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	Commonwealth of Pennsylvania (Commonwealth or Pennsylvania)
Demonstration name	Medicaid Coverage for Former Foster Care Youth from a Different State and Substance Use Disorder (SUD) Demonstration
Approval period for section 1115 demonstration	July 1, 2018 through September 30, 2022
SUD demonstration start date[1]	July 1, 2018
Implementation date of SUD demonstration, if different from SUD demonstration start date[2]	July 1, 2018

[1] **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.

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

SUD (or if broader demonstration, then SUD-related) demonstration goals and objectives	Under this demonstration, the Commonwealth expects to achieve the following: Objective 1. Increase rates of identification, initiation, and engagement in treatment. Objective 2. Increase adherence to and retention in treatment. Objective 3. Reduce overdose deaths, particularly those due to opioids. Objective 4. Reduce utilization of Emergency Department (ED) and inpatient hospital settings for treatment where the utilization is preventable or medically inappropriate through improved access to other continuum of care services. Objective 5. Fewer readmissions to the same or higher level of care (LOC) where the readmission is preventable or medically inappropriate. Objective 6. Improve access to care for physical health conditions among beneficiaries.
SUD demonstration year and quarter	*Demonstration Year 3 Quarter 3 (DY3Q3)*
Reporting period	*January 1, 2021–March 31, 2021 Quarterly Report*

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.

- Metric #3: The number of individuals with SUD diagnoses declined in 2020 through the end of calendar year 2020.
- Metrics #6–#12: The number of unduplicated individuals receiving any services decreased with the COVID-19 pandemic (pandemic) and then rose in the fall of 2020. Dual eligible's and older adult's utilization of SUD services decreased in 2020. Children's utilization of services increase in 2020.
- Metric #23: ED utilization for SUD per 1,000 beneficiaries dipped with the inception of the pandemic and then continued the trend of declining utilization. Children's utilization of EDs for SUD increased with the pandemic.
- Metric #24: Inpatient hospitalizations dropped with the inception of the pandemic. Children's hospitalizations due to SUD increased during the pandemic.
- The HIT Metrics #S1, S2, and S3 demonstrate that information technology is being used to effectively treat individuals identified with SUD. The number of clinical alerts for multiple prescribers and pharmacies as well as the number of high dosage alerts continues to decrease over time.

- The HIT metrics (Q3 and S4) demonstrate that information technology is being used to effectively monitor "recovery supports and services" for individuals identified with SUD. This is occurring through improvements in the overall integration of corrections facilities and EDs with the Health Information Exchange (HIE) and PDMP and the increase in alerts sent. The number of hospitals and emergency rooms connected with the PDMP through the HIE continues to increase. There was one hospital and one corrections facility that closed during the pandemic.
- *The Commonwealth plans to complete programming of metric #15, in the DY3Q4 (QE 6/30/2021) report.*
- **Alignment of service definitions with the American Society of Addiction Medicine (ASAM):** The expectation is that providers will be substantially aligned by July 1, 2021 and have full compliance by July 1, 2022, in order to have contractual relationships for receipt of public funds. On June 29, 2021, Pennsylvania released additional guidance for providers to request six-month waivers of the implementation timeline if they will have difficulty meeting the July 1, 2021 deadline. Under the new guidance, the Department of Drug and Alcohol Programs (DDAP) may grant a specific provider an extension to December 31, 2021 for substantial compliance; however, there are no changes to the expectation of full compliance by July 1, 2022.
- **Post award forum:** The next post award forum occurred on February 16, 2021. A summary of comments is included in this report.

