

**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.*

<b>State</b>	<i>Ohio</i>
<b>Demonstration name</b>	<i>Ohio Section 1115 Substance Use Disorder Waiver Demonstration</i>
<b>Approval period for section 1115 demonstration</b>	<i>10/01/2019 – 09/30/2024</i>
<b>SUD demonstration start date<sup>a</sup></b>	<i>10/01/2019</i>
<b>Implementation date of SUD demonstration, if different from SUD demonstration start date<sup>b</sup></b>	<i>n.a.</i>
<b>SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives</b>	<p><i>During the 1115 SUD Demonstration waiver period Ohio expects to achieve the following goals:</i></p> <ol style="list-style-type: none"> <li><i>1. Increased rates of identification, initiation, and engagement in treatment for SUD;</i></li> <li><i>2. Increased adherence to and retention in treatment;</i></li> <li><i>3. Reductions in overdose deaths, particularly those due to opioids;</i></li> <li><i>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;</i></li> <li><i>5. Fewer readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate; and</i></li> <li><i>6. Improved access to care for physical health conditions among beneficiaries with SUD.</i></li> </ol>
<b>SUD demonstration year and quarter</b>	<i>DY2Q4</i>
<b>Reporting period</b>	<i>07/01/2021 – 09/30/2021</i>

<sup>a</sup> **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

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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.

**<sup>b</sup> 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.*

*Enter the executive summary text here.*

The State reports monthly metrics in this report covering 04/01/2021 – 06/30/2021, and established annual metrics for CY2020. Most quarterly averages among the monthly metrics increased by more than 2% over the prior quarter. The exceptions were Metric #7 (decreased by over 30%), and Metrics #8 and #12 (non-significant increases). Among the reported established annual metrics, only the Metric #15 Opioid cohort and Metric #22 trends exceeded the 2% significance threshold.



**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
<b>1. Assessment of need and qualification for SUD services</b>			
<b>1.1 Metric trends</b>			
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		#3	Between DY2Q3 and DY2Q4, the Metric #3 average for the Demonstration population increased by 4.3%, consistent with the longer-term rise in patients with SUD. The suspension of the eligibility redetermination process may also be affecting counts.
<b>1.2 Implementation update</b>			
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	X		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>2. Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)</b>			
<b>2.1 Metric trends</b>			
2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1		#6-#12, #22	<p>Quarterly averaged counts increased by 3.0% for the Demonstration population for Metric #6 (Any SUD Treatment). Larger changes were noted for #9 (IOP/PH) (+6.7%), #10 (Residential/Inpatient) (+11.8%), and #11 (Withdrawal Mgt) (+9.4%). These larger changes may be due to increasing higher ASAM service utilization following the decline in coronavirus cases after the winter 2021 surge.</p> <p>For established annual Metric #22 (Continuity of Pharmacotherapy), the rate increased by 2.7% compared to the prior period.</p> <p>For #7 (EI), the quarterly average decreased by 33.6% in DY2Q4 compared to DY2Q3 for the Demonstration population; this metric has a relatively small count and has varied widely.</p> <p>Changes in the Demonstration population were positive (but less than +2%) for monthly Metrics #8 (Outpatient) and #12 (MAT).</p>
<b>2.2 Implementation update</b>			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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
<b>3. Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)</b>			
<b>3.1 Metric trends</b>			
3.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2	X		
<b>3.2. Implementation update</b>			
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	X		
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	X		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>4. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)</b>			
<b>4.1 Metric trends</b>			
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		
<b>4.2 Implementation update</b>			
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	X		
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	X		
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
<b>5. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)</b>			
<b>5.1 Metric trends</b>			
5.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4	X		
<b>5.2 Implementation update</b>			
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		
<b>6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)</b>			
<b>6.1 Metric trends</b>			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5		#15, #17(1), #17(2), #18, #19, #20, #21, #23	<p>For Metric #23, the average quarterly rate for the Demonstration population increased by 11.4% compared to the prior quarter’s rate. This increase may be attributable to the return to normal utilization following the winter 2021 coronavirus case surge, which appeared to reduce ED utilization for SUD.</p> <p>The OUD cohort rate for Metric #15 increased by 2.5-3 percentage points for both Initiation and Engagement between CY2019 and CY2020, potentially indicating better treatment connection for beneficiaries with new OUD episodes.</p> <p>No trends greater than +/- 2% between CY2019 and CY2020 were identified in the other six sub-measures of Metric #15, Metrics #17(1), #17(2), #18, #19, #20, and #21.</p>
<b>6.2 Implementation update</b>			
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		
6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5	X		
<b>7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)</b>			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>7.1 Metric trends</b>			
7.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6	X		
<b>7.2 Implementation update</b>			
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	X		
7.2.2 The state expects to make other program changes that may affect metrics related to Milestone 6	X		
<b>8. SUD health information technology (health IT)</b>			
<b>8.1 Metric trends</b>			
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, S3	No significant trend was noted for Metric Q1 between DY2Q3 and DY2Q4. The DY2Q4 average number of Medicaid providers with an integrated EHR connection (S3) increased by about 3.2% over DY2Q3 (using revised counts submitted in December 2021), consistent with the long-term trend.
<b>8.2 Implementation update</b>			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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		
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		
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	X		
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 drug monitoring program	X		
8.2.2 The state expects to make other program changes that may affect metrics related to health IT	X		
<b>9. Other SUD-related metrics</b>			
<b>9.1 Metric trends</b>			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
9.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics		#24, #32, S2	<p>For Metric #24, the average quarterly rate for the Demonstration population increased by 10% in DY2Q4 compared to the prior quarter’s rate. For Metric S2 (UDS rate), the average quarterly rate for the Demonstration population increased by 11.5% in DY2Q4 compared to the prior quarter’s rate.</p> <p>No significant trend was noted in Metric #32 between CY2019 and CY2020.</p>
<b>9.2 Implementation update</b>			
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
<b>10. Budget neutrality</b>		
<b>10.1 Current status and analysis</b>		
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 state has submitted, to CMS, an amendment to revise budget neutrality and is currently awaiting a response.

