

1. Title Page for Ohio’s 1115 SUD Demonstration Waiver

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	Ohio
Demonstration Name	Ohio Section 1115 Substance Use Disorder Demonstration
Approval Date	September 24, 2019
Approval Period	October 1, 2019 – September 30, 2024
SUD (or if broader demonstration, then SUD Related) Demonstration Goals and Objectives	<p>During the 1115 SUD Demonstration waiver period Ohio expects to achieve the following goals:</p> <ol style="list-style-type: none"> 1. Increased rates of identification, initiation, and engagement in treatment for SUD; 2. Increased adherence to and retention in treatment; 3. Reductions in overdose deaths, particularly those due to opioids; 4. Reduced utilization of emergency departments and inpatient hospital settings for treatment where the utilization is preventable or medically inappropriate through improved access to other continuum of care services; 5. Fewer readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate; and 6. Improved access to care for physical health conditions among beneficiaries with SUD.

2. Executive Summary

During the second quarter of the first year of the 1115 Substance Use Disorder Demonstration Ohio continues to work on requirements found in the waiver Special Terms and Condition as agreed upon by CMS and the Ohio Medicaid. In addition, the state continues to make progress on components of waiver Milestones 1, 2, 3, 4, and 6, as identified in the Demonstration's Implementation Plan.

Highlights of this work is as follows:

Monitoring Protocol and Evaluation Design documents: Program development of waiver metrics and progress towards the completion of the draft 1115 SUD Monitoring Protocol and waiver evaluation plan design are progressing quickly. Ohio Medicaid and the state's contractor have developed and submitted questions regarding certain program metrics to CMS for discussion.

Implementation Plan Milestones: Under Milestone 1, at the onset of the COVID-19 health emergency during Quarter two (1/1/20- 3/31/20), ODM developed emergency policy changes that included broad use of telehealth service delivery and lifting prior authorization of certain SUD treatment services. Under Milestone 2, Ohio Medicaid began the analysis of Managed Care Plan' utilization management data with consideration given to areas where the providers and the plans can work together to improve processes. This work will also inform changes to rules and process to ensure compliance with the ASAM treatment criteria. The work with Milestone 3 continues with ODM and Ohio MHAS reviewing both department's rules and policies to coordinate approaches concerning the ASAM criteria. In addition, Milestone 4 work continues, including the development of standards for a provider capacity screening review process. This will help inform the ongoing statewide environmental scan of behavioral health agencies and efforts to create access standards for SUD levels of care. Finally, Milestone 6 work included the review of, and development of possible care coordination models focusing upon the most vulnerable of those individuals with substance use disorders.

At the February 28th meeting of the 1115 SUD Waiver Stakeholder Advisory Committee ODM, OhioMHAS, and committee members began a discussion and review of residential treatment criteria for the 3.1 through 3.5 ASAM levels of care

Topic areas for the discussion included:

- a) Who can clinically manage/medically monitor SUD residential treatment programs?
- b) What program staff are needed for each of the ASAM levels of care 3.1, 3.3, 3.5, and 3.7
- c) What are special considerations for adolescent programs?
- d) What are the special considerations for co-occurring capable and co-occurring enhanced programs
- e) What are the special considerations for adult special populations?
- d) How will programs provide on-site or facilitate off-site access to medications for SUDs?

Much of the discussion at the Advisory Committee meeting focused on ASAM LOCs 3.1 and 3.5, with discussion of other areas of interest such as: the need for peer support services as patients transition between levels of care; special treatment considerations for adolescents; connections between SUD treatment facilities and physical health care facilities such as FQHCs; and challenges around medication assisted treatment, both access to needed medications and coordination with therapeutic services.

ODM had tentatively planned to designate the March 27th Stakeholder Advisory Committee meeting as Ohio's first Post Implementation Public Forum in which Ohio staff will provide a briefing on waiver progress to date and invite testimony and input from any participating stakeholders. However, due to the COVID-19 emergency, on March 20, 2020 ODM asked for a discussion with CMS to potentially postpone the public forum. ODM has created a public web site at <https://bh.medicareid.ohio.gov/Providers/SUD-1115> dedicated to sharing information. Informational materials are posted here and are updated to reflect work progress. ODM has also created an email box MCD_SUD1115@medicareid.ohio.gov dedicated to stakeholder questions or input regarding the waiver or the work of the Stakeholder Advisory Committee.

