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	DY3Q2
Reporting period	07/01/2023-09/30/2023

[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 2 July 01, 2023 through September 30, 2023. The second quarter of the third demonstration year primarily focused on provider engagement and education related to Continuum of Care and the application process to have Level of Care placed on their certification, working to identify and build infrastructure to provide CTS, and addressing provider concerns related to licensure requirements and ASAM Levels of Care.

Demonstration Year 3 Quarter 2 Accomplishments:

- On-going population specific technical assistance, listening sessions and work groups with providers to support application process for licensure of Level of Care requirements.

- External Evaluation interviews with providers and Coordination Care Organizations occurred and evaluator began process of analyzing results and begin drafting midpoint evaluation.

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

- Finalized Oregon Administrative Rule for Community Transition Services, made permanent in September 2023.

- Received letter of concern from a small group of providers regarding use of ASAM level of care for licensure of outpatient substance use disorder programs. Oregon Health Authority took the opportunity to re-examine work done and CMS expectations to confirm that licensure of outpatient SUD programs supports the larger goal of a complete continuum of care for individuals accessing SUD services.

- Research Analyst discovered reporting issues in the Monitoring Protocol and has provided a detailed list of identified reporting issues in the attached SUD Monitoring Report for DY3Q1 metrics, including those that have been resolved and identified steps to be taken to resolve any that are outstanding.

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* MP Metric #4: Medicaid Beneficiaries with SUD Diagnosis (annually)	*The following metrics and subpopulations showed a change of greater than 2 percent between DY3Q4 and DY3Q1 averages:* *With the on-going Opioid epidemic, we expect to see an increase in SUD Diagnosis for Medicaid Beneficiaries. The State of Oregon is currently working with providers to promote Rapid Engagement in SUD services, in order to reduce barriers to treatment, as well as looking at identified Administrative Burdens with our provider network to reduce the administrative load on providers allowing them to focus more of their energy and efforts on engaging individuals in treatment and providing them with quality care.* *#3 Medicaid Beneficiaries with SUD Diagnosis (monthly)* *<18: +2.15%* *65+: +4.96%* *Dual Medicaid/Medicare: +3.65%*
1.2 **Implementation update**			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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		
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. | | *MP Metric #6: Any SUD Treatment*

 MP Metric #7: Early Intervention
 MP Metric #8: Outpatient Services
 MP Metric #9: Intensive Outpatient and Partial Hospitalization Services
 MP Metric #10: Residential and Inpatient Services
 MP Metric #11: Withdrawal Management
 MP Metric #12: Medication-Assisted Treatment
 MP Metric #22 Continuity of Pharmacotherapy for Opioid Use Disorder (annual) (NQF#3175) | Percentage of adults 18 years of age and older with pharmacotherapy for OUD who have at least 180 days of continuous treatment: 47.12108383%

 Continued to provide targeted TA to providers and Care Organizations to support continued growth and engagement in increasing access to critical levels of care. Oregon conducted an internal review to ensure that the ask on providers to certify to a specific level of care, from outpatient through medically managed withdrawal management, was a necessary and reasonable request to insure a complete continuum of care for Medicaid/Medicare recipients with a SUD diagnosis.

 We continue to see growth in numbers of individuals access SUD services across all areas, with the exception of Early Intervention. Work on increasing access to Early Intervention is part of the targeted work occurring around expanding our Continuum of Care to support the needs of the individual seeking services, and to place them in the correct level of treatment the first time. We saw a decrease in Intensive Outpatient and Partial Hospitalization Services for Youth, as several SUD providers for youth services have closed or decreased access, with the difficulty in finding and employing qualified staff being an identified factor.

 #6 Any SUD Treatment
 All Populations: +2.18%

 #7 Early Intervention:
 All Populations: -20.45%
 <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: -2.85%
			#9 Intensive Outpatient and Partial Hospitalization Services:
			<18: -37.5%
			65+: +19.23%
			Dual Medicaid/Medicare: +16.22%
			Pregnant: +8.89%
			#10 Residential and Inpatient Services:
			All Populations: +7.91%
			<18: +42.86%
			18 to 64: +6.19%
			65+: +40%
			Medicaid Only: +7.84%
			Dual Medicaid/Medicare: +12.50%
			Pregnant: -11.54%
			Not Pregnant: +8.72%
			#11 Withdrawal Management:

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			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 Medicaid/Medicare: +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)			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. The ASAM level certification application for providers was made available June 2023, with a due date of 10/01/2023. Oregon provided on-going listening sessions, TA sessions, and work sessions to support providers in their application process as well as to provide targeted support for youth providers, culturally specific providers, and providers based on level of care. 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. Continued rate differential work for providers offering higher levels of residential treatment, with initial work focusing on 3.7 residential level of care due to staffing needs to support the medical complexity of individuals needing this level of care. Continuing work to support PDS organizations in their development of culturally specific trainings and expanding the diversity of culturally specific peers within their 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	MP Metric #5 Medicaid Beneficiaries Treated in an IMD for SUD (annual), MP Metric #36: Average Length of Stay in IMDs	
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			DY3Q2 Update on Implementation Planning: • Finished mailing 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 utilization managers making payment determination for SUD are adequately trained in ASAM criteria, CCO's will sign an attestation to this fact and produce documentation upon request within 5 business days. Updated contract language will go into effect January 2024.
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			DY3Q2 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 to support application process by providers. • Developed provider license application to add ASAM levels to providers certification documents. Applications from providers due to Oregon Health Authority by 10/01/2023. • Continuing to work with ASAM and providers to provide access to on-line ASAM criteria tool to providers who have opted in to using this format. • Continued 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 #13 Use of opioids at High Dosage in persons wo/cancer (annual) (NQF#2940) MP Metric #14 Use of Opioids from multiple providers in persons wo/cancer (annual) (NQF#2950)	
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 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**			

| 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 (annual) (NQF#2940) MP Metric #21 concurrent use of Opioids and Benzodiazepines (annual) (NQF#3389) MP Metric #23 *Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries* MP Metric #27 Overdose Deaths (rate) (annual) | This is the first report on Metrics #18 & #21, the State of Oregon will continue to closely monitor these metrics in future reports and use that information to inform policy and decision making.

Metric #23: The state of Oregon is continuing to work on expanding access to treatment for youth populations and is continuing to provide technical assistance and education to primary care providers and other medical professionals as needed around Substance Use in elderly individuals. We continue to look at network adequacy to engage these individuals more appropriately in SUD treatment in SUD specific settings. Additionally, the State of Oregon continues to work on increasing the effectiveness of our Lines for Life program which can connect individuals directly to treatment when they call for help.

MP Metric #18: Use of opioids at High Dosage in person w/o cancer (NQF#2940)
Percentage of beneficiaries age 18 and older who received prescriptions for opioids with an average daily dosage greater than or equal to 90 morphine milligram equivalents (MME) over a period of 90 days or more. Beneficiaries with a cancer diagnosis, sickle cell disease diagnosis, or in hospice or palliative care are excluded.

1.89%

MP Metric #21: Concurrent use of Opioids and Benzodiazepines (NQF#3389) |

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			Percentage of beneficiaries age 18 and older with concurrent use of prescription opioids and benzodiazepines. Beneficiaries with a cancer diagnosis, sickle cell disease diagnosis, or in hospice or palliative care are excluded. 6.46% *#23 Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries:* *All Populations: +0.78%* *<18: +13.33%* *18 to 64: +0.77%* *65+: +11.59%*

6.2   Implementation update

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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 Q2 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. • HSD continues to work closely with Public Health and the functionality and use of the Prescription Drug Monitoring Programs (PDMP). • Continue to monitor and engage providers to determine additional guidance and supports needed related to OUD. 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 to 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. Rate setting and HCPCs code development being addressed to provide ease of access for distribution to high risk populations. 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.		MP Metric #15 IET (NQF#0004) (annual)	This is the first report on these metrics since the Metric's Protocol was accepted. The state of oregon will carefully track changes in these numbers in future reports. Information related to follow up after ED visits for AOD and Mental Illness will be shared and will be used to inform policy and decision making regarding care coordination for Medicaid enrolled members.
			MP Metric #17(1) follow up after ED visit for AOD (NQF#3488)	
			MP Metric #17(2) follow up after ED visits for Mental Illness (annual) (NQF#0576)	
			MP Metric #25 Readmissions Among Beneficiaries with SUD	

MP Metric #15 IET (NQF#0004)

