Medicaid Section 1115 Substance Use Disorder Demonstrations
Monitoring Report Template

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

State	Oregon
Demonstration name	Oregon Health Plan Substance Use Disorder 1115 Demonstration.
Approval period for section 1115 demonstration	04/8/2021- 03/31/2026
SUD demonstration start date[a]	04/08/2021
Implementation date of SUD demonstration, if different from SUD demonstration start date[b]	04/08/2021
SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives	This demonstration provides Oregon with the opportunity to provide a fuller continuum of care to OHP members with substance use disorder (SUD). A key part of this will be the state's ability to receive FFP for members whom are short-term residents in residential and inpatient treatment settings that qualify as Institutions for Mental Diseases (IMDs). It will also support Oregon's efforts to implement models of care focused on increasing support for individuals in the community and home, outside of institutions, and improve access to a continuum of SUD evidence-based services at varied levels of intensity. This continuum of care is based on the American Society of Addiction Medicine (ASAM) criteria, nationally recognized assessment and placement criteria that reflect evidence-based clinical treatment guidelines. This demonstration will also allow Oregon to provide community integration services which consists of housing and employment supports to individuals transitioning back into the community from an IMD or other residential setting. 1. Assist Oregon in increasing identification, initiation, and engagement of Medicaid beneficiaries diagnosed with SUD; 2. Assist the state in increasing beneficiary adherence to, and retention in, SUD treatment programs; 3. Assist Oregon in reducing inappropriate or preventable utilization of emergency departments and inpatient hospital settings through improved access to a continuum of care services; and 4. Provide a continuum of care to increase the chances of Medicaid beneficiaries of having a successful recovery process.

SUD demonstration year and quarter	DY3Q1
Reporting period	04/01/2023-06/30/2023

[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 December 15, 2020, with an effective date of January 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 or will begin 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.

This quarterly report summarizes OHA activities for Demonstration Year 3 Quarter 1 April 01, 2023 through June 30, 2023. The first quarter of the third demonstration year primarily focused on finalizing Oregon Administrative Rules that support the waiver's STCs, provider engagement and education related to Continuum of Care and Community Transition Services, and finalizing the external evaluation.

Demonstration Year 3 Quarter 1 Accomplishments:

- Oregon Administrative Rules (OAR) related to Continuum of Care ASAM finalized, OAR's related to Community Transition Services (CTS) completed through temporary rule making. Began working to make CTS rules permanent by completing a Rules Advisory Committee and engaging in community discussion and feedback as related to the CTS rules.

- Onboarded dedicated SUD Waiver Research Analyst in June 2023.

- Continued to provide technical assistance and support to providers related to implementing ASAM for their organizations, including starting specialized work groups focused on Residential, Outpatient, Youth and Tribal practices to offer individualized support based on unique needs.

- Continue to support and provide technical assistance for MAT as needed.

- Finalized contract with Oregon Health and Sciences University's Centers for Health Systems Effectiveness to complete an external evaluation of SUD 1115 Waiver Demonstration with providers, supported work in creation of questions by providing review and feedback, and giving contact information for all providers.

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.		*MP Metric #3: Medicaid Beneficiaries with a SUD*	*Across most metrics we are seeing an increase in all populations, with a few exceptions included in the data below where a decrease in subpopulations were noted.* *The following metrics and subpopulations showed a change of greater than 2 percent between DY2Q3 and DY2Q4 averages:* *#3 Medicaid Beneficiaries with SUD Diagnosis* *<18: +2.15%* *65+: +4.96%* *Dual Medicaid/Medicare: +3.65%*
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.a The target population(s) of the demonstration	*X*		
	1.2.1.b The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration	*X*		

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

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.		*#6 Any SUD Treatment; #7 Early Intervention; #8 Outpatient Services; #9 Intensive Outpatient and Partial Hospitalization Services; #10 Residential and Inpatient Services; #11 Withdrawal Management; #12 Medication-Assisted Treatment* MP Metric #22 Continuity of Pharmacotherapy for Opioid Use Disorder (NQF#3175)	Metric 22 will be updated in Calendar Year 2022 report, provided at next reporting due November 2023 Continued to provide targeted TA to providers and Care Organizations to support continued growth and engagement in increasing access to critical levels of care. *#6 Any SUD Treatment* *All Populations: +2.18%* *#7 Early Intervention:* *All Populations: -2.73%* *<18: +133.33%* *18 to 64: -20.93%* *Medicaid Only: -20%* *Dual Medicaid/Medicare: -25%* *Pregnant: -30%* *Not Pregnant: -20.69%* *#8 Outpatient Services:* *<18: +9.88%* *65+: +6.19%* *Dual Medicaid/Medicare: +3.52%* *Pregnant: -2.84%* *#9 Intensive Outpatient and Partial Hospitalization Services:* *65+: -19.23%* *Dual Medicaid/Medicare: +20.27%* *Pregnant: +8.89%*