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		Metric #3 Medicaid Beneficiaries with SUD Diagnosis (monthly) Metric #4: Medicaid Beneficiaries with SUD Diagnosis (annually) Metric #5: Medicaid Beneficiaries Treated in an Institution for Mental Disease (IMD) for SUD	The following trends are seen in the data: **Analysis DY3Q2 (QE 12/31/2020):** **Note: graphs of this metric can be found in the separate Appendix for this quarter.** Metric #3 reports the number of members by month with a SUD diagnosis through DY3Q2 (**QE 12/31/2020**). There was an overall upward trend in the number of individuals with SUD diagnoses in DY1. The number of individuals from April 2019 to October 2019 was relatively stable. However, the number of members with SUD diagnoses decreased with the onset of the pandemic after February 2020. There was a spike in SUD diagnoses in July 2020 with a tapering of individuals with SUD diagnoses through the end of calendar year 2020. Subpopulations: • There is an upward trend in pregnant women with SUD diagnoses prior to the pandemic, with a decrease after March 2020 through the end of the calendar year. • The number of older adults and children has remained relatively stable. Children with SUD diagnoses have risen slowly with a dip related to COVID-19 in summer 2020.

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
			• The number of dual eligible individuals with a SUD diagnosis has increased up through the pandemic. After the pandemic, the number of dual eligibles has remained constant.
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			**DY3 Q3** DDAP continues to work with providers in aligning to ASAM and the delivery of services. DDAP has reviewed policies and procedures for Level 2.5 Partial

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
metrics related to assessment of need and qualification for SUD services			Hospitalization (PH) Services and is conducting technical assistance calls with the providers of level 2.5. DDAP is also providing technical assistance to the other LOCs and answering follow-up questions to the service descriptions and information posted to the DDAP website. DDAP has assisted the provider network by providing the service descriptions for 1.0, 2.0, 3.0, and 4.0 LOCs through written documentation, webinars, FAQs and technical assistance. Providers are now in the process of aligning services to the expectations set forth and determining their capacity to do so. The expectation is that providers will be substantially aligned by July 1, 2021 and have full compliance by July 1, 2022, in order to have contractual relationships for receipt of public funds. On June 29, 2021, Pennsylvania released additional guidance for providers to request six-month waivers of the implementation timeline if they will have difficulty meeting the July 1, 2021 deadline. Under the new guidance, DDAP may grant a specific provider an extension to December 31, 2021 for substantial compliance; however, there are no changes to the expectation of full compliance by July 1, 2022.

<table>
<tr><th>Prompt</th><th>State has no trends/ update to report (place an X)</th><th>Related metric(s) (if any)</th><th>State response</th></tr>
<tr><td colspan="4">2. Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)</td></tr>
<tr><td colspan="4">2.1 Metric trends</td></tr>
<tr><td>2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1</td><td></td><td>Metric #6 Any SUD Treatment

Metric #7 Early Intervention

Metric #8: Outpatient Services

Metric #9: Intensive Outpatient and Partial Hospitalization Services

Metric #10: Residential and Inpatient Services</td><td>Metrics #6–#12 report the number of members by month receiving services through DY3Q2. See the Appendix for graphs associated with these metrics.

Metric #6:
Prior to February 2020, the number of unduplicated individuals receiving SUD treatment was generally constant. However, the number of individuals receiving any service decreased with the pandemic after March 2020 but increased again through the end of calendar year 2020.
• Pregnant women receiving services continued to increase through calendar year 2020.
• Dual eligible members had a bump in receipt of services in January 2020 and February 2020 and remained almost constant through the end of calendar year 2020. Note: we expected that the Medication-Assisted Treatment (MAT) for dual eligibles would drop starting January 1, 2020 because of Medicare's new coverage of MAT.
• Utilization for individuals over the age of 64 declined through calendar year 2020.
• SUD services for children under age 18 increased steadily through the pandemic to the end of calendar year 2020.

These trends are relatively consistent for all of the services received by members under the demonstration up through the end of calendar year 2020.</td></tr>
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Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
		Metric #11 – Withdrawal Management Metric #12 – Medication Assisted Treatment Metric #36 Average Length of Stay in IMDs	• Services to dual eligibles and older adults in general peaked in early 2020 and utilization has fallen since that time. • Utilization of services to children under age 18 have continued to increase through the end of calendar year 2020. • Utilization of services to pregnant women appeared to be increasing through the end of calendar year 2020. **Analysis by service:** Metric #7 reports the number of individuals receiving Early Intervention (EI). The number of individuals receiving EI was fairly steady over time up until the pandemic in spring 2020 when there was a drop. Utilization increased again in fall of 2020. Metric #8 reports the number of individuals receiving outpatient (OP) services. The number of individuals receiving OP care was fairly steady over time up until the pandemic when there was a drop from January 2020 to May 2020. Utilization increased again through fall 2020. Metric #9 reports the number of individuals receiving intensive outpatient (IOP) and Partial Hospitalization Program (PHP) services. The number of individuals receiving IOP and PH has decreased fairly steadily with a dip for the pandemic in May 2020. Note that the Commonwealth's standards for IOP and PHP have been clarified to better align with ASAM standards and this could account for fewer programs reporting that they provide PHP, which is substantially different under ASAM from the historic Commonwealth service description. Because

