1. Title Page for the State's SUD Demonstration or SUD Components of Broader Demonstration

The state should complete this Transmittal Title Page at the beginning of a demonstration and submit as the title page of all SUD Monitoring Reports. The content of this transmittal table should stay consistent over time.

State	Commonwealth of Pennsylvania
Demonstration Name	Coverage for Former Foster Care Youth from a Different State and Substance Use Disorder (SUD) Demonstration
Approval Date	June 28, 2018
Approval Period	July 1, 2018 through September 30, 2022
SUD (or if broader demonstration, then SUD Related) Demonstration Goals and Objectives	Under this demonstration, the Commonwealth expects to achieve the following: Objective 1. Increase rates of identification, initiation, and engagement in treatment. Objective 2. Increase adherence to and retention in treatment. Objective 3. Reduce overdose deaths, particularly those due to opioids. Objective 4. Reduce utilization of emergency department and inpatient hospital settings for treatment where the utilization is preventable or medically inappropriate through improved access to other continuum of care services. Objective 5. Fewer readmissions to the same or higher level of care (LOC) where the readmission is preventable or medically inappropriate. Objective 6. Improve access to care for physical health conditions among beneficiaries.

2. Executive Summary

Q4:

During the reporting period, the Commonwealth of Pennsylvania Department of Human Services (DHS) has made progress on implementation of the SUD component of the 1115 demonstration waiver. The following are highlights of activities April 1, 2019 through June 30, 2019:

Monitoring Protocol, 1115 Budget Neutrality (BN) Reporting, Evaluation Design, Post Award Forum

- The Centers for Medicare & Medicaid Services (CMS) approved the Commonwealth's monitoring protocol on September 5, 2019.
- The Commonwealth began reporting on the 1115 waiver schedules this quarter by Date of Payment and will modify that reporting to match the 1115 BN calculations of Date of Service within Date of Payment.
- The Commonwealth received questions on the Evaluation Design from CMS on June 13, 2019, and submitted responses to CMS on August 12, 2019.
- The Commonwealth completed the post award form on April 23, 2019. A summary of comments is included in this report.

Implementation of Placement Criteria and Service Definitions

- The Commonwealth is planning to utilize three separate delivery systems to ensure compliance under the Demonstration: The Medicaid behavioral health managed care organizations (BH-MCOs), the Medicaid fee-for-service delivery system, and the Single County Authorities (SCAs) who contract with the Department of Drug and Alcohol Programs (DDAP) to provide the Substance Abuse and Mental Health Services Administration (SAMHSA) block grant funded services. At this point, the bulk of the enforcement is anticipated to be conducted by the SCAs. However, there are 16 providers who contract under Medicaid who do not have contracts with the SCAs. The Medicaid Managed Care contracts require that all drug and alcohol reviews be conducted in accordance with the most recent version of the American Society of Addiction Medicine (ASAM) criteria. The Office of Mental Health and Substance Abuse Services (OMHSAS) is analyzing its options for ensuring that those Medicaid only providers will comply with the ASAM requirements as required in the Managed Care contracts.
- The 2020 Grant Agreement continues to be in the draft phase with references to application of the ASAM criteria being included.
- Through June 2019, over 7,500 individuals have been trained in the two-day skill building training on ASAM Criteria. Online training will be available to the field beginning next quarter.
- During the fourth quarter, DDAP and the ASAM transition workgroup worked to update the Pennsylvania Guidance for applying ASAM Criteria. This was necessitated as a result of feedback from the field. DDAP and the ASAM Transition Workgroup have been addressing updates to the "Guidance for Application of ASAM in PA's SUD System of Care."
- DDAP has also been able to identify SCA-contracted versus non-contracted licensed treatment providers, of which the latter is not required to use ASAM Criteria since it is not a regulatory requirement. However, any licensed treatment provider who is a Medicaid Managed Care provider is required by managed care contracts to conduct drug and alcohol assessments in accordance with the most recent version of the ASAM criteria.

- To date, the field has primarily been using ASAM Criteria as a LOC placement tool.
- DDAP/DHS/the Transition Workgroup have been engaged in an ongoing impact analysis (both independently and collaboratively) regarding service descriptions as they exist in the criteria. This is essential to the next phase of designation of residential/inpatient facilities beyond staffing requirements to delivery of service which may eliminate some that have already been preliminarily designated by staffing level. This process is also necessary to anticipate the impact and changes to the field for non-residential services (Outpatient (OP)/Intensive Outpatient (IOP)/Partial Hospitalization (PHP)/Withdrawal Management (WM)).
- The Commonwealth continues to address issues of resistance and push back from a minority, but powerful segment of the provider community resulting in SB 722 and HB 386, which propose to mandate the use of the Pennsylvania Client Placement Criteria (PCPC). This is the LOC placement tool which was in place prior to the transition to the use of the ASAM Criteria. While DDAP Executive Staff have been diligently working to abate the misinformation that surrounds the proposed legislation, other DDAP staff, in collaboration with DHS, continue to move forward with the transition/implementation process. Admittedly, the controversy and legislative involvement has created some delay in forward momentum and maintaining adherence to the stated timelines for full transition for purposes of the 1115 waiver.
- The majority, but less vocal group of stakeholders, have implemented ASAM Criteria as an admission placement tool with relative ease. There have been few difficulties brought to DDAP's attention related specifically regarding use of the criteria. DDAP has received positive feedback from some of the stakeholders regarding use of the criteria.
- As was included in our application and noted in CMS' letter approving Pennsylvania's 1115 demonstration project, DDAP has created a guidance document on the application of the ASAM criteria to ensure all services within the PCPC continuum of care are available under the ASAM criteria. As a result of feedback from the field about the first publication of this document, modifications have been made to better facilitate the transition and ensure stability of Pennsylvania's continuum of care. The changes have also contributed to some delay of the 1115 Demonstration timeline. OMHSAS is analyzing its options to ensure continued compliance with the 1115 Demonstration.