3. Narrative Information on Implementation, by Reporting Topic

Prompts	Demonstration on 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.	<i>DY-1, Q2</i>		Ohio Medicaid will report trends in future monthly and annual Monitoring Reports.
<input checked="" type="checkbox"/> 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 STCs and implementation plan, have there been any	<i>DY-1, Q2</i>		(A) Ohio Medicaid continues to consider an amendment to the 1115 SUD Waiver Demonstration to permit the extension of eligibility up to 12 additional months for pregnant women with SUD/ODD whose eligibility would terminate at the end of the month after 60 days postpartum.

<p>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?</p>			<p>(B) There are no planned changes waiver demonstration clinical criteria. In January of 2018 the American Society of Addiction Medicine (ASAM) was identified as the treatment criteria for SUD treatment in the Medicaid program.</p>
<p>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.</p>	<p><i>DY-1, Q2</i></p>		<p>There are no anticipated changes at this time. However, ODM anticipates COVID-19 may impact metrics.</p>
<p><input type="checkbox"/> The state has no implementation update to report for this reporting topic.</p>			
<p>2.2 Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)</p>			
<p>2.2.1 Metric Trends</p>			
<p>Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a</p>	<p><i>DY-1, Q2</i></p>		<p>Ohio Medicaid will report trends in future monthly and annual monitoring reports.</p>

minimum, changes (+ or -) greater than two percent should be described.			
<input checked="" type="checkbox"/> 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	<i>DY-1, Q2</i>		a) With the onset of the COVID-19 health emergency ODM implemented policy changes to expand coverage of existing Medicaid SUD services to include synchronous and asynchronous telehealth activities. Additionally, in response to COVID-19, prior authorization requirements for SUD services were relaxed to relieve provider administrative burden and support access to treatment. b) As noted, in response to COVID-19, Ohio expanded access to telehealth services for SUD treatment and relaxed prior authorization requirements.

<p>residential and inpatient settings, medically supervised withdrawal management)?</p> <p>b. SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential treatment, medically supervised withdrawal management, and medication assisted treatment services provided to individuals in IMDs?</p>			
<p>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</p>	<p><i>DY-1, Q2</i></p>		<p>There are no anticipated changes at this time. However, ODM anticipates COVID-19 may impact metrics.</p>

so, please describe these changes.			
<input type="checkbox"/> 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.	<i>DY-1, Q2</i>		Ohio will be reporting in future monitoring reports on metrics related to assessment of need and qualification for SUD services.
<input checked="" type="checkbox"/> The state is reporting metrics related to Milestone 2 but has no metrics trends to report for this reporting topic at this time.			
<input type="checkbox"/> 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	<i>DY-1, Q2</i>		a) There are no changes to planned activities to improve providers’ use of evidence-based, SUD-specific placement criteria.

<p>implementation plan, have there been any changes or does the state expect to make any changes to:</p> <ul style="list-style-type: none"> a. Planned activities to improve providers’ use of evidence-based, SUD-specific placement criteria? b. Implementation of a utilization management approach to ensure: <ul style="list-style-type: none"> 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 			<p>b) There are no changes to planned activities related to utilization management.</p> <p>Ohio developed a data analytics strategy to review utilization management (UM) data for SUD services. ODM collected data from the Medicaid managed care plans (MCP) regarding their UM policies and procedures. Both quantitative and qualitative data was solicited from each MCP. Key findings will be used in the future to engage stakeholders and work towards developing utilization management policies for SUD services, including residential treatment.</p>
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placement in residential treatment settings?			
Are there any other anticipated program changes that may impact metrics related to the use of evidence-based, SUD-specific patient placement criteria (if the state is reporting such metrics)? If so, please describe these changes.	<i>DY-1, Q2</i>		There are no anticipated changes at this time. However, going forward ODM anticipates COVID-19 may impact metrics.
<input type="checkbox"/> 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.	<i>DY-1, Q2</i>		Ohio will be reporting in future monitoring reports on metrics related to assessment of need and qualification for SUD services.

<input checked="" type="checkbox"/> The state is reporting metrics related to Milestone 3 but has no metrics trends to report for this reporting topic at this time.			
<input type="checkbox"/> The state is not reporting any metrics related to this reporting topic.			
4.2.2 Implementation Update			
<p>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:</p> <p>a. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards?</p> <p>b. State review process for residential treatment providers' compliance with</p>	<p><i>DY-1, Q2</i></p>		<p>a) There are no anticipated changes at this time. Ohio is continuing to work with the Stakeholder Advisory Committee to gather input regarding residential treatment provider qualifications.</p> <p>b) There are no anticipated changes at this this time. Work is continuing to establish the process Ohio will use to perform compliance reviews of residential treatment facilities.</p> <p>c) There are no anticipated changes at this time. Ohio is continuing to work with the Stakeholder Advisory Committee to gather input regarding availability of MAT for individuals in residential treatment.</p>

