

1. Title page for the state’s substance use disorder (SUD) demonstration or the SUD component of the broader demonstration

The state should complete this title page at the beginning of a demonstration and submit as the title page for all monitoring reports. The content of this table should stay consistent over time. Definitions for certain rows are below the table.

State	<i>Oklahoma</i>
Demonstration name	<i>Institutions for Mental Diseases Waiver for Serious Mental Illness/Substance Use Disorder</i>
Approval period for section 1115 demonstration	<i>12/22/2020-12/31/2025</i>
SUD demonstration start date^a	<i>12/22/2020</i>
Implementation date of SUD demonstration, if different from SUD demonstration start date^b	<i>01/18/2021</i>
SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives	<i>Increased rates of identification, initiation and engagement in treatment for SUD/OD; Increased adherence to and retention in treatment for SUD/OD; Reduced utilization of emergency department and inpatient hospital settings where utilization is preventable or medically inappropriate; Improved access to care for physical health conditions; Fewer preventable/medically inappropriate readmissions to the same or higher level of care; Reduction in overdose death, particularly those due to opioids.</i>
SUD demonstration year and quarter	<i>DY1 Q1</i>
Reporting period	<i>01/01/2021-03/31/2021</i>

^a **SUD demonstration start date:** For monitoring purposes, CMS defines the start date of the demonstration as the *effective date* listed in the state’s STCs at time of SUD demonstration approval. For example, if the state’s STCs at the time of SUD demonstration approval note that the SUD demonstration is effective January 1, 2020 – December 31, 2025, the state should consider January 1, 2020 to be the start date of the SUD demonstration. Note that the effective date is considered to be the first day the state may begin its SUD demonstration. In many cases, the effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example, CMS may approve an extension request on 12/15/2020, with an effective date of 1/1/2021 for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

^b Implementation date of SUD demonstration: The date the state began claiming federal financial participation for services provided to individuals in institutions for mental disease.

2. Executive summary

The executive summary should be reported in the fillable box below. It is intended for summary-level information only. The recommended word count is 500 words or less.

With the approval of the demonstration on December 22, 2020 the State began implementation of the SUD portion of the demonstration on January 18, 2021.

The State achieved significant policy and programmatic changes during the reporting period that complement the efforts of the SUD demonstration. These include: 1) obtaining State Plan authority for non-IMD ASAM level 3 (residential/inpatient) services, 2) being the first state in the nation to obtain State Plan approval for all FDA-approved Medication Assisted Treatment (MAT) benefits in accordance with the SUPPORT Act, and 3) transitioning ASAM level 3 providers to an improved ASAM level of care determination tool that is integrated with the state's prior authorization system.

There are many upcoming changes to the Oklahoma Medicaid program that will affect the IMD waiver; changes will occur within the next two future quarters and they will be reported within those reports. The State's Medicaid system will be undergoing significant changes that will affect the number of beneficiaries and the service delivery system, both overall and for behavioral health. Medicaid expansion will be implemented in the state on July 1, 2021 adding approximately 175,000 newly eligible adults to the Medicaid eligible population. This change will allow certain adults in need of behavioral health services to access physical health services through Medicaid, in addition to being able to access Medicaid-enrolled behavior health providers not previously available to them.

The State is also anticipating the implementation of managed care on October 1, 2021. Most populations will be included, with the exception of dual eligibles, aged/blind/disabled populations, and certain Alaska Native/American Indian beneficiaries. The array of Medicaid behavioral health services may expand under managed care, as health plans have proposed a number of in lieu of and value-added benefits, such as intensive outpatient and transitional housing programs. Additionally, ODMHSAS is leading a statewide planning effort to support a comprehensive, statewide crisis response system in coordination with the new national 988 number coming in 2022.