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
			these services are in congregate settings, utilization decreased after the beginning of the pandemic in March 2020. While there has been some increase as the pandemic has gone on, the overall utilization of IOP/PHP has decreased due to ASAM alignment. Metric #10 reports the number of individuals receiving residential and inpatient services. The number of individuals receiving residential and inpatient services was fairly steady over time up until the beginning of the pandemic when there was a drop in Spring 2020. Utilization increased again in the fall of 2020. Metric #11 reports the number of individuals receiving Withdrawal Management (WM) services. The number of individuals receiving WM services was fairly steady over time up until the beginning of the pandemic when there was a drop in utilization. Beginning in June 2020, there was a large increase in WM utilization, with utilization consistent with the linear trend by the end of the calendar year. Children in particular had a dramatic increase in WM usage in fall 2020. Metric #12 reports the number of individuals receiving MAT services. About 50% of the increase in mid-2019 was due to the implementation of Centers of Excellence and initiatives in the Commonwealth to increase MAT usage. MAT for dual eligibles dropped starting January 1, 2020 because of Medicare's new coverage of MAT. There is another dip associated with the pandemic in May 2020. The Commonwealth has been exploring additional guidance to provide to providers on how to bill Medicaid for MAT, which could improve reporting data in this area.

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
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			**DY3 Q3** To date, approximately 12,350 individuals have been trained. DDAP has two options to complete required ASAM training, a two-day live classroom offering and a series of on-demand modules. The live classroom course was reformatted for a virtual experience. Approximately 400 students have attended virtual ASAM Criteria training in 2020. Since the inception of the ASAM Criteria, approximately 9,800 Pennsylvania provider staff have been trained in the two-day classroom course. 972 Pennsylvania-based organizations have also ordered subscriptions to the on-demand, online modules for approximately 2,150 potential users.

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
intensive residential and inpatient settings, medically supervised withdrawal management)			
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			**DY3 Q3** Providers continue to work towards aligning their programs with ASAM LOC. Information posted to the DDAP website includes levels 1.0, 2.0, 3.0, and 4.0 self-assessment checklists, service characteristics, webinars and FAQs. In addition, DDAP participated in roundtable discussions for level 3.5 in collaboration with the Managed Care providers, Single County Authorities (SCAs), and treatment providers to discuss ASAM alignment. DDAP is in the beginning stages of assisting the providers aligning with level 3.7. DDAP has assisted the provider network by providing the service descriptions for 1.0, 2.0, 3.0, and 4.0 LOCs through written documentation, webinars, FAQs, and technical assistance. Providers are now in the process of aligning services to the expectations set forth and in so doing, services are becoming aligned with the described placement criteria. Providers are expected to be substantially aligned by July 1, 2021, but given the magnitude of the changes involved, it is anticipated that providers will require the full course of 2021 for alignment to come into full compliance. Technical assistance will be provided DDAP as well as through the payer oversight/contracting partners in order to ensure a full alignment with the ASAM Criteria by July 1, 2022 and ongoing.

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
provided to individual IMDs			
2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1			**DY3 Q3** DDAP continues to work with the treatment providers, managed care organizations and SCAs to provide information on the various LOCs for aligning with ASAM. This has been done through multiple avenues including webinars, service descriptions, FAQ, and meetings. DDAP continues to work in collaboration with the Department of Human Services (DHS) regarding co-occurring services to replace the 2006 DHS bulletin.