<p>qualifications standards? c. Availability of medication assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site?</p>			
<p>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.</p>	<p><i>DY-1, Q2</i></p>		<p>There are no anticipated changes at this time. However, ODM anticipates COVID-19 may impact metrics.</p>
<p>The state has no implementation updates to report for this reporting topic.</p>			

5.2 Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)			
5.2.1 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.	<i>DY-1, Q2</i>		Ohio Medicaid will report trends in future monthly and annual Monitoring Reports.
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic at this time.			
5.2.2 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 planned activities to assess the availability of providers enrolled in	<i>DY-1, Q2</i>		<p>There are no anticipated changes at this time.</p> <p>Ohio is continuing work to assess the availability of providers enrolled in Medicaid and accepting new patients across the continuum of SUD care. Ohio is collecting and analyzing data from several different sources, including:</p> <ul style="list-style-type: none"> List of office-based practitioners with DATA2000 waiver from Ohio Department of Mental Health and Addiction Services in order to identify those practitioners offering medication assisted treatment (MAT).

Medicaid and accepting new patients in across the continuum of SUD care?			<ul style="list-style-type: none"> • 2017 and 2018 National Survey of Substance Abuse Treatment Services (N-SSATS) survey data. • Ohio Medicaid provider enrollment data. • Ohio MHAS provider certification data. • Ohio Medicaid claims data.
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.	<i>DY-1, Q2</i>		There are no anticipated changes at this time. However, ODM anticipates COVID-19 may impact metrics.
<input type="checkbox"/> 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	<i>DY-1, Q2</i>		Ohio Medicaid will report trends in future monthly and annual Monitoring Reports.

related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic at this time.			
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?	<i>DY-1, Q2</i>		a) There are no anticipated changes. As stated in Ohio's 1115 SUD Waiver Demonstration Implementation Plan, the State of Ohio has implemented five sets of opiate prescribing guidelines since 2012. These include: <ul style="list-style-type: none"> • The first Emergency and Acute Care Facility Opioid and Other Controlled Substances Prescribing Guideline was released in April 2012 for hospital emergency departments and acute care facilities to address the large proportion of opioids prescribed from these settings, disconnected from routine sources of care for chronic pain conditions. • In October 2013, Opioids Prescribing Guidelines for Treatment of Chronic, Non-terminal Pain for Ohio’s opiate prescribers as the risk for overdose became increasingly apparent across the country. • In January 2016, Guidelines for the Management of Acute Pain <i>Outside</i> of Emergency Departments and acute care facilities. These

			<p>guidelines addressed “new starts” and to further encourage non-opioid therapies and pain medications for the management of acute pain expected to resolve within 12 weeks.</p> <ul style="list-style-type: none"> • In August 2017, Ohio implemented prescribing limits for acute pain (seven days for adults and five days for minors). In order to be able to monitor adherence to these requirements, in December 29, 2017 prescribers were required to include the first four alphanumeric characters of the diagnosis code or full procedure code on opioid prescriptions. The inclusion of a diagnosis/procedure code (CDT) was required for all other controlled substance prescriptions on June 1, 2018. The final requirement was a days’ supply limit on all controlled substance and gabapentin prescriptions. • A final unifying guideline was rolled out in 2018, emphasizing the need for vigilance and persistence in ensuring safety and screening for misuse and abuse. Medical documentation recommendations were delineated, with a “press pause” at the lower threshold of 50 Morphine Equivalency Dosage (MED) instead of the 80 MED described in prior chronic pain guidelines. <p>b) Ohio Medicaid is working with the Ohio Board of Pharmacy on further refinement of prescribing guidelines and initiatives to expand the availability of Naloxone.</p> <p>On February 6, 2020, Ohio Medicaid received approval for the Medicaid Drug Utilization Review (DUR) provisions included in</p>
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			<p>Section 1004 of the Substance Use-Disorder Prevention that promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act (P.L. 115-271) State Plan Amendment (SPA). Included in this SPA were the following:</p> <p style="padding-left: 40px;">Day supply limits for new starts on short-acting opioids; Morphine Equivalent Dose (MED) limits; Early refill thresholds for opioid prescriptions; Claims review which monitors for concerning opioid therapy treatment; Claims review which monitors for concurrent utilization of opioids and benzodiazepines; and Duplicate fill safety edits for opioid prescriptions.</p>
<p>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.</p>	<p><i>DY-1, Q2</i></p>		<p>There are no anticipated changes at this time. However, ODM anticipates COVID-19 may impact metrics.</p>