3. Narrative information on implementation, by milestone and reporting topic

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1. Assessment of need and qualification for SUD services			
1.1 Metric trends			
1.1.1. The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to assessment of need and qualification for SUD services	X		
1.2 Implementation update			
1.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes to: 1.2.1.i. The target population(s) of the demonstration	X		
1.2.1.ii. The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration	X		
1.2.2 The state expects to make other program changes that may affect metrics related to assessment of need and qualification for SUD services			<i>The State is anticipating the movement of most Medicaid populations, including the newly eligible adult population, to managed care beginning October 1, 2021. While the State does not anticipate significant changes related to assessment of need or qualification for services, managed care entities may utilize slightly different procedures and/or tools.</i>

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2. Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)			
2.1 Metric trends			
2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1	X		
2.2 Implementation update			
2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 2.2.1.i. Planned activities to improve access to SUD treatment services across the continuum of care for Medicaid beneficiaries (e.g. outpatient services, intensive outpatient services, medication-assisted treatment, services in intensive residential and inpatient settings, medically supervised withdrawal management)	X		
2.2.1.ii. 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 individual IMDs	X		
2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1	X		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
3. Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)			
3.1 Metric trends			
3.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2	X		
3.2. Implementation update			
3.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 3.2.1.i. Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria			<i>ODMHSAS launched its new ASAM level of care placement tool in January 2021 and continues to make refinements to ensure usability of the tool for a wide array of providers.</i>
3.2.1.ii. Implementation of a utilization management approach to ensure (a) beneficiaries have access to SUD services at the appropriate level of care, (b) interventions are appropriate for the diagnosis and level of care, or (c) use of independent process for reviewing placement in residential treatment settings	X		
3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2			<i>The State is anticipating the movement of most Medicaid populations, including the newly eligible adult population, to managed care beginning October 1, 2021. While the State does not anticipate significant changes related to placement criteria or utilization management, managed care entities may utilize slightly different procedures and/or tools.</i>

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)			
4.1 Metric trends			
4.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3 <i>Note: There are no CMS-provided metrics related to Milestone 3. If the state did not identify any metrics for reporting this milestone, the state should indicate it has no update to report.</i>	X		
4.2 Implementation update			
4.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 4.2.1.i. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards			<p><i>The Oklahoma Health Care authority promulgated and received approvals on Agency rules and a State Plan Amendment that implemented the residential SUD treatment program inclusive of provider qualifications and level of care criteria, tools, standards, and reimbursement during the reporting period.</i></p> <p><i>Provider manuals were also updated to reflect approval of new policies and procedures during the reporting period.</i></p>
4.2.1.ii. Review process for residential treatment providers' compliance with qualifications.	X		
4.2.1.iii. Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site			The Oklahoma Health Care Authority promulgated and received approvals for a State Plan Amendment and Agency policy to establish the provision, coverage, and reimbursement of all FDA-approved MAT products through Office-Based Opioid Treatment (OBOTs) providers and Opioid Treatment Programs (OTPs) during the reporting period.

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3	X		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
5. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)			
5.1 Metric trends			
5.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4	X		
5.2 Implementation update			
5.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care	X		
5.2.2 The state expects to make other program changes that may affect metrics related to Milestone 4	X		
6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			
6.1 Metric trends			
6.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5	X		
6.2 Implementation update			
6.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 6.2.1.i. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD	X		
6.2.1.ii. Expansion of coverage for and access to naloxone	X		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5	X		
7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)			
7.1 Metric trends			
7.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6	X		
7.2 Implementation update			
7.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: Implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports			<i>ODMHSAS proposed a requirement in administrative rules that requires CMHCs to provide follow up within 72 hours instead of one week after inpatient and/or SUD treatment discharge. Rules were adopted by the ODMHSAS board in March 2021. If approved, the rule will become effective September 15, 2021.</i>
7.2.2 The state expects to make other program changes that may affect metrics related to Milestone 6	X		
8. SUD health information technology (health IT)			
8.1 Metric trends			
8.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics	X		
8.2 Implementation update			
8.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 8.2.1.i. How health IT is being used to slow down the rate of growth of individuals identified with SUD	X		<i>This is not an objective in the State's approved implementation plan for SUD.</i>