Initiation of AOD Treatment – Alcohol abuse or dependence (rate 1, cohort 1) 39.33%
Initiation of AOD Treatment – Opioid abuse or dependence (rate 1, cohort 2) 62.23%
Initiation of AOD Treatment – Other drug abuse or dependence (rate 1, cohort 3) 40.50%
Initiation of AOD Treatment – Total AOD abuse of dependence (rate 1, cohort 4) 41.70%
Engagement of AOD Treatment – Alcohol abuse or dependence (rate 2, cohort 1) 12.48%
Engagement of AOD Treatment – Opioid abuse or dependence (rate 2, cohort 2) 31.91%
Engagement of AOD Treatment – Other drug abuse or dependence (rate 2, cohort 3) 13.44%

			Engagement of AOD Treatment – Total AOD abuse of dependence (rate 2, cohort 4) 14.74%
			MP Metric #17(1) follow up after ED visit for AOD (NQF#3488)
			Percentage of emergency department (ED) visits for beneficiaries age 18 and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence who had a follow-up visit for AOD abuse or dependence. Two rates are reported:
			• Percentage of ED visits for which the beneficiary received follow-up within 30 days of the ED visit (31 total days). 43.10%
			• Percentage of ED visits for which the beneficiary received follow-up within 7 days of the ED visit (8 total days). 27.87%
			MP Metric #17(2) follow up after ED visits for Mental Illness (NQF#0576)
			Percentage of emergency department (ED) visits for beneficiaries age 18 and older with a principal diagnosis of mental illness or intentional self-harm and who had a follow-up visit for mental illness. Two rates are reported:
			• Percentage of ED visits for mental illness for which the beneficiary received follow-up within 30 days of the ED visit (31 total days) 67.78%
			• Percentage of ED visits for mental illness for which the beneficiary received follow-up within 7

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			days of the ED visit (8 total days). 54.55%
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 Q2 on Implementation Planning: • Continuing the work with CCO's to implement community transition services for qualifying enrolled members. • Working on building internal infrastructure to provide CTS funds to providers for reimbursement. • 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 • Oregon Administrative Rule put in place for Community Transition Services made 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. No Anticipated Changes

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	MP Metric Q1 (annual) Project ECHO MP Metric Q2 (annual) Expand telehealth/telem edicine MP Metric Q3 (annual) Housing Support Services Utilization MP Metric S1 (annual) Employment Support Services Utilization	
8.2	**Implementation update**			

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:			• 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.a How health IT is being used to slow down the rate of growth of individuals identified with SUD			
	8.2.1.b How health IT is being used to treat effectively individuals identified with SUD	X		
	8.2.1.c How health IT is being used to effectively monitor "recovery" supports and services for individuals identified with SUD	X		
	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		
	8.2.1.e Other aspects of the state's health IT implementation milestones	X		
	8.2.1.f The timeline for achieving health IT implementation milestones	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.2.1.g	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		
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.		<u>MP Metric #24:</u> Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries	*The State of Oregon is addressing access issues, provider capacity concerns, and concerns related to the Behavioral Health Healthcare Worker shortage being experienced nationwide. These factors are impacting availability of and access to in-patient treatment for Medicaid enrolled members. The State of Oregon is working to implement a 3.4% rate increase to providers to provide additional supports to address these concerns, and continues to engage with our provider network to identify other innovative ways to support them in growing their capacity to increase access to this highly needed level of care.* *#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**			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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 following 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: 11.2.1.a How the delivery system operates under the demonstration (e.g., through the managed care system or fee for service)		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.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.		*No Challenges experienced in partnering with contracted partners to help implement the demonstration.*
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 completed. 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 completed. 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	

Prompts	State has no update to report (place an X)	State response
13.1.3.b The content or completeness of submitted monitoring reports and/or future monitoring reports		Due to a massive system failure of one of our data programs, this report does not contain pregnancy related metrics. Additionally, our lead Research Analyst has been taking over all metrics required by this waiver and has noted that the use of different systems to analyze data has resulted in some differences in outcomes of data. The Research Analyst has also identified that previous metrics for SUD diagnosis were only for the month named, and were not for a rolling calendar year as required by the monitoring protocol. This report includes the updated data that is based on the rolling calendar year, and we expect this data to remain consistent moving forward. OHA expects all future reports to be complete and submitted on time based on deadlines outlined in the demonstration.
13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation.	X	
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.	X	

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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