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			#10 Residential and Inpatient Services: *All Populations: +7.9%* *<18: +42.86%* *18 to 64: +6.19%* *65+: +40%* *Medicaid Only: +7.84%* *Dual Medicaid/Medicare Enrolled: +12.5%* *Pregnant: -11.54%* *Not Pregnant: +8.72%* *#11 Withdrawal Management:* *All Populations: +3.32%* *#12 Medication Assisted Treatment:* *All Populations: +2.30%* *<18: -5.88%* *18 to 64: +2.24%* *65+: +8.56%* *Medicaid only: +2.23%* *Dual Enrolled: +7.69%* *Not Pregnant: +2.31%*
2.2 Implementation update			

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.a Planned activities to improve access to SUD treatment services across the continuum of care for Medicaid beneficiaries (e.g., outpatient services, intensive outpatient services, medication-assisted treatment, services in intensive residential and inpatient settings, medically supervised withdrawal management)			Oregon Administrative Rules finalized to include ASAM levels language, to clearly define continuum of care levels and create consistency in their delivery. Continuum of Care milestones have been broken down into levels of care for tracking purposes. These levels include: Outpatient Services, Intensive Outpatient Services, Medication Assisted Treatment, Intensive levels of care in residential and inpatient settings, Medically Supervised Withdrawal Management. In the process of drafting the ASAM level certification application for providers, with on-going provider engagement broken down by level of care and culturally specific services. For each of these levels of care, quarterly reports for internal quality improvement strategies for SUD services are still in development, there has been delay due to on-going staffing shortages. Began internal process of identifying rate differentials for higher levels of residential treatment, have begun to meet with providers who are offering 3.7 residential level of care to discuss staffing needs and financial obligations. Continuing work to support PDS organizations in developing culturally specific trainings and expanding the diversity of culturally specific peers within the workforce.

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.2.1.b	SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential treatment, medically supervised withdrawal management, and medication-assisted treatment services provided to individual IMDs	X		
2.2.2	The state expects to make other program changes that may affect metrics related to Milestone 1.	X		

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.a Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
3.2.1.b	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			DY3Q1 Update on Implementation Planning: • Began to mail out copies of ASAM Level of Care (LOC) Certification, 2020 edition, LOC: 2023 Rating Element Updates, and ASAM Criteria Implementation Guide to providers for their use. • Continued provider engagement, including listening sessions and technical answer questions and expand understanding. • Contract language has been refined to ensure all CCO providers are utilizing ASAM criteria. Contract language went into effect 1/2023. • Contract language has been refined to ensure all CCO utilization managers making payment determination for SUD are adequately trained in ASAM criteria. Contract language went into effect 1/2023.
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**			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 4.2.1.a Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards			DY3Q1 Updates on Implementation Planning: • State public entity contract with ASAM is active. This contract allows Oregon to utilize ASAM in Oregon Administrative Rules, contracts and licensing requirements related to trade name, ASAM placement criteria. • Continued provider engagement around new licensing and/or certification requirements at specific ASAM levels. • Continued project planning with ASAM around ASAM specific tools and ASAM provider training and technical assistance. • Rule making finalized on 4/7/2023 adopting ASAM specific language into Oregon Administrative Rules • Developed provider license application to add ASAM levels to providers certification documents. Applications from providers due to Oregon Health Authority by 10/01/2023 • Began provider education and listening sessions to support providers in completing the application, address questions, and ensure providers understand what a complete application entails. ASAM levels expected to start being added to certifications beginning April 2024.