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
How health IT is being used to treat effectively individuals identified with SUD			
8.2.1.ii. How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD	X		<i>This is not an objective in the State’s approved implementation plan for SUD.</i>
8.2.1.iii. Other aspects of the state’s plan to develop the health IT infrastructure/capabilities at the state, delivery system, health plan/MCO, and individual provider levels			<i>The implementation of the statewide HIE is in progress. The priority during the initial phase of implementation is to develop a sustainability plan which will require CMS approval to leverage Medicaid Enterprise Systems enhanced federal matching funds, post HITECH Act funding (9/30/21). The State is currently reassessing the milestones and contractual deliverables associated with implementation of the state HIE since CMS approved the State HIE contract and award was received.</i>
8.2.1.iv. Other aspects of the state’s health IT implementation milestones			<i>See response to 8.2.1.iii</i>
8.2.1.v. The timeline for achieving health IT implementation milestones			<i>See response to 8.2.1.iii</i>
8.2.1.vi. Planned activities to increase use and functionality of the state’s prescription drug monitoring program			<i>See response to 8.2.1.iii</i>
8.2.2 The state expects to make other program changes that may affect metrics related to health IT	X		
9. Other SUD-related metrics			
9.1 Metric trends			
9.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics	X		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
9.2 Implementation update			
9.2.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics	X		

4. Narrative information on other reporting topics

Prompts	State has no update to report (Place an X)	State response
10. Budget neutrality		
10.1 Current status and analysis		
10.1.1 If the SUD component is part of a broader demonstration, the state should provide an analysis of the SUD-related budget neutrality and an analysis of budget neutrality as a whole. Describe the current status of budget neutrality and an analysis of the budget neutrality to date.		<i>State staff worked with its third-party/independent evaluator (PHPG) on the budget neutrality design for the separate 1115 SMI/SUD waiver. OHCA pertinent staff, inclusive of policy, finance, and program staff, met and provided PHPG with necessary documentation and/or financial information to begin drafting the budget neutrality workbook. The budget neutrality will include calculations for “with waiver” and “without waiver” figures and will estimate 5-year budget neutrality calculations (in demonstration years). The OHCA finance staff continues to support PHPGs efforts towards the finalization of the budget neutrality for this 1115 waiver demonstration and is expected to meet applicable deadlines for submission.</i>
10.2 Implementation update		
10.2.1 The state expects to make other program changes that may affect budget neutrality		<i>Beginning July 1, 2021 the state will implement Medicaid expansion, bringing a significant number of newly eligible adults into the program. The State is also pursuing State Plan Authority to reimburse tribal residential SUD facilities at the outpatient OMB rate.</i>

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11. SUD-related demonstration operations and policy		
11.1 Considerations		
11.1.1 The state should highlight significant SUD (or if broader demonstration, then SUD-related) demonstration operations or policy considerations that could positively or negatively affect beneficiary enrollment, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the SUD demonstration’s approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail.		<i>Oklahoma's Medicaid program will undergo significant changes in SFY 2022. Beginning July 1, 2021, the State will implement Medicaid expansion, bringing approximately 175,000 newly eligible adults into the Medicaid program. Additionally, the State is anticipating the implementation of an MCO service delivery system on October 1, 2021 which will impact most Medicaid populations, including the newly eligible adult population. The implementation of MCO service delivery system in the State will impact most currently eligible populations, with the exception of ABD populations, dual eligibles, and certain American Indian/Alaska Native populations who elect not to enroll in an MCO</i>
11.2 Implementation update		
11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 11.2.1.i. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)		<i>Oklahoma's Medicaid program will undergo significant changes in SFY 2022. Beginning July 1, 2021, the State will implement Medicaid expansion, bringing approximately 175,000 newly eligible adults into the Medicaid program. Additionally, the State is anticipating the implementation of an MCO service delivery system on October 1, 2021 which will impact most Medicaid populations, including the newly eligible adult population. The implementation of MCO service delivery system in the State will impact most currently eligible populations, with the exception of ABD populations, dual eligibles, and certain American Indian/Alaska Native populations who elect not to enroll in an MCO.</i>
11.2.1.ii. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)		<i>The State plans to sunset the Behavioral Health Home (BHH) program on October 1, 2021. Consumers will continue to receive services through expanded access to CCBHCs, continued services offered by BHH providers, and/or care coordination programs offered under managed care.</i>
11.2.1.iii. Partners involved in service delivery	X	