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			**DY3 Q3** To date, approximately 12,350 individuals have been trained. DDAP has two options to complete required ASAM training, a two-day live classroom offering and a series of on-demand modules. The live classroom course was reformatted for a virtual experience. Approximately 400 students have attended virtual ASAM Criteria training in 2020. Since the inception of the ASAM Criteria, approximately 9,800 Pennsylvania provider staff have been trained in the two-day classroom course. 972 Pennsylvania-based organizations have also ordered subscriptions to the on-demand, online modules for approximately 2,150 potential users.

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
3.2.1.ii. Implementation of a utilization management approach to ensure (a) beneficiaries have access to SUD services at the appropriate LOC, (b) interventions are appropriate for the diagnosis and LOC, or (c) use of independent process for reviewing placement in residential treatment settings	X		

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2	X		

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 *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.*	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:			**DY3 Q3** The expectation is that providers will be substantially aligned by July 1, 2021 and have full compliance by July 1, 2022, in order to have contractual relationships for receipt of public funds. On June 29, 2021, Pennsylvania released additional guidance for providers to request six-month waivers of the implementation timeline if they will have difficulty meeting the July 1, 2021

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
4.2.1.i. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards			deadline. Under the new guidance, DDAP may grant a specific provider an extension to December 31, 2021 for substantial compliance; however, there are no changes to the expectation of full compliance by July 1, 2022. DDAP is in the beginning stages of aligning the 3.7 providers. Information and preliminary designations were provided during previous quarterly reports and DDAP is in the process of taking the next steps in the alignment process to ensure 3.7 providers are substantially aligned by July 1, 2021 DDAP continues to provide technical assistance to level 3.0 and 4.0 providers regarding the ASAM alignment. DDAP has assisted the provider network by providing the service descriptions for 1.0, 2.0, 3.0, and 4.0 LOCs through written documentation, webinars, FAQs, and technical assistance. This has given providers who received preliminary designations for 3.7 based solely on staffing the parameters for assessing their capability to provide engage in service provision based upon other expectations. Providers are now in the process of aligning services to these expectations. DDAP will be engaged in a process to ensure for substantial alignment of those providers who elect to move forward and become fully aligned as a 3.7 provider by July 1, 2021. The number of providers who meet this designation will not be determined until this process has been completed closer to the July 1, 2021 timeline. In the meantime, technical assistance will continue to be provided by DDAP as well as through the payer oversight/contracting partners in order to ensure a full alignment with the ASAM Criteria by July 1, 2022 and ongoing.
4.2.1.ii. Review process for residential			**DY3Q3**

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
treatment providers' compliance with qualifications.			Technical assistance continues to be provided through stakeholder meetings, FAQs, and conference calls with individual providers and groups.
4.2.1.iii. Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site			**DY3 Q3** DDAP continues to provide education to providers regarding MAT across the continuum of care. DDAP's Case Management Clinical Services Manual includes the requirement for treatment providers not to exclude individuals on MAT from being admitted into services and for contracted providers to admit and provide services to individuals who use MAT for SUD.
4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3			The expectation is that providers will be substantially aligned by July 1, 2021 and have full compliance by July 1, 2022, in order to have contractual relationships for receipt of public funds. On June 29, 2021, Pennsylvania released additional guidance for providers to request six-month waivers of the implementation timeline if they will have difficulty meeting the July 1, 2021 deadline. Under the new guidance, DDAP may grant a specific provider an extension to December 31, 2021 for substantial compliance; however, there are no changes to the expectation of full compliance by July 1, 2022.

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	Metric #13 SUD Provider Availability Metric #14: SUD Provider Availability - MAT	
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			**DY3 Q3** DDAP is in the process of reviewing policies and providing technical assistance to the level 2.5 PH providers. DDAP is on target to complete the PHP reviews and then move to a review of the 3.7 providers to assist with the alignment to ASAM. Psychiatric service hours continues to be a challenge for providers in meeting the timeframe. Technical assistance continues to be providers for all LOCs and access to FAQs, webinars, and service descriptions for levels 1.0, 2.0, 3.0, and 4.0 is posted on the DDAP website.

