

## 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.*

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

## 2. Executive Summary

During the first Quarter of the first year of the 1115 Substance Use Disorder Demonstration Ohio has initiated work on several requirements found in the waiver Special Terms and Condition as agreed upon by CMS and the Ohio Medicaid. In addition, the state has made progress on components of waiver Milestones 2, 3, and 4 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 2 Ohio Medicaid has begun the analysis of utilization management data. The resulting review of UM data will inform changes to rules and process to ensure compliance with the ASAM criteria. Among the many components of Milestone 3 Ohio Medicaid, along with our partner agency the Ohio Department of Mental Health and Addiction Services (OhioMHAS), will be updating rules and policies to more specifically reflect the ASAM criteria. In addition, we are developing a standardized on-site review process to assess the provision of SUD services, clinical care and staffing, including an RFP for a single statewide vendor to review residential treatment services. Under Milestone 4 ODM and OhioMHAS are working on a statewide environmental scan of behavioral health agencies in an effort to create access standards for SUD levels of care.
- **Creation of a Stakeholder Advisory Committee for Ohio’s SUD 1115 Waiver:** In November 2019 Ohio Medicaid, in partnership with the Ohio Department of Mental Health and Addiction Services, selected 28 individuals representing a broad cross section of Ohio behavioral health stakeholder organizations. Areas of SUD expertise and interest represented by these individuals include:
  - o Population specific treatment programs including women, men, children and adolescents;

- o Federally qualified health centers and other providers of primary care;
- o Advocates for individuals in recovery and their families;
- o Freestanding behavioral health hospitals;
- o SUD residential treatment providers of various sizes;
- o Providers of recovery housing.

The first meeting of Ohio’s Stakeholder Advisory Committee was held on December 20, 2019. This and all subsequent meetings (to be held monthly throughout 2020) are open to the interested public both via in person attendance and internet webinar. 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.medicaid.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@medicaid.ohio.gov](mailto:MCD_SUD1115@medicaid.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 year (DY) and quarter first reported | Related metric (if any) | Summary  |
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| <b>1.2 Assessment of Need and Qualification for SUD Services</b>   |  |                         |  |
| <b>1.2.1 Metric Trends</b>   |  |                         |  |
| 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, Q1</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.  |  |                         |  |
| <b>1.2.2 Implementation Update</b>   |  |                         |  |
| Compared to the demonstration design details outlined in the STCs and implementation plan, have there been any   | <i>DY-1, Q1</i>                                    |                         | (A) Ohio Medicaid has begun an internal discussion towards the development of an amendment to the 1115 SUD Waiver Demonstration that will 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 |

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| <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>postpartum. Submission of the amendment to CMS is planned for Spring 2020, for projected implementation date of July 2021.</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, Q1</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><b>2.2 Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)</b></p>   |                        |  |  |
| <p><b>2.2.1 Metric Trends</b></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, Q1</i></p> |  | <p>Ohio Medicaid will report trends in future monthly and annual monitoring reports.</p>   |

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| minimum, changes (+ or -) greater than two percent should be described.   |                 |  |  |
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| <input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.   |                 |  |  |
| <b>2.2.2 Implementation Update</b>  |                 |  |  |
| 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:<br>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, Q1</i> |  | a) Ohio Medicaid’s comprehensive behavioral health benefit package includes an extensive substance use treatment service array that accommodates the ASAM continuum.<br><br>b) Ohio Medicaid does not have any planned changes to the SUD benefit package under the Medicaid state plan or the Expenditure Authority. However, in response to COVID-19, Ohio is expanding access to telehealth services for SUD treatment. |

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| <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, Q1</i></p> |  | <p>There are no anticipated changes at this time. However, ODM anticipates COVID-19 may impact metrics.</p> |

