-care through integration with 150+ different EHR and pharmacy management systems. PMP Gateway delivers PDMP data and NarxCare analytics within the PDMP workflow. The information provided to clinicians is provided in clinically meaningful ways using the NarxCare system and with clinician benchmark reporting comparing clinicians' prescribing patterns to those of their peers.	addition, the OBH will be investing in a provider outreach and education campaign as part of the AWARxE re-engagement to facilitate EHR integration work and assist health care organizations in implementing and reinforcing PDMP best practices. This outreach and engagement work is planned to occur beginning in April 2021 and will continue through December 2021.
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	Appriss allows prescribers to view the record either through their own EHR, via the HealthInfoNet portal or through the AWARxE interface. Appriss allows the provider to review the patient's record by accessing the EHR, assigning a delegate to print prior to the appointment in the bulk print feature or to view prior to the visit in the PMP and print the record to add to the patient's chart when appropriate. Prescribers have access to the patient's record from out-of-state PDMPs to help identify any doctor-shopping, doctor-cycling, or co-prescribing habits.	Prescribers will have the ability to access patient PDMP data through the AWARxE platform, via the HealthInfoNet portal, or through the Gateway integration with their own EHR. The clinician will have access to clinical profiles of patients and historical information of the patient's prior use of controlled substances. The Appriss NarxCare module provides clinicians with clinical decision support related to risk of overdose based on an underlying predictive algorithm. PMP Gateway increases utilization of PDMP data at the point-of-care through integration with various electronic health record and pharmacy management systems. PMP Gateway delivers PDMP data and NarxCare analytics within the PDMP workflow. The information provided to clinicians is provided in clinically	As part of Maine's re-engagement with the Appriss AWARxE PDMP system, the state will maintain provider EHR integrations via the Appriss PMP Gateway. The Office of Behavioral Health is managing the integration of Maine's PDMP with its HIE. Functionality for HIE connection will be implemented no later than December 2021. The first meeting between the HealthInfoNet and Appriss technology teams to begin work on the integration project is scheduled for 2/23/21.

		meaningful ways using the NarxCare system and with clinician profiling reporting comparing clinicians to their peers.	
Master Patient Index / Identity Management			
Enhance the master patient index (or master data management service, etc.) in support of SUD care delivery.	Provider compliance with Web Infrastructure for Treatment Services (WITS) data entry requirements for SUD treatment services has been suboptimal, resulting in SUD treatment episode data and client-level data that is under-reported and often incomplete.	OBH is expanding its existing relationship with Kepro, the Administrative Services Provider for both OBH and MaineCare, to replace the WITS system. The Kepro data collection system, Atrezzo, will be used by all SUD providers to both collect client-level data and also process authorizations for treatment. Combining these two functionalities in one system will reduce administrative burden on providers and incentivize compliance with SUD treatment episode data collection by tying this function to authorization/invoicing for services.	OBH is managing the Kepro expansion project. The planned completion date for this project is 4/31/21. Tasks remaining include: Complete review and validation of the development work done by Kepro; • Historical data transfer from WITS to Atrezzo; • User Acceptance Testing and System Testing; and, • Provider engagement/education on the new system.
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	Currently, Appriss provides within its system the payment type associated with dispensations. The prescriber checks the system prior to prescribing an opioid or benzothiazepine per state statue §7253.Prescribers and dispensers required to check PDMP information, as per the dispenser prior to dispensing a opioid or benzothiazepine.	The Appriss NarxCare system serves as an alert to prescribers regarding potentially risky/inappropriate opiate prescriptions.	OBH administers Maine's PDMP and is managing the provider education and engagement campaign as part of the state's re-engagement with the Appriss AWARxE system. Planned activities include: with provider education on the NarxCare tool and its underlying algorithm to better enable providers to make informed and appropriate prescribing

			decisions at the point of care in the upcoming fiscal year (July 2021 – Sept 2022). The term provider encompasses prescribing providers with DEA numbers (MD, DO, NP)

Attachment B: Implementation Administration

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Email Address: Rebecca.A.Taylor@maine.gov

Attachment B: Health IT Plan

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- Complete work to integrate Maine's PDMP and Health Information Exchange (HIE) systems
- Provider, pharmacy and health system engagement and education around PDMP-based SUD assessment and decision support, PDMP compliance, and workflow optimization
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[1] Milestone 5. Implementation of comprehensive treatment and prevention strategies to address Opioid Abuse and OUD, that is:

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- Enhance and/or support clinicians in their usage of the state's PDMP.