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
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		Metric #15: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment Metric #18 Use of Opioids at High Dosage in Persons Without Cancer Metric #21 Concurrent Use	The Commonwealth plans to complete programming of metrics #15 DY3Q4 (QE 6/30/2021) report.

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
		of Opioids and Benzodiazepine Metric #22: Continuity of Pharmacotherapy for Opioid Use Disorder	
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			The expectation is that providers will be substantially aligned by July 1, 2021 and have full compliance by July 1, 2022, in order to have contractual relationships for receipt of public funds. On June 29, 2021, Pennsylvania released additional guidance for providers to request six-month waivers of the implementation timeline if they will have difficulty meeting the July 1, 2021 deadline. Under the new guidance, DDAP may grant a specific provider an extension to December 31, 2021 for substantial compliance; however, there are no changes to the expectation of full compliance by July 1, 2022.

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
6.2.1.ii. Expansion of coverage for and access to naloxone	X		
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	Metric #17: Follow-up after ED Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence	
7.2 Implementation update			
7.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
Implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports			
7.2.2 The state expects to make other program changes that may affect metrics related to Milestone 6			**DY3Q3** Efforts to separate care coordination activities from clinical services continues.
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		Q1. PDMP checking by provider types (prescribers, dispensers). S1. Opioid prescriptions submitted to the PDMP	Question Area A: The metrics from this quarter demonstrate that information technology is being used to slow down the rate of growth of individuals identified with SUD by increasing the number of providers registered with and using the PDMP. See the graphs in the Appendix. Q1 (HIT1) PDMP checking by providers (prescribers, dispensers) PDMP Provider Inquiries continued to increase through DY3Q2 (QE 3/31/2021).

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
		Q2. SSO Connections live. S2. PDMP MME/D threshold exceeded alerts generated S3. PDMP Multiple Provider Alerts generated Q3. Corrections Facilities on-boarded to ADT S4. EDs connected to ADT	Q2 (HIT3) Single Sign On (SSO) Connections live. The number of PDMP connections/users continued to increase through DY3Q2 (QE 3/31/2021). **Question Area B:** How is information technology being used to treat effectively individuals identified with SUD? **Question Area B:** The HIT Metrics #S1, S2, and S3 demonstrate that the information technology is being used to treat effectively individuals identified with SUD. Actions tracked: Opioid prescriptions dispensed and alerts for high dosage. *Note: Alerts began in October 2018.* **S1 (HIT2):** Number of Opioid Prescriptions being dispensed continued to decrease as the number of PDMP queries continued to increase. There were significantly more opioids reported dispensed beginning in January 1, 2019, but the overall trend was still a decrease in dispensed opioids. Since October 2019, the number of opioid prescriptions dispensed has remained under 600,000 with multiple months falling below 500,000 in 2020. S2 (HIT4): The number of individuals who receive a dosage of greater than or equal to 90 morphine milligram equivalents (MMEs) per day continued to decrease as measured by number of “Patient Exceeds Opioid Dosage (MME/D) Threshold” alerts generated. The Centers for Disease Control and Prevention (CDC) recommends that prescribers should reassess evidence of the benefits and risks to the individual when increasing dosage to ≥ 50 MME/day (e.g., ≥ 50 mg hydrocodone; ≥ 33 mg oxycodone) and avoid increasing to ≥ 90 MME/day (≥ 90 mg hydrocodone; ≥ 60 mg oxycodone) when possible due to an increased

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
			risk of complications. The PDMP has reported fewer than 54,000 alerts since February 2020, dropping below 50,000 twice. S3 (HIT5): The number of patients received controlled substance prescriptions from three or more prescribers, and three or more pharmacists in a three-month period continued to decrease as measured by the PDMP Multiple Provider Alerts generated. The metric has stayed below 27,000 since February 2020, and has even dropped below 20,000 twice. **Question Area C:** How is information technology being used to effectively monitor "recovery" supports and services for individuals identified with SUD? The HIT metrics (Q3 and S4) demonstrate that information technology is being used to effectively monitor "recovery supports and services" for individuals identified with SUD. This is occurring through improvements in the overall integration of corrections facilities and EDs with the HIE and PDMP and the increase in alerts sent. Q3 (HIT6): The number of corrections connections live has increased over the demonstration. Pennsylvania eHealth is working on establishing connections between all prisons and the gateway, to be able to see information about inmates. This is about using the PDMP through a portal and integration with medical records. Twenty-five corrections facilities have been on-boarded with the HIE. This represents all Commonwealth corrections facilities (there are only 24 Commonwealth correctional facilities, one corrections facility was closed in 2020) and they are all on-boarded now to the Pennsylvania Patient & Provider