Residential Provider Assessment

- The initial self-assessment was extended through April 30, 2019 due to providers who were delinquent in participating in the process. A second round of self-assessment surveys were issued regarding staffing/designation for residential service since many providers did not participate in the previous survey. DDAP/DHS continued its efforts to designate residential facilities by reported staffing levels. This process was more prolonged than anticipated because many of the contracted providers did not readily participate in providing the necessary information and several reminders needed to be issued to complete the process.
- The self-assessment from providers is based on staffing, not on service description or delivery of service as described by ASAM Criteria. Once the comparison to the regulations is completed and a determination is made regarding applicability, DDAP will hold provider meetings to outline any changes to service descriptions as indicated in ASAM Criteria. Once fully adopted, a provider will be confirmed

as a particular LOC based upon the preliminary self-designation coupled with their ability/compliance in delivering the service as determined. This will be the second phase of the process of identifying providers truly equipped to deliver the service as describe by ASAM Criteria and congruent with licensing regulations and standards.

- An internal impact analysis regarding the adoption of the service descriptions was conducted to determine if regulation will allow full adoption of services as indicated by the criteria. The review of ASAM Criteria descriptions is compared to licensing requirements. This is being reviewed by DDAP Executive Staff and a parallel assessment is in process by the ASAM Transition Workgroup.
- OMHSAS worked with DDAP to identify Medicaid-only providers who do not contract under the Federal Block Grant for compliance monitoring. There are 16 providers who are Medicaid-only providers and not subject to SCA monitoring for ASAM requirements.
- Current capacity of utilization of IOP and PHP using historic non-ASAM definitions (historical requirements are that PHP requires 10 hours of treatment weekly instead of 20) were reviewed to determine the impact to the Commonwealth's system should the service descriptions, as indicated in the ASAM Criteria, be fully adopted as written. PHP as delivered currently will primarily shift to IOP since hours of service and required staffing are more prescriptive than currently delivered. This will require more intensified services be delivered at the IOP LOC; this has not yet been conveyed to the field and will not be until such time as the service description review noted above has been completed.

Performance Metrics

- The Commonwealth is continuing to program metrics 5, 36, 13, 14, 15, 21, 22, 17, 18, 25, 26, 27, and 32. Demonstration Year (DY)1 reporting on those metrics is expected in the next quarterly report.
- The Commonwealth selected seven measures targeting three areas of Health Information Technology (HIT) and overall the performance measures demonstrate the following:
  - Question Area A: The HIT Metrics #1 and 3 demonstrate that information technology is being used to slow down the rate of growth of individuals identified with SUD by increasing the number of providers registered and the use of the Pennsylvania Prescription Drug Monitoring Program (PDMP) checking by prescribers and dispensers.
  - Question Area B: The HIT Metrics # 2, 4, and 5 demonstrate that the information technology is being used to treat effectively individuals identified with SUD.
  - Question Area C: The HIT Metrics #6 and 7 demonstrate that information technology is being used to effectively monitor "recovery supports and services" for individuals identified with SUD. This is occurring through improvements in the overall integration of corrections facilities and emergency departments with the health information exchange (HIE) and PDMP.

The Commonwealth is reporting metrics 3, 4, 6-12, 23, 24 for the entire DY1 this quarter. *Note: The last month of data (June 2019) appears to be showing a decline due to claims submission lag.* The following trends are seen in the data:

- Metric #3 reports the number of members by month with a SUD diagnosis in DY1. There is an overall upward trend in the number of individuals with SUD diagnoses. However, the number of pregnant members with an SUD diagnosis has been steadily dropping. The number of older adults has held steady while the number of children under the age of 18 with an SUD diagnosis has steadily declined. The number of dual eligible individuals has shown a slight decline.
- Metrics #6–12 report the number of members by month receiving services in DY1. While there is an overall upward trend in the number of individuals with SUD diagnoses, the number of individuals receiving services overall is also slightly increasing.
  - While the number of pregnant members with an SUD diagnosis has been steadily dropping, the number of pregnant women in receipt of services has risen over the year.
  - The number of older adults receiving services has slightly increased.
  - The number of children receiving services has steadily increased, even though the number of children under the age of 18 with an SUD diagnosis has steadily declined.
  - The number of dual eligible individuals with an SUD diagnosis has shown a slight decline as have the number of dual eligible individuals receiving services.
- Metric #7 reports the number of individuals receiving Early Intervention (EI) which has slightly increased over the past year. In particular, the number of older adults receiving EI has increased substantially since May 2019.
- Metric #8 reports the number of individuals receiving OP services which has increased over the past year. Pregnant women and children receiving OP services have also increased.
- Metric #9 reports the number of individuals receiving IOP and PHP services which has slightly decreased over the past year. Pregnant members have increased slightly. Children receiving IOP/PHP have increased dramatically