

**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>DY2Q3</i>
<b>Reporting period</b>	<i>04/01/2021 – 06/30/2021</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

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 and quarterly metrics in this report for the DY2Q2 measurement period (covering 01/01/2021 – 03/31/2021). Although some quarter-over-quarter trends exceeded + or – 2% for certain metrics and subpopulations, the state noted few exceptional trends based on the long-term metric data. Higher ASAM level service utilization (Metric #10 and #11) declined by 15-20% among pregnant women; however, that may be due in part to high coronavirus caseloads and hospitalizations over the winter. MAT utilization (Metric #12) among Youth increased by over 10% for this report after several periods of a downward trend in quarterly averages. UDS utilization also decreased substantially (10-20%) across all groups except Criminal Justice Involved.



**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	For this quarter, quarterly averages for the Youth, Dual, and Criminal Justice Involved (CJI) sub-populations declined by more than 2%. The state notes that the CJI base population has declined in recent months which may contribute to the observed decline. The Youth and Dual decline may be related to the coronavirus surge over the winter, since Aged also declined (but below the -2% threshold).
<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			
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			

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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>			

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<p>2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1</p>		<p>#6-#12</p>	<p>Quarterly averaged counts increased by 2-4% for nearly all reporting groups for #6 (Any SUD Treatment) and #8 (Outpatient); these changes are consistent with seasonal trends observed in the prior DY between Q1 and Q2. Older Adults increased slightly more (7% for #6 and 9% for #8). In both metrics, only the Pregnant subpopulation trended in a different direction: non-significant for #6 and decreasing by 2% in #8.</p> <p>For #7 (EI), the count of non-pregnant individuals receiving EI services increased by 2%. Other groups were either non-significant or the component counts too small (&lt; 20 per month) for trends exceeding +/-2% to be meaningful. Few significant trends were observed for #9 (IOP/PH: counts among Older Adults decreased by 2%, while Youth decreased by 7% and CJI increased by 14%.</p> <p>Larger downward trends of 15-20% were noted in Residential/Inpatient services (#10) and Withdrawal Management (#11) for the Pregnant subpopulation. A smaller (5%) reduction in MAT (#12) was also noted. This decrease may be due to the coronavirus case surge during January-February 2021.</p> <p>Among other groups with trends exceeding +/-2% for Metric #10, the following changes were noted: duals increased by 2%; OUD, Older Adults and CJI decreased by 3-4%, and Youth decreased by 6%. Counts for #11 increased by 2% for the Demonstration, Adult, non-Dual, non-Pregnant, and non-CJI subpopulations. Slightly larger increases for duals (4%), Older Adults (6%), and CJI (7%) were also noted. Counts for #12 increased by 3% for the Demonstration, Adult, non-Dual, non-Pregnant, and non-CJI subpopulations, and by 11% for</p>
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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			Youth. Counts for #12 decreased by 2% and 5% for Older Adults and Duals, respectively.
<b>2.2 Implementation update</b>			
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			
2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1			

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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			
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			
3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2			



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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			
4.2.1.ii. Review process for residential treatment providers' compliance with qualifications.			
4.2.1.iii. Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site			
4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3			

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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			
5.2.2 The state expects to make other program changes that may affect metrics related to Milestone 4			
<b>6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)</b>			
<b>6.1 Metric trends</b>			
6.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5		#23	The state notes small increases of 2-3% for the Demonstration population and all subpopulations in Metric #23, consistent with seasonally increased utilization following the end-of-year holidays.
<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			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.2.1.ii. Expansion of coverage for and access to naloxone			
6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5			
<b>7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)</b>			
<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			
7.2.2 The state expects to make other program changes that may affect metrics related to Milestone 6			
<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	The quarterly averaged number of Medicaid providers with an integrated EHR connection (S3) increased by about 3% over the prior period, 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			
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			
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			
8.2.1.iv. Other aspects of the state’s health IT implementation milestones			
8.2.1.v. The timeline for achieving health IT implementation milestones			
8.2.1.vi. Planned activities to increase use and functionality of the state’s prescription drug monitoring program			
8.2.2 The state expects to make other program changes that may affect metrics related to health IT			
<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, S2	<p>For Metric #24, the state notes an increase of 8% for the Youth sub-population and a small decrease of 2% for the OUD subpopulations. However, stays among Youth are relatively rare and can vary greatly month to month, so additional months of data will determine if a substantive trend exists.</p> <p>The state notes substantial decreases in the UDS rate (Metric S2) in the quarterly average for DY2Q2 compared to DY2Q1 across the Demonstration group and all subpopulations except CJI. Rates among Youth and Pregnant individuals decreased by 14-15%, and among Older Adults by 19%; all other subpopulations except CJI decreased by 9-10%. This decrease may be due to the coronavirus case surge during January-February 2021. The quarterly averaged rate of UDS among individuals in the CJI subpopulation increased by 2.5% in DY2Q2.</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			

**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>		

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Prompts	State has no update to report (Place an X)	State response
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.		Currently, the state has an amendment to revise budget neutrality posted for public comment. Once the review period is completed, the state will review any comments received and formally submit the amendment to CMS.
<b>10.2 Implementation update</b>		
10.2.1 The state expects to make other program changes that may affect budget neutrality		
<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.		
<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)		
11.2.1.ii. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)		
11.2.1.iii. Partners involved in service delivery		

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Prompts	State has no update to report (Place an X)	State response
11.2.2 The state experienced challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers) and/or noted any performance issues with contracted entities		
11.2.3 The state is working on other initiatives related to SUD or OUD		
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)		
<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 continued work on coding measures for the approved Evaluation design. GRC, with the help of OSU faculty subcontractors, concluded conducting focus groups with Medicaid beneficiaries who have received SUD treatment in the past 6 months. GRC and subcontractors also continued to conduct qualitative analysis of key informant interviews and focus groups using Atlas TI software.</p> <p>GRC continued work on coding measures for the approved Evaluation design and made improvements to the SQL claims database.</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		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.

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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	X	
13.1.2 The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes		
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		
13.1.3.ii. The content or completeness of submitted reports and/or future reports		
13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation		



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Prompts	State has no update to report (Place an X)	State response
<b>13.2 Post-award public forum</b>		
13.2.2 If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicating any resulting action items or issues. A summary of the post-award public forum must be included here for the period during which the forum was held and in the annual report.	X	
<b>14. Notable state achievements and/or innovations</b>		
<b>14.1 Narrative information</b>		
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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