Prompt			State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
	4.2.1.b	Review process for residential treatment providers' compliance with qualifications			Licensing, Certification, & Compliance Unit continues planning for licensing residential programs at specific ASAM levels and what their review process will look like to ensure treatment programs remain compliant with ASAM.
	4.2.1.c	Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site			Medicaid treatment guidance and obligation was added to the Prioritized list of Health services
4.2.2		The state expects to make other program changes that may affect metrics related to Milestone 3.	X		

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	MP Metric #18 Use of opioids at High Dosage in persons wo/cancer (NQF#2940) MP Metric #19 Use of Opioids from multiple providers in persons wo/cancer (NQF#2950) MP Metric #20 Use of Opioids at high dosage and from Multiple providers in persons wo/cancer (NQF#2951) MP Metric #21 concurrent use of Opioids and Benzodiazepines (NQF#3389)	
5.2	**Implementation update**			

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

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6. **Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)**			
6.1 **Metric trends**			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5.		MP Metric #18 Use of opioids at High Dosage in persons wo/cancer (NQF#2940) MP Metric #19 Use of Opioids from multiple providers in persons wo/cancer (NQF#2950) MP Metric #20 Use of Opioids at high dosage and from Multiple providers in persons wo/cancer (NQF#2951) MP Metric #21 concurrent use of Opioids and Benzodiazepines (NQF#3389) MP Metric #23 *Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries*	*State of Oregon saw an increase in ED utilization for SUD for the youth and elderly populations.* *#23 Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries:* *<18: +13.33%* *65+: +11.59%*

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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.a Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD			DY3 Q1 Update on Implementation Planning: • Multiple Guidance documents have been created. Providers are encouraged to consider the recommendations of the Oregon Opioid Prescribing Guidelines Task Force when prescribing opioid medications: Oregon Acute Opioid Prescribing Guideline and the Oregon Chronic Opioid Prescribing Guidelines. • Oregon Pregnancy and Opioid workgroup made clinical recommendations that optimize outcomes for pregnant and parenting individuals with OUD. • HSD continues to work closely with Public Health and the functionality and use of the Prescription Drug Monitoring Programs (PDMP). No Anticipated Changes to design

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.2.1.b Expansion of coverage for and access to naloxone			• Oregon continues leverage federal grants and initiatives to fund and distribute Naloxone statewide, especially in areas of high need. • Oregon works closely with board of pharmacy to ensure pharmacists can prescribe and dispense Naloxone. • Removed any PA criteria for Naloxone • SB 1043 passed in Oregon, requiring OHA facilitate residential treatment facilities providing two doses of Naloxone to individuals with OUD upon discharge from facility. Work has begun to operationalize this senate bill. No anticipated changes to demonstration design.
6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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	No MP Metric	
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.			DY3 Q1 on Implementation Planning: • Working with CCO's to implement community transition services for qualifying enrolled members. • Established reimbursement for care coordination and targeted case management to help fund care coordination between levels of care. • Initiated implementation of community integration services for individuals engaged in SUD treatment • CCOs to leverage EDIE data with the PDMP to minimize the risk of overprescribing • Many hospitals have peers imbedded to help respond to SUD related admissions • Temporary Oregon Administrative Rule put in place for Community Transition Services, began work to make these rules permanent. • OHA continues to diligently look for a payment path to provide funding for Community Transition Services that complies with Oregon Public Funds rules as well as CMS rules related to use of Medicaid monies.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
7.2.2 The state expects to make other program changes that may affect metrics related to Milestone 6.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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	No MP Metric	
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.a How health IT is being used to slow down the rate of growth of individuals identified with SUD	X		• Oregon continues to utilize PDMP, developing policies and agreements for possible interstate data sharing (Current states: Idaho, Kansas, Nevada, Texas and North Dakota). • Oregon continues to work closely with Injury Violence Prevention Promotion and the Public Health Division No Anticipated Changes
	8.2.1.b How health IT is being used to treat effectively individuals identified with SUD	X		No Updates for this quarter
	8.2.1.c How health IT is being used to effectively monitor "recovery" supports and services for individuals identified with SUD	X		No Updates for this quarter

Prompt			State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
	8.2.1.d	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		No Updates for this quarter
	8.2.1.e	Other aspects of the state's health IT implementation milestones	X		No Updates for this quarter
	8.2.1.f	The timeline for achieving health IT implementation milestones	X		No Updates for this quarter
	8.2.1.g	Planned activities to increase use and functionality of the state's prescription drug monitoring program	X		No Updates for this quarter
8.2.2	The state expects to make other program changes that may affect metrics related to health IT.		X		No Anticipated Changes
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	MP Metric #24: Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries	*#24 Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries:* *All Populations: +5.67%* *18 to 64: -4.06%* *65+: -8.05%*
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	No MP 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.	X	Oregon continues to strive towards compliance with budget neutrality through quarterly monitoring completed by our budget team.
10.2	**Implementation update**		
10.2.1	The state expects to make other program changes that may affect budget neutrality.	X	