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.	<i>DY-1, Q2</i>		Ohio Medicaid will report trends in future monthly and annual Monitoring Reports.
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> 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	<i>DY-1, Q2</i>		Ohio Medicaid is currently exploring additional care coordination approaches for beneficiaries with behavioral health diagnoses, including individuals with SUD.

community-based services and supports?			
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.	<i>DY-1, Q2</i>		There are no anticipated changes at this time. However, ODM anticipates COVID-19 may impact metrics.
<input type="checkbox"/> 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.	<i>DY-1, Q2</i>		Ohio Medicaid will report trends in future monthly and annual Monitoring Reports.
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
8.2.2 Implementation Update			

<p>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:</p> <ul style="list-style-type: none"> 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 	<p><i>DY-1, Q2</i></p>		<p>ODM continues to collect information regarding SUD provider access to health information technology (HIT) and their utilization of electronic medical record systems in their workflow, as well as exchange of care coordination information via HIT with other providers and health systems, such as CCDA records. ODM plans to collaborate with the two Health Information Exchanges (HIEs) entities operating in Ohio to identify the HIT status of SUD treatment providers who are licensed by the Ohio Department of Mental Health and Addiction Services. Through this collaboration, HIEs will work with the SUD providers to enhance their ability to exchange health information with collaborating providers and meet the needs of their patients.</p>
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<p>the health IT infrastructure/capabilities at the state, delivery system, health plan/MCO, and individual provider levels?</p> <p>e. Other aspects of the state’s health IT implementation milestones?</p> <p>f. The timeline for achieving health IT implementation milestones?</p> <p>g. Planned activities to increase use and functionality of the state’s prescription drug monitoring program?</p>			
<p>Are there any other anticipated program changes that may impact metrics related to SUD</p>	<p><i>DY-1, Q2</i></p>		<p>There are no anticipated changes at this time. However, Ohio anticipates COVID-19 may impact metrics.</p>

Health IT (if the state is reporting such metrics)? If so, please describe these changes.			
<input type="checkbox"/> 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.	<i>DY-1, Q2</i>		Ohio Medicaid will report trends in future monthly and annual Monitoring Reports.
<input checked="" type="checkbox"/> 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.	<i>DY-1, Q2</i>		There are no anticipated changes at this time. However, ODM anticipates COVID-19 may impact metrics.

<input checked="" type="checkbox"/> 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.	<i>DY-1, Q2</i>		After calculating the current budget neutrality test through demonstration year one, quarter two of the 1115 SUD Waiver Demonstration, Ohio Medicaid expenditures are below the budget neutrality limit as found in the 1115 SUD Waiver Demonstration Special Terms and Conditions in Section XII. Monitoring Budget Neutrality for the Demonstration.
<input checked="" type="checkbox"/> 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.	<i>DY-1, Q2</i>		There are no anticipated changes at this time.

<input checked="" type="checkbox"/> 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, than 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	<i>DY-1, Q2</i>		As noted throughout, effects of COVID-19 may have an impact on demonstration metrics and goals. Ohio’s response to COVID-19 included expansion of telehealth coverage and relaxing prior authorization for SUD services. Ohio will continue to monitor COVID-19 impacts throughout waiver implementation.

<p>in this document. See report template instructions for more detail.</p>			
<p><input checked="" type="checkbox"/> The state has no related considerations to report for this reporting topic.</p>			
<p>11.1.2 Implementation Update</p>			
<p>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:</p> <p>a. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)?</p> <p>b. Delivery models affecting demonstration participants (e.g.</p>	<p><i>DY-1, Q2</i></p>		<p>There are no planned changes; however, with the onset of the COVID-19 health emergency Ohio implemented policy changes to expand the coverage of Medicaid SUD services to include synchronous and asynchronous telehealth activities.</p>