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| so, please describe these changes.   |                 |  |   |
| <input type="checkbox"/> The state has no implementation updates to report for this reporting topic.   |                 |  |   |
| <b>3.2 Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)</b>  |                 |  |   |
| <b>3.2.1 Metric Trends</b>   |                 |  |   |
| 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, Q1</i> |  | While not specific to Milestone 2 as delineated in the CMS monitoring metrics protocol template, 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.                         |                 |  |   |
| <input type="checkbox"/> The state is not reporting any metrics related to this reporting topic.   |                 |  |   |
| <b>3.2.2 Implementation Update</b>   |                 |  |   |
| Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or  | <i>DY-1, Q1</i> |  | a) As a component of Waiver Demonstration Milestone 2, Ohio Medicaid and the Ohio Department of Mental Health and Addiction Services (OhioMHAS) convened regular meetings with the 1115 SUD Demonstration Waiver Stakeholder Advisory Committee. The committee is comprised of agency providers, provider associations, and consumer representatives who have been engaged to assist with the |



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| <p>does the state expect to make any changes to:</p> <ul style="list-style-type: none"> <li>a. Planned activities to improve providers’ use of evidence-based, SUD-specific placement criteria?</li> <li>b. Implementation of a utilization management approach to ensure:           <ul style="list-style-type: none"> <li>i. Beneficiaries have access to SUD services at the appropriate level of care?</li> <li>ii. Interventions are appropriate for the diagnosis and level of care?</li> <li>iii. Use of independent process for reviewing placement in</li> </ul> </li> </ul> |  |  | <p>implementation of the Waiver. Recent work with the committee has involved a continuing discussion of the ASAM placement criteria and how agencies use the criteria to determine appropriate level of care.</p> <p>b) In addition, Ohio Medicaid's Office of Behavioral Health Policy and Office of Managed Care Policy along with the Ohio Department of Mental Health and Addiction Services have begun the process of reviewing the utilization management policies of the Ohio Medicaid Managed Care Plans. The Medicaid Managed Care plans have been provided a list of survey questions designed to detail each plan’s utilization management and authorization processes. The goal of the survey is to analyze experience since Ohio implemented its current utilization management policies for SUD services. Based on that analysis, we will refine our utilization management policy and authorization processes so that beneficiaries receive consistent access to the necessary ASAM levels of care that is appropriate for their diagnosis and treatment.</p> |
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| 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, Q1</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.  |                 |  |   |
| <b>4.2 Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)</b>  |                 |  |   |
| <b>4.2.1 Metric Trends</b>  |                 |  |   |
| 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, Q1</i> |  | While not specific to Milestone 3 as delineated in the CMS monitoring metrics protocol template, Ohio will be reporting in future monitoring reports on metrics related to assessment of need and qualification for SUD services. |
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| <input checked="" type="checkbox"/> The state is reporting metrics related to Milestone 3, but has no metrics trends to report for this reporting topic.                    |                 |  |   |
| <input type="checkbox"/> The state is not reporting any metrics related to this reporting topic.  |                 |  |   |
| <b>4.2.2 Implementation Update</b>  |                 |  |   |
| 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: | <i>DY-1, Q1</i> |  | a) There are no anticipated changes at this time.<br><br>b) In an effort to document Ohio Medicaid's treatment provider capacity Ohio Medicaid and OhioMHAS are engaged in an extensive review of data downloaded from the 2018 National Survey of Substance Abuse Treatment Services (NSSATS) and the subsequent matching of survey respondents to treatment providers enrolled in Ohio Medicaid and found in the Ohio Medicaid providers databases. Results of this work and the data gathered by OhioMHAS during the provider licensure and certification process will assist both departments to better understand residential capacity and inform the development of a process to perform compliance reviews of residential treatment facilities, which will include an assessment of provider qualifications, compliance to treatment criteria, the availability of medication assisted treatment statewide.<br><br>c) There are no anticipated changes at this time. |
| a. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards?              |                 |  |   |
| b. State review process for residential treatment providers' compliance with qualifications standards?  |                 |  |   |