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
			Network (P3N), which is the HIE in the Commonwealth. The Commonwealth will now begin working with county facilities to begin on boarding those facilities. *Note: one corrections facility was closed in 2020.* S4 (HIT7): Tracking MAT to treat SUDs and prevent opioid overdose using the metric for the number of EDs connected to the HIE (HIT PM 7). This is the Hospital Quality Improvement Program which tracks the number of EDs that are connected to the HIE and sends Automated Admission, Discharge, and Transfer (ADT) Alerts. The Commonwealth-wide alerting system tracks the volume of alerting messages over time. Actions Tracked: Individuals connected to alternative therapies from other community-based resources for pain management or general therapy/treatment and number of alerts sent. *Note: one hospital with an ED closed in DY2Q2. This resulted in a slight drop in the number of EDs on-boarded with the HIE. Two hospitals began sending inpatient alerts in November 2019. The Health Information Organizations are working to get more hospitals to send inpatient alerts.*
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			**Question Area A:** The metrics from this quarter demonstrate that information technology is being used to slow down the rate of growth of individuals identified with SUD by increasing the number of providers registered with and using the PDMP.

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
the rate of growth of individuals identified with SUD			
8.2.1.ii.How health IT is being used to treat effectively individuals identified with SUD			**Question Area B:** How is information technology being used to treat effectively individuals identified with SUD? **Question Area B:** The HIT Metrics #S1, S2, and S3 demonstrate that the information technology is being used to treat effectively individuals identified with SUD. Actions tracked: Opioid prescriptions dispensed and alerts for high dosage. *Note: Alerts began in October 2018.*
8.2.1.ii. How health IT is being used to effectively monitor "recovery" supports and services for individuals identified with SUD			**Question Area C:** The HIT metrics (Q3 and S4) demonstrate that information technology is being used to effectively monitor "recovery supports and services" for individuals identified with SUD. This is occurring through improvements in the overall integration of corrections facilities and EDs with the HIE and PDMP, and the increase in alerts sent.
8.2.1.iii. Other aspects of the state's plan to develop the	X		

Prompt		State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
	health IT infrastructure/ capabilities at the state, delivery system, health plan/MCO, and individual provider levels			
8.2.1.iv.	Other aspects of the state's health IT implementation milestones	X		
8.2.1.v.	The timeline for achieving health IT implementation milestones	X		
8.2.1.vi.	Planned activities to increase use and functionality of the state's prescription	X		

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
drug monitoring program			
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		Metric #23: ED Utilization for SUD per 1,000 Medicaid Beneficiaries Metric #24: Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries Metric #25: Readmissions Among	Metric #23 reports the rate per 1,000 of emergency room visits for SUD. • The number of ED visits for SUD per 1,000 beneficiaries continued to decline. There was a slight dip in March/April 2020 due to the pandemic. • The number of ED visits for children jumped during the pandemic and remained high throughout calendar year 2020. • ED visits for older adults was steady throughout 2020 with a slight dip in March/April 2020 due to the pandemic. Metric #24 reports the rate of hospitalizations per 1,000 members. • There was a slight dip in April 2020 due to the pandemic but utilization has declined over time for all members. • Children in particular experienced an increase in hospitalizations due to SUD at the beginning of the pandemic. The hospitalization rate has remained relatively high through the end of the calendar year for children.