Prompts		State has no update to report (place an X)	State response
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 Monitoring Report Instructions for more detail.		Oregon is actively supporting BH providers during the COVID-19 unwinding to ensure continued quality services and treatment are accessible to Medicaid recipients. Additionally, the state of Oregon continues to focus energy and resources on Measure 110's rollout to our SUD provider community.
11.2	**Implementation update**		
11.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:		OHA continues to work in partnership with our 16 Coordinated Care Organizations to increase both access and quality of care for CCO enrolled Medicaid members. Fee for Service (FFS) members continue to be directly supported by OHA in accessing their services, and on-going work is being done on rate setting and increasing access to SUD services as well as improving quality of services offered to FFS members.
	11.2.1.a How the delivery system operates under the demonstration (e.g., through the managed care system or fee for service)		
	11.2.1.b Delivery models affecting demonstration participants (e.g., Accountable Care Organizations, Patient Centered Medical Homes)	X	
	11.2.1.c Partners involved in service delivery	X	

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.		
11.2.3	The state is working on other initiatives related to SUD or OUD.		Block SAPT Grant, SB755, SOR Grants, Opioid Overdose response with Public Health.
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).		All initiatives are focused on improving access to care and reducing overdose and overdose related deaths. The population covered under the initiatives are different--1115 Waiver Medicaid, other indigent or non-Medicaid covered services and support (such as Harm Reduction, Housing, infrastructure, room and board, etc.)

Prompts		State has no update to report (place an X)	State response
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 monitoring report is due to CMS and the timing for the demonstration. There are specific requirements per 42 Code of Federal Regulations (CFR) § 431.428a(10) for annual [monitoring] reports. See Monitoring Report Instructions for more details.		External evaluation is under way and first round of qualitative interview questions have been drafted and reviewed, as the evaluators are beginning to contact providers to get their engagement in the process. The external evaluators are on track to meet their first report deadline.
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.		External evaluation is under way and first round of qualitative interview questions have been drafted and reviewed, as the evaluators are beginning to contact providers to get their engagement in the process. The external evaluators are on track to meet their first report deadline.

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 Evaluation was approved by CMS, and our expectation is the Evaluator will deliver Mid-Point Assessment, Interim and Summative Evaluation Reports that are meaningful and accessible to the primary audiences for the evaluation. Given the six-month time lag for maturation of claims/encounters data and the time needed to analyze these data, we anticipate that the reports will cover results for the following time periods: • The Mid-Point Assessment Report due to CMS in December 2023 will include results through June 2022. • The Interim Report due to CMS in July 2025 will include results through December 2023 • The Summative Report due to CMS in September 2027 will present results through December 2025. We anticipate that each report will contain a large volume of quantitative results, including descriptive statistics, data trends over time, change associated with the waiver as identified by regression analysis, and results for subgroups. The reports will use visual presentations to convey this information quickly and concisely and enable readers to explore the data. To provide context and help explain results, the reports will draw on information from Oregon's quarterly monitoring reports to CMS and other background documents as needed.

Prompts	State has no update to report (place an X)	State response
13. **Other SUD 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.		Implementation of Community Transition Services will see some delay as the Oregon Health Authority seeks to determine how to reimburse for this service while minimizing administrative burden on our providers and upholding Oregon's Public Funds laws related to how monies are spent. Implementation of ASAM tools and levels may see some delay as the State of Oregon phases in the licensing of these to provide on-going support and technical assistance to providers per their request during our feedback sessions to insure a successful launch of this project.
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.a The schedule for completing and submitting monitoring reports	X	
13.1.3.b The content or completeness of submitted monitoring reports and/or future monitoring reports		All reports are complete to monitoring protocol expectations, and OHA expects all future reports to be complete and submitted on time based on deadlines outlined in demonstration.
13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation.		Oregon experienced unanticipated delays in the submission of this report due to not being aware of update versions of templates. OHA is now aware of when templates are updated and knows to check for updated version prior to beginning composition of report.

Prompts	State has no update to report (place an X)	State response
13.1.5 Provide updates on the results of beneficiary satisfaction surveys, if conducted during the reporting year, including updates on grievances and appeals from beneficiaries, per 42 CFR § 431.428(a)5.		Oregon's SUD 1115 Advisory Committee paused in September 2022 as the group felt that concerns had been discussed and solutions identified. If the members of the committee feel that additional meetings are needed it remained open to reconvene and address additional topics to seek resolution.
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 monitoring report.		Monitoring Protocol was approved 5/25/2023, metrics for annual report are still being operationalized. OHA looks forward to seeing metric trends in future reports to better inform policy and decision making and to allow for robust delivery of services outlined in the SUD 1115 Demonstration.

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.

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

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