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| <p>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, Q1</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 updates to report for this reporting topic.</p>   |                        |  |   |
| <p><b>5.2 Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)</b></p>   |                        |  |   |

| <b>5.2.1 Metric Trends</b>   |                 |  |   |
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| 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, Q1</i> |  | Ohio Medicaid will report trends in future monthly and annual Monitoring Reports.   |
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| <input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.  |                 |  |   |
| <b>5.2.2 Implementation Update</b>   |                 |  |   |
| Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to planned activities to assess the availability of providers enrolled in Medicaid and accepting | <i>DY-1, Q1</i> |  | As stated above under the Implementation Update for section 4.2 (Milestone 3) Ohio Medicaid and OhioMHAS are developing a process for assessing SUD provider availability and capacity to treat Medicaid beneficiaries at each critical level of care under ASAM Criteria. This will include a review of provider sufficiency requirements within each Medicaid Managed Care Plan provider network, in addition to assuring that all SUD services are available to any beneficiary seeking SUD treatment. |

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| new patients in across the continuum of SUD care?   |                 |  |  |
| 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, Q1</i> |  | There are no anticipated changes at this time. However, ODM anticipates COVID-19 may impact metrics. |
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| <input type="checkbox"/> The state has no implementation updates to report for this reporting topic.  |                 |  |  |
| <b>6.2 Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)</b>  |                 |  |  |
| <b>6.2.1 Metric Trends</b>  |                 |  |  |
| 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, Q1</i> |  | Ohio Medicaid will report trends in future monthly and annual Monitoring Reports.                    |

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| <input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.  |                 |  |   |
| <b>6.2.2 Implementation Update</b>   |                 |  |   |
| <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 opioid prescribing guidelines and other interventions related to prevention of OUD?</p> <p>b. Expansion of coverage for and access to naloxone?</p> | <i>DY-1, Q1</i> |  | <p>a) 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:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• In January 2016, Guidelines for the Management of Acute Pain <i>Outside</i> of Emergency Departments and acute care facilities. These 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.</li> <li>• 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)</li> </ul> |

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|  |                        |  | <p>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.</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul> <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>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, Q1</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 updates to report for this reporting topic.</p>  |                        |  |   |



| <b>7.2 Improved Care Coordination and Transitions between Levels of Care (Milestone 6)</b>  |                 |  |  |
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| <b>7.2.1 Metric Trends</b>  |                 |  |  |
| 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, Q1</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.   |                 |  |  |
| <b>7.2.2 Implementation Update</b>  |                 |  |  |
| 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, Q1</i> |  | Ohio Medicaid is currently exploring additional care coordination approaches for beneficiaries with behavioral health diagnoses, including individuals with SUD. |

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| 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, Q1</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.   |                 |  |  |
| <b>8.2 SUD Health Information Technology (Health IT)</b>   |                 |  |  |
| <b>8.2.1 Metric Trends</b>   |                 |  |  |
| 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, Q1</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.  |                 |  |  |
| <b>11.2.2 Implementation Update</b>  |                 |  |  |

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| <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"> <li>a. How health IT is being used to slow down the rate of growth of individuals identified with SUD?</li> <li>b. How health IT is being used to treat effectively individuals identified with SUD?</li> <li>c. How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD?</li> <li>d. Other aspects of the state’s plan to develop</li> </ul> | <p><i>DY-1, Q1</i></p> |  | <p>In an effort to support the SUD treatment providers in developing their HIT functionality, Ohio Medicaid and OhioMHAS are currently working together to assess HIT infrastructure capacity. Results of this environmental scan will inform both departments of the extent of need and when to take action to access to additional funding in order to expand HIT across the SUD treatment delivery system.</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, Q1</i></p> |  | <p>There are no anticipated changes at this time. However, Ohio anticipates COVID-19 may impact metrics.</p> |

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| 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.   |                 |  |  |
| <b>9.2 Other SUD-Related Metrics</b>   |                 |  |  |
| <b>9.2.1 Metric Trends</b>   |                 |  |  |
| 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, Q1</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.  |                 |  |  |
| <b>9.2.2 Implementation Update</b>   |                 |  |  |
| Are there any anticipated program changes that may impact the other SUD-related metrics? If so, please describe these changes.   | <i>DY-1, Q1</i> |  | There are no anticipated changes at this time. However, ODM anticipates COVID-19 may impact metrics. |