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
		Beneficiaries with SUD Metric #26: Drug Overdose Deaths (count) Metric #27: Drug Overdose Deaths (rate) Metric #32: Access to Preventive/Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD	• The hospitalization rate for older adults has fluctuated over time and has not shown a consistent trend.
9.2 Implementation update			
9.2.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to	X		

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
other SUD-related metrics			

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.		The Commonwealth is using the correct budget neutrality (BN) forms for the SUD 1115 quarterly report and is now correctly reporting by demonstration year.
10.2 Implementation update		
10.2.1 The state expects to make other program changes that may affect budget neutrality	X	
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)		The expectation is that providers will be substantially aligned by July 1, 2021 and have full compliance by July 1, 2022, in order to

Prompts	State has no update to report (Place an X)	State response
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.		have contractual relationships for receipt of public funds. On June 29, 2021, Pennsylvania released additional guidance for providers to request six-month waivers of the implementation timeline if they will have difficulty meeting the July 1, 2021 deadline. Under the new guidance, DDAP may grant a specific provider an extension to December 31, 2021 for substantial compliance; however, there are no changes to the expectation of full compliance by July 1, 2022.
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)		DDAP continues to work to educate the legislature regarding the alignment to ASAM and the benefits to the individualize care and evidence based practices. DDAP meets with stakeholder groups and organizations to address the political concerns.
11.2.1.ii. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)	X	
11.2.1.iii. Partners involved in service delivery		**DY3 Q3** DDAP continues to work with the identified partners in the alignment to the ASAM Criteria, 2013.

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	X	
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)	X	
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.		The Commonwealth has begun work on its interim evaluation. The draft interim evaluation report is due September 30, 2021 and the draft summative evaluation report is due 18 months following the demonstration (March 31, 2024). There are no anticipated barriers to achieving the goals and timeframes related to the demonstration evaluation after the pandemic.
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		The Commonwealth submitted the mid-point assessment on February 23, 2021 consistent with the deadlines agreed upon due to the pandemic. All other deadlines are anticipated to be met.

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		The Commonwealth submitted the mid-point assessment on February 23, 2021 consistent with the deadlines agreed upon due to the pandemic. The draft interim evaluation report is due September 30, 2021 and the draft summative evaluation report is due 18 months following the demonstration (March 31, 2024). There are no anticipated barriers to achieving the goals and timeframes related to the demonstration evaluation after the pandemic.
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		**DY3Q3** WM and co-occurring disorders are service details that are in process, but that have not yet been released to the provider network. DHS and DDAP have begun working on coding of those services that have been determined. Efforts are underway to establish a joint monitoring tool for implementation by DDAP, SCAs, and OMHSAS. DHS is preparing updated coding in order to collect encounter data from Medicaid Behavioral Health Managed Care Organizations regarding the updated ASAM LOCs.

Prompts	State has no update to report (Place an X)	State response
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		The expectation is that providers will be substantially aligned by July 1, 2021 and have full compliance by July 1, 2022, in order to have contractual relationships for receipt of public funds. On June 29, 2021, Pennsylvania released additional guidance for providers to request six-month waivers of the implementation timeline if they will have difficulty meeting the July 1, 2021 deadline. Under the new guidance, DDAP may grant a specific provider an extension to December 31, 2021 for substantial compliance; however, there are no changes to the expectation of full compliance by July 1, 2022.
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		The Commonwealth completed the post award forum on February 16, 2021. There were 33 attendees including members of the public and State employees.

Prompts	State has no update to report (Place an X)	State response
be included here for the period during which the forum was held and in the annual report.		**Summary of Pennsylvania SUD 1115 Demonstration Post Award Forum Comments:** **<u>Commenter 1</u>:** Will the ASAM compliance review process be separate from the licensing survey, or will the two be combined? If a provider is found to out of compliance with ASAM standards, what will be expected by DDAP and/or DHS? **Answer: Licensing is one element, but there will be separate reviews. DDAP/DHS will require alignment when contracted with SCA. Case-by-case basis on Provider's plan to come into compliance.** **<u>Commenter 2</u>:** What is the timing around Medication for Opioid Use Disorder (MOUD)? For example, are all SUD agencies required to offer MOUD rapidly or can agencies offer MOUD upon discharge from a LOC? **Answer: DDAP/DHS is requiring MOUD available at every level by every contractor. We cannot expect every Provider to have MOUD, but must have inside/outside referrals available.** **<u>Commenter 3</u>:** ASAM is recommending induction of agonist medications in place of detoxification from opioids as a first line of treatment for opioid use disorder (OUD); has there been any discussion on how to create a 3.7 WM