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Prompts	State has no update to report (Place an X)	State response
<b>10.2 Implementation update</b>		
10.2.1 The state expects to make other program changes that may affect budget neutrality	X	
<b>11. SUD-related demonstration operations and policy</b>		
<b>11.1 Considerations</b>		
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.	X	
<b>11.2 Implementation update</b>		
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)	X	
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	X	
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	

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Prompts	State has no update to report (Place an X)	State response
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	
<b>12. SUD demonstration evaluation update</b>		
<b>12.1 Narrative information</b>		
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.		<p>GRC, with the help of OSU faculty subcontractors, concluded qualitative analysis of key informant interviews and focus groups using Atlas TI software. GRC drafted a provider survey and presented the draft to ODM in September. GRC will begin collecting survey responses in October. GRC will also present preliminary mid-point assessment findings to the SUD Advisory Committee in October.</p> <p>GRC continued discussion of code sets and continued work on coding measures for the approved Evaluation design.</p>
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		<p>All deliverables related to the demonstration evaluation are on track to be completed by the planned dates. At this point, there are no real or anticipated barriers to completing these deliverables in the given timeframes.</p> <p>CMS determined that the revised due date for the Mid-Point Assessment from the independent assess to the state is 9/30/2022. The independent assessor continues to make progress on drafting the assessment and does not anticipate any issues with meeting this revised timeline.</p>

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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		<ol style="list-style-type: none"> <li>1. GRC developed the waiver’s evaluation design, which was completed and approved by CMS on November 10, 2020.</li> <li>2. GRC will submit an interim evaluation report due September 30, 2023.</li> <li>3. GRC will submit a summative evaluation report due within 18 months after the demonstration ends on September 30, 2024.</li> </ol>
<b>13. Other demonstration reporting</b>		
<b>13.1 General reporting requirements</b>		
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		The state has submitted, to CMS, an amendment to revise budget neutrality and is currently awaiting a 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	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	



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Prompts	State has no update to report (Place an X)	State response
<b>13.2 Post-award public forum</b>		
<p>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.</p>		<p>Ohio held the required waiver post award forum on August 9, 2021 via videoconference.</p> <p>Ohio staff provided a brief overview and status report of Ohio’s Medicaid waiver for SUD treatment services for the first two years.</p> <p>During the public speaking opportunity, one individual, a treatment provider, offered comments which included thanks to the state for undertaking the SUD 1115 waiver because it increased focus on the importance of SUD treatment.</p> <p>The meeting slides and recording of Ohio’s Post Award Forum are posted at <a href="https://www.bhmedicaid.ohio.gov">BH.Medicaid.Ohio.Gov</a> under the “SUD 1115 Tab.”</p>
<b>14. Notable state achievements and/or innovations</b>		
<b>14.1 Narrative information</b>		
<p>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.</p>	X	

\*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:

*Measures IET-AD, FUA-AD, FUM-AD, and AAP [Metrics #15, 17(1), 17(2), and 32] are Healthcare Effectiveness Data and Information Set (HEDIS®) measures that are owned and copyrighted by the National Committee for Quality Assurance (NCQA). HEDIS measures and specifications are not clinical guidelines, do not establish a standard of medical care and have not been tested for all potential applications. The measures and specifications are provided “as is” without warranty of any kind. NCQA makes no representations, warranties or endorsements about the quality of any product, test or protocol identified as*

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