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| <input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.   |                 |  |   |
| <b>10.2 Budget Neutrality</b>   |                 |  |   |
| <b>10.2.1 Current status and analysis</b>   |                 |  |   |
| 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, Q1</i> |  | After calculating the current budget neutrality test through DY-1, Q1 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.<br><br>Ohio Medicaid will report metric trends in future monthly and annual Monitoring Reports. |
| <input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.   |                 |  |   |
| <b>10.2.2 Implementation Update</b>   |                 |  |   |
| Are there any anticipated program changes that may impact budget neutrality? If so, please describe these changes.  | <i>DY-1, Q1</i> |  | There are no anticipated changes at this time.  |

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| <input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.  |                 |  |  |
| <b>11.1 SUD-Related Demonstration Operations and Policy</b>  |                 |  |  |
| <b>11.1.1 Considerations</b>   |                 |  |  |
| 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, Q1</i> |  | <p>Potential positive impacts (as a result of the possible impact on access to care):<br/>                 Through the demonstration, Ohio may develop interventions to help address the following concerns as a result of requirements under Milestones 3 and 4: 1) potential deficits in provider capacity, numbers of provider facilities in rural and other underserved areas of the state; 2) capacity for MAT; 3) numbers of SAMHSA waived practitioners, and supply of licensed practitioners employed at SUD treatment facilities throughout the state.<br/>                 Another positive impact may result from incentivizing greater connectivity via HIE, EHRs, and increasing prescriber utilization of the Ohio Automated Rx Reporting System (OARRS) statewide.</p> <p>Potential Negative Impacts: 1) delays in receiving treatment or (2) lack of access to care due to loss of provider capacity (or business closure) for providers who are unable to implement changes to their practices to comply with new requirements (i.e., abstinence based providers) or adopt the required ASAM Criteria</p> |

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| <p>in this document. See report template instructions for more detail.</p>  |                        |  |   |
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| <input type="checkbox"/> The state has no related considerations to report for this reporting topic.  |                        |  |   |
| <b>11.1.2 Implementation Update</b>   |                        |  |   |
| <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, Q1</i></p> |  | <p>There have been no changes at this time.</p> |



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| <p>Accountable Care Organizations, Patient Centered Medical Homes)?<br/>         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, Q1</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, Q1</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>   |

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| 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 type="checkbox"/> The state has no implementation updates to report for this reporting topic.   |                        |  |   |
| <b>12.1 SUD Demonstration Evaluation Update</b>  |                        |  |   |
| <b>12.1.1 Narrative Information</b>  |                        |  |   |
| <p>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.</p> | <p><i>DY-1, Q1</i></p> |  | <p>Ohio Medicaid has contracted with the Ohio Colleges of Medicine Government Resource Center (GRC) to develop the 1115 SUD Waiver Demonstration Evaluation Design. During the February 28, 2020 meeting of the Ohio’s SUD 1115 Waiver Stakeholder Advisory Committee, GRC presented an overview of the 1115 SUD Waiver Evaluation Design. At this meeting GRC reviewed the numerous monitoring metrics that will be evaluated during the waiver. They emphasized the evaluation's focus on the goals and milestones defined by CMS with approval of the waiver. GRC also walked through the Metrics Driver Diagram including the research purpose, primary/secondary drivers, research questions, and hypotheses. GRC described the CMS requirement for qualitative as well as quantitative research which will rely on utilization of key informant interviews with ODM, leadership, members of the Stakeholder Advisory Committee and yet to be formed focus groups of individuals who have received SUD treatment services. GRC’s proposal is to hold two rounds of focus</p> |