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Prompts	State has no update to report (Place an X)	State response
11.2.2 The state experienced challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers) and/or noted any performance issues with contracted entities	X	
11.2.3 The state is working on other initiatives related to SUD or OUD		<i>With the approaching conversion to the national 988 crisis number, the ODMHSAS is serving as the central organizing body for planning and readiness toward a comprehensive, statewide crisis response system in Oklahoma. The goal of the project is to integrate the national 988 number with the statewide crisis call center system, which will allow for triage and referral for all adult callers. Another goal of this system is to assist law enforcement to appropriately refer and manage crisis situations.</i>
11.2.4 The initiatives described above are related to the SUD or OUD demonstration (The state should note similarities and differences from the SUD demonstration)		<i>The initiative above supports the State's efforts related to Milestone 6: Improved Care Coordination and Transitions between Levels of Care.</i>
12. SUD demonstration evaluation update		
12.1 Narrative information		
12.1.1 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. There are specific requirements per Code of Federal Regulations (CFR) for annual reports. See report template instructions for more details.		<i>The State is engaging with its independent contractor to ensure they have the needed information for the evaluation design</i>
12.1.2 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>The State is engaging with its independent contractor to ensure they have the needed information for the evaluation design. No barriers are anticipated at this time.</i>

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Prompts	State has no update to report (Place an X)	State response
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates		<p><i>The evaluation design is due on June 20, 2021.</i></p> <p><i>The mid-point assessment is due on August 15, 2023.</i></p> <p><i>The interim evaluation report is due on June 30, 2024 or with renewal application.</i></p> <p><i>The summative evaluation report is due on December 31, 2026.</i></p>
13. Other demonstration reporting		
13.1 General reporting requirements		
13.1.1 The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol	X	
13.1.2 The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes	X	
13.1.3 Compared to the demonstration design and operational details, the state expects to make the following changes to: 13.1.3.i. The schedule for completing and submitting monitoring reports	X	
13.1.3.ii. The content or completeness of submitted reports and/or future reports	X	
13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation	X	
13.2 Post-award public forum		
13.2.2 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.	X	<p><i>This summary will be provided within the DYI Q2 report. The first post-award forum is planned for May 2021.</i></p>

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Prompts	State has no update to report (Place an X)	State response
14. Notable state achievements and/or innovations		
14.1 Narrative information		
14.1.1 Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SUD (or if broader demonstration, then SUD related) demonstration or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries.		<i>The State has achieved significant policy and programmatic changes that complement the efforts of the SUD demonstration. These include: 1) obtaining State Plan authority for non-IMD ASAM level 3 (residential/inpatient) services, 2) being the first state in the nation to obtain State Plan approval for all FDA-approved Medication Assisted Treatment (MAT) benefits in accordance with the SUPPORT Act, and 3) transitioning ASAM level 3 providers to an improved ASAM level of care determination tool that is integrated with the State's prior authorization system. Additionally, the State has aligned Medicaid residential provider enrollment and state certification terminology (pending approval of administrative rule changes) with ASAM levels.</i>

*The state should remove all example text from the table prior to submission.

Note: Licensee and states must prominently display the following notice on any display of Measure rates:

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