			• OBH is managing a re-engagement with the Appriss AWARxE PDMP system, which includes RxCheck for intrastate data sharing. RxCheck will be implemented upon "Go Live" with Appriss (planned date 4/4/21). • OBH's PDMP Coordinator will communicate on a monthly basis with US Territories and New Brunswick, Canada to assess progress towards procuring and implementing PDMP systems; OBH will pursue connections as technological dependencies are clarified.
Enhanced "ease of use" for prescribers and other state and federal stakeholders	Prescribers (clinicians) and dispensers (pharmacies) are currently able to access Maine's PDMP directly as a stand-alone application or via established interoperability with over 150 different electronic health record (EHR) and pharmacy management systems. Prescribers can allow their delegates (clinical staff with special permissions set through the PDMP and connected to a specific prescriber's DEA) to run Batch Patient Reports.	• Inclusion of scheduled I through V substances to provide authorized users with a broad set of information and tools required to support clinical decision-making at the time of prescribing or dispensing • Enhanced data integration, analytic, and reporting capabilities encompassing diverse SUD-related data sets to enable outcome measurement and actionable insights for treatment purposes.	The future state requires legislative changes and the request for these rule changes will be heard in the current legislative session running through July 2021.

Enhanced connectivity between the state's PDMP and any statewide, regional or local health information exchange	The State of Maine has a robust HIE infrastructure developed and operated by HealthInfoNet. HealthInfoNet was launched in 2006 and has since carried out a range of projects and functions in collaboration with and under contract to Maine DHHS. HealthInfoNet connects providers to other providers through a secure online network to share patients' electronic health record data, allowing doctors, hospitals, and other providers to share important health information required to improve the quality and safety of patient care in the state. HealthInfoNet is an independent, nonprofit 501(c)(3) organization, warehousing electronic health record data for almost all (98%) of Maine residents. HealthInfoNet is connected to the majority of healthcare facilities in the state, including all hospitals, over 750 ambulatory care sites, multiple reference laboratories, pathology laboratories, Federally Qualified Health Centers (FQHCs), long-term care and home health facilities, behavioral health providers, independent laboratories, social services providers, and the Veterans Administration (using both local	By using the statewide PDMP, integrated with the statewide HIE and providers' EHR systems, prescribers will be able to view a patient's comprehensive prescription drug history (scheduled I-V substances) in context of their overall medical record to mitigate drug-to-drug interactions, ensure the co-prescription of Naloxone, and/or refer the patient to another authorized prescriber for education and/or treatment. Connection through the PDMP and HIE will occur through the current system.	The Office of Behavioral Health is managing the integration of Maine's PDMP with its HIE. Functionality for HIE connection will be implemented no later than December 2021. Maine recently made the determination to re-engage with the Appriss AWARxE PDMP system, which will allow the state to leverage work that has already been done by HealthInfoNet in other states to connect the HealthInfoNet HIE with the Appriss AWARxE PDMP. The first meeting between the HealthInfoNet and Appriss technology teams to begin work on the integration project is scheduled for 2/23/21.

	connections and the Sequoia Project). Additionally, HealthInfoNet receives a routine claims data feed from the Office of MaineCare Services.		
Enhanced identification of long-term opioid use directly correlated to clinician prescribing patterns[2] (see also "Use of PDMP" #2 below)	The current PDMP system allows prescribers to connect through their EHR to view patients' comprehensive prescription drug history. Prescribers are able to assign a delegate to assist with bulk patient reports for review prior to the patient's visit to ensure better provider/patient communication regarding their level of care.	By using the statewide PDMP, integrated with the statewide HIE and providers' EHR systems, prescribers would be able to view a patient's comprehensive prescription drug history (scheduled I-V substances) in context of their overall medical record to mitigate drug-to-drug interactions, ensure the co-prescription of Naloxone, and/or refer the patient to another authorized prescriber for education and/or treatment. With an advanced analytic and reporting infrastructure, the State's program would easily be able to assist with the Administration's policy efforts by combining diverse data sources (e.g., PDMP, HIE clinical, Medicaid claims, a SUD Treatment Services application, VITAL Signs, etc.) to deliver timely reporting and data-sharing of opioid-related outcomes.	The Office of Behavioral Health is managing the integration of Maine's PDMP with its HIE. Functionality for HIE connection will be implemented no later than December 2021. Maine recently made the determination to re-engage with the Appriss AWARxE PDMP system, which will allow the state to leverage work that has already been done by HealthInfoNet in other states to connect the HealthInfoNet HIE with the Appriss AWARxE PDMP. The first meeting between the HealthInfoNet and Appriss technology teams to begin work on the integration project is scheduled for 2/23/21.
Current and Future PDMP Query Capabilities			

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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)	Appriss currently uses a unique patient identifying algorithm that merges patients well and also allows the Maine PDMP Administrators the ability to manually merge patients if desired.	The State will assess the clinical, analytic and workflow outcome value of upgrading the HIE MPI to ensure a more complete representation of a patient's medication use history, as well as to associate the PDMP data with other clinical encounters and data available through the HIE. Patient matching is important to safety in the Maine PDMP and for PDMP interstate data sharing as required in the PARTNERSHIP Act. Patient matching is central to getting the right and complete information for a patient's medication use prescription history to a provider making clinical decisions when viewing the PDMP data.	While the PDMP system merges patients effectively, the state is considering are leveraging of the HIE MPI as an additional resource when users are connecting through their EMR. Future plans to leverage the HIE MPI center around constructing a comprehensive multi-source state database of linked client records that would allow a more encompassing view of how individuals are served by various DHHS services and systems, including MaineCare, OBH, Office of Child and Family Services, Office of Aging and Disability Services, Emergency Management Services, Syndromic Surveillance (hospital ED data), Department of Corrections, Department of Public Safety, etc.
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	Appriss allows prescribers to view a patient record either through their own EHR, via the HealthInfoNet portal, or through its AWARxE program. Appriss allows the provider to review the patient's	Appriss currently utilizes PMP Gateway for point-of-care integration prescribers' EHR systems. In addition, the Office of Behavioral Health is managing the ongoing work to integrate the AWARxE PDMP with HealthInfoNet such that providers who	As part of Maine's re-engagement with the Appriss AWARxE PDMP system, the state will maintain provider EHR integrations via the Appriss PMP Gateway. In

controlled substance to address the issues which follow	record by accessing the EHR, assigning a delegate to print prior to the appointment in the bulk print feature or to view prior to the visit in the PMP and print the record to add to the patient's chart when appropriate. Prescribers have access to the patient's record from another PMP (out-of-state) to help identify any doctor-shopping, doctor-cycling, or co-prescribing habits.	participate with the HIE will be able to access PDMP data within the HIE portal. (Please see above for description of this project.) PMP Gateway increases utilization of PDMP data at the point-of-care through integration with 150+ different EHR and pharmacy management systems. PMP Gateway delivers PDMP data and NarxCare analytics within the PDMP workflow. The information provided to clinicians is provided in clinically meaningful ways using the NarxCare system and with clinician benchmark reporting comparing clinicians' prescribing patterns to those of their peers.	addition, the OBH will be investing in a provider outreach and education campaign as part of the AWARxE re-engagement to facilitate EHR integration work and assist health care organizations in implementing and reinforcing PDMP best practices. This outreach and engagement work is planned to occur beginning in April 2021 and will continue through December 2021.
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	Appriss allows prescribers to view the record either through their own EHR, via the HealthInfoNet portal or through the AWARxE interface. Appriss allows the provider to review the patient's record by accessing the EHR, assigning a delegate to print prior to the appointment in the bulk print feature or to view prior to the visit in the PMP and print the record to add to the patient's chart when appropriate. Prescribers have access to the patient's record from out-of-state PDMPs to help identify any doctor-shopping, doctor-cycling, or co-prescribing habits.	Prescribers will have the ability to access patient PDMP data through the AWARxE platform, via the HealthInfoNet portal, or through the Gateway integration with their own EHR. The clinician will have access to clinical profiles of patients and historical information of the patient's prior use of controlled substances. The Appriss NarxCare module provides clinicians with clinical decision support related to risk of overdose based on an underlying predictive algorithm. PMP Gateway increases utilization of PDMP data at the point-of-care through integration with various electronic health record and pharmacy management systems. PMP Gateway delivers PDMP data and NarxCare analytics within the PDMP workflow. The information provided to clinicians is provided in clinically	As part of Maine's re-engagement with the Appriss AWARxE PDMP system, the state will maintain provider EHR integrations via the Appriss PMP Gateway. The Office of Behavioral Health is managing the integration of Maine's PDMP with its HIE. Functionality for HIE connection will be implemented no later than December 2021. The first meeting between the HealthInfoNet and Appriss technology teams to begin work on the integration project is scheduled for 2/23/21.

		meaningful ways using the NarxCare system and with clinician profiling reporting comparing clinicians to their peers.	
Master Patient Index / Identity Management			
Enhance the master patient index (or master data management service, etc.) in support of SUD care delivery.	Provider compliance with Web Infrastructure for Treatment Services (WITS) data entry requirements for SUD treatment services has been suboptimal, resulting in SUD treatment episode data and client-level data that is under-reported and often incomplete.	OBH is expanding its existing relationship with Kepro, the Administrative Services Provider for both OBH and MaineCare, to replace the WITS system. The Kepro data collection system, Atrezzo, will be used by all SUD providers to both collect client-level data and also process authorizations for treatment. Combining these two functionalities in one system will reduce administrative burden on providers and incentivize compliance with SUD treatment episode data collection by tying this function to authorization/invoicing for services.	OBH is managing the Kepro expansion project. The planned completion date for this project is 4/31/21. Tasks remaining include: Complete review and validation of the development work done by Kepro; • Historical data transfer from WITS to Atrezzo; • User Acceptance Testing and System Testing; and, • Provider engagement/education on the new system.
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	Currently, Appriss provides within its system the payment type associated with dispensations. The prescriber checks the system prior to prescribing an opioid or benzothiazepine per state statue §7253.Prescribers and dispensers required to check PDMP information, as per the dispenser prior to dispensing a opioid or benzothiazepine.	The Appriss NarxCare system serves as an alert to prescribers regarding potentially risky/inappropriate opiate prescriptions.	OBH administers Maine's PDMP and is managing the provider education and engagement campaign as part of the state's re-engagement with the Appriss AWARxE system. Planned activities include: with provider education on the NarxCare tool and its underlying algorithm to better enable providers to make informed and appropriate prescribing

			decisions at the point of care in the upcoming fiscal year (July 2021 – Sept 2022). The term provider encompasses prescribing providers with DEA numbers (MD, DO, NP)

Attachment B: Implementation Administration

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