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|  |  |  | <p>groups – the first will be the baseline for the evaluation, and the second a follow up. GRC described the intent of focus groups as gathering perspectives about the treatment experiences and success stories among individuals who have received services. GRC also proposed focus group discussion on topics such as impressions of access to treatment, quality of care coordination when transitioning between levels of care, success of integrated primary care and behavioral health services, and identification of gaps and obstacles faced during treatment in the community.</p> <p>Feedback provided by Stakeholder Advisory Committee members included the following concerns and input:</p> <ul style="list-style-type: none"> <li>○ Suggest not limiting the consumer focus groups to just individuals who have received SUD residential treatment in the last 6 months. Broaden to individuals who have received treatment in other levels of care.</li> <li>○ Consider individuals who are receiving medication assisted treatment services from Opioid Treatment Programs. Many residential providers do not offer MAT.</li> <li>○ Try to identify individuals who are “in recovery” to include in focus groups. This will be important for the second round of interviews assuming that some of the interventions in the SUD 1115 waiver have been successful in improving access to services.</li> </ul> |
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|  |                 |  | <ul style="list-style-type: none"> <li>○ Consider using peers as part of the process for qualitative approach to participate in the focus groups.</li> </ul>   |
| Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs. | <i>DY-1, Q1</i> |  | The Draft Evaluation Design was delivered to CMS on March 21, 2020.  |
| List anticipated evaluation-related deliverables related to this demonstration and their due dates.  | <i>DY-1, Q1</i> |  | <ol style="list-style-type: none"> <li>1. 180 calendar days after approval date: Draft Evaluation Design</li> <li>2. 60 days after receipt of CMS comments: Revised Draft Evaluation Design</li> <li>3. 30 calendar days after CMS approval: Approved Evaluation Design published on Ohio Medicaid website</li> <li>4. December 31, 2021: SUD Midpoint Assessment</li> <li>5. September 30, 2023: Draft Interim Evaluation Report</li> <li>6. 60 days after receipt of CMS comments: Final Interim Evaluation Report</li> <li>7. Within 18 months after September 30, 2024: Draft Summative Evaluation Report</li> </ol> |

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|  |                        |  | <p>8. 60 calendar days after receipt of CMS comments: Final Summative Evaluation Report</p> <p>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.</p> |
| <input type="checkbox"/> The state has no SUD demonstration evaluation update to report for this reporting topic..   |                        |  |  |
| <b>13.1 Other Demonstration Reporting</b>  |                        |  |  |
| <b>13.1.1 General Reporting Requirements</b>   |                        |  |  |
| <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, Q1</i></p> |  | <p>Due to the COVID-19 emergency, Ohio has asked for and received permission from CMS to postpone our previously schedule Post Award Forum on March 27, 2020. This will require an extension for this deliverable due date.</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>   |

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| <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 formally request any changes to:</p> <p>a. The schedule for completing and submitting monitoring reports?</p> <p>b. The content or completeness of submitted reports? Future reports?</p> | <p><i>DY-1, Q1</i></p> |  | <p>Not at this time.</p>  |
| <p>Has the state identified any real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation?</p>  | <p><i>DY-1, Q1</i></p> |  | <p>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.</p> |
| <p><input type="checkbox"/> The state has no updates on general reporting requirements to report for this reporting topic.</p>  |                        |  |   |

| <b>13.1.2 Post Award Public Forum</b>  |                        |  |  |
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| <p>If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicating any resulting action items or issues. A summary of the post-award public forum must be included here for the period during which the forum was held and in the annual report.</p> | <p><i>DY-1, Q1</i></p> |  | <p>Due to the COVID-19 emergency, Ohio has asked and received permission from CMS to postpone our previously scheduled Post Award Forum on March 27, 2020. This will require an extension for this deliverable due date. Ohio will work with CMS to determine extension dates for this deliverable and the subsequent reporting.</p> |
| <p><input type="checkbox"/> The Post-Award Public Forum will be held during the DY1, Q2 reporting period. A summary of the Post Award Public Forum will be provided in the DY1 Q2 Quarterly Monitoring Report to be submitted on May 30, 2020.</p>   |                        |  |  |
| <b>14.1 Notable State Achievements and/or Innovations</b>  |                        |  |  |
| <b>14.1 Narrative Information</b>  |                        |  |  |
| <p>Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and</p>  | <p><i>DY-1, Q1</i></p> |  |  |

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| <p>policies pursuant to the hypotheses of the SUD (or if broader demonstration, then SUD related) demonstration or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries.</p> |  |  |  |
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| <p><input checked="" type="checkbox"/> The state has no notable achievements or innovations to report for this reporting topic.</p>  |  |  |  |