<p>Accountable Care Organizations, Patient Centered Medical Homes)? c. Partners involved in service delivery?</p>			
<p>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?</p>	<p><i>DY-1, Q2</i></p>		<p>Ohio’s contracted managed care plans became responsible for Medicaid behavioral health services (including SUD services) on 7/1/2018. These benefits were previously “carved out” of managed care. The implementation of Ohio’s BH carve-in created significant challenges. Addressing these challenges has been a priority since implementation. Significant progress has been made and we expect will continue. Ohio’s 1115 SUD demonstration provides an ongoing venue to improve partnerships between MCPs, Ohio Medicaid, OhioMHAS, and behavioral health providers working together toward the mutual goal of accessible and quality treatment for beneficiaries.</p>
<p>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</p>	<p><i>DY-1, Q2</i></p>		<p>Upon taking office, Governor DeWine commissioned the RecoveryOhio initiative to coordinate the work of state departments, boards, and commissions by leveraging Ohio’s existing resources and seeking new opportunities. While engaging local governments, coalitions, and task forces, RecoveryOhio’s goals are to create a system to help make treatment available to Ohioans in need, provide support services for those in recovery and their families, offer direction for the</p>

from the SUD demonstration?			<p>state’s prevention and education efforts, and work with local law enforcement to provide resources to fight illicit drugs at the source.</p> <p>The implementation of Ohio’s SUD 1115 Demonstration Waiver supports the work of RecoveryOhio.</p>
<input checked="" type="checkbox"/> 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.	<i>DY-1, Q2</i>		The Draft Evaluation Design was delivered to CMS on March 21, 2020. Ohio is awaiting CMS’ review.
Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there	<i>DY-1, Q2</i>		The Draft Evaluation Design was delivered to CMS on March 21, 2020. Ohio is awaiting CMS' review of the Draft Evaluation Design.

are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs.			
List anticipated evaluation-related deliverables related to this demonstration and their due dates.	<i>DY-1, Q2</i>		<ol style="list-style-type: none"> 1. 180 calendar days after approval date: Draft Evaluation Design 2. 60 days after receipt of CMS comments: Revised Draft Evaluation Design 3. 30 calendar days after CMS approval: Approved Evaluation Design published on Ohio Medicaid website 4. December 31, 2021: SUD Midpoint Assessment 5. September 30, 2023: Draft Interim Evaluation Report 6. 60 days after receipt of CMS comments: Final Interim Evaluation Report 7. Within 18 months after September 30, 2024: Draft Summative Evaluation Report 8. 60 calendar days after receipt of CMS comments: Final Summative Evaluation Report 9. Quarterly Monitoring Reports due 60 days after the end of the quarter, except for Q4 reports which serve as Annual Reports due 90 calendar days after the end of each 4th quarter.
<input checked="" type="checkbox"/> 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			

<p>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?</p>	<p><i>DY-1, Q2</i></p>		<p>Due to the COVID-19 emergency, Ohio has asked for and received permission from CMS to postpone our previously scheduled Post Award Forum on March 27, 2020.</p> <p>Ohio will be rescheduling the Post Award Forum, likely to be held in June or July 2020. ODM will issue public notice of the forum at least 30 days prior to the scheduled date. The forum will be held via webinar and allow for interested stakeholders to offer their comments verbally during the webinar or in writing before or after the meeting’s conclusion.</p>
<p>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?</p>			<p>While we do not anticipate any specific changes, Ohio will continue to monitor the impact of the COVID-19 emergency on our SUD 1115 STCs, implementation plan, and monitoring protocol.</p>
<p>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</p>	<p><i>DY-1, Q2</i></p>		<p>No changes are requested at this time.</p>

formally request any changes to: a. The schedule for completing and submitting monitoring reports? b. The content or completeness of submitted reports? Future reports?			
Has the state identified any real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation?	<i>DY-1, Q2</i>		Due to the COVID-19 emergency, Ohio has asked for and received permission from CMS to postpone our previously schedule Post Award Forum. This will require an extension for this deliverable due date.
<input type="checkbox"/> 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	<i>DY-1, Q2</i>		Due to the COVID-19 emergency, Ohio requested and received permission from CMS to postpone our previously scheduled Post Award Forum on March 27, 2020.

<p>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.</p>			<p>Ohio will be rescheduling the Post Award Forum, likely to be held in June or July 2020. ODM will issue public notice of the forum at least 30 days prior to the scheduled date. The forum will be held via webinar and allow for interested stakeholders to offer their comments verbally during the webinar or in writing before or after the meeting’s conclusion.</p>
<p><input checked="" type="checkbox"/> The Post-Award Public Forum was rescheduled to be held during the DY1, Q3 reporting period. A summary of the Post Award Public Forum will be provided in the DY1 Q3 Quarterly Monitoring Report.</p>			
<p>14.1 Notable State Achievements and/or Innovations</p>			
<p>14.1 Narrative Information</p>			
<p>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</p>	<p><i>DY-1, Q2</i></p>		

<p>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.</p>			
<p><input checked="" type="checkbox"/> The state has no notable achievements or innovations to report for this reporting topic at this time.</p>			