Prompts	State has no update to report (Place an X)	State response
		standard that allows funding for WM, while also allowing for induction on agonist medications? **Answer: Short answer is Yes. ASAM 3.7 includes WM that would be considered as treatment going into this LOC.** **Commenter 4:** Measuring continuity of MOUD. In future, there will be more medication down the line. How would we measure that? Variations on dosing and some people are taken off medications. MCOs are struggling due to not being able to share all information with the OP facilities. **Answer: DHS may have access to show how long individuals have taken said medications. Moving forward, this is definitely something we need to look into as we develop and discover more medications that can help individuals. We are just not there with the quality of pieces. Brenda stated that there is a metric being planned alongside Medicaid Management Information System (MMIS).** **Commenter 5:** This written comment is concerned with the implementation of ASAM to place patients in treatment for the following reasons: • ASAM is unnecessarily complicated.

Prompts	State has no update to report (Place an X)	State response
		• ASAM focuses on acute conditions instead of chronic history. • ASAM does not line up with the actual Pennsylvania treatment system. • The Pennsylvania Client Placement Criteria (PCPC) is more appropriate and was based off ASAM. The PCPC is a criteria that was developed as a requirement of Act 152 of 1988 and is specifically for this patient population. The PCPC links the criteria to the treatment system. **Commenter 6:** This written comment supports Pennsylvania's 1115 waiver agreement but believes it does not go far enough in addressing the alcohol and drug addiction. This commenter believes that the real remedy must start with the repeal of the IMD exclusion because it is a violation of the federal Mental Health Parity & Addiction Equity Act of 2008. This commenter supports longer length of time in treatment. Supports the 1115 Waiver, but expressed serious concerns about the replacement of PCPC with ASAM Criteria. The Commonwealth stated that using ASAM Criteria is in violation of Act 152 of 1988 and Pennsylvania constitution and that there concerns in the Pennsylvania House and Senate regarding decision to transition to ASAM Criteria. Finally, as per the prior

Prompts	State has no update to report (Place an X)	State response
		discussion, length of stay in treatment is the single most important predictor of success and strong recovery. For this reason, we searched the Metrics Workbook and Monitoring Reports for this important measure and could find little information. The Metrics Workbook and reports are quite challenging to review, so perhaps we missed the information on this metric. (Metric #36, length of stay) The absence of this critical information was identified as a problem and a deviation as far back as the DY1Q2 Metrics Workbook and as far as we can tell, this has still not been corrected. This is an area of deep concern. In closing, addiction that is not properly treated moves forward with simple, predictable, and fatal certainty. Once again, overdose death rates are approaching historically high levels in the Commonwealth, even as life-saving Narcan® is in widespread use. **Department's Responses to Comment 5 and 6** **PCPC to ASAM Transition:** The use of ASAM Criteria as the assessment and LOC placement tool aligns with both Centers for Medicare & Medicaid Services (CMS) requirements for a nationally recognized SUD specific program standard for residential treatment facilities as well as with DDAP's decision to transition to the use of ASAM Criteria as the placement standard for Pennsylvania. This decision was

Prompts	State has no update to report (Place an X)	State response
		announced by DDAP in March of 2017 prior to the decision by DHS to submit an 1115 Demonstration application to CMS. DDAP issued guidance to the counties to use the ASAM admission criteria as of May 1, 2018 and ASAM treatment planning, continuing stay and discharge criteria as of March 1, 2019. The ASAM Transition Workgroup convened by DDAP assists with the transition to ASAM and addresses any issues related to the criteria that would require specific application guidance for providers. The ASAM Transition Workgroup continues to meet and discuss any identified transition needs. **Availability of Various Waiver-related Reports for Public:** The 1115 demonstration requires quarterly and annual reporting on the specific milestones and measures to CMS. Part of the reporting also includes a summary of the public comments received at the post award forum to be provided to CMS. DHS posts all the required information on the DHS website, including BN information.

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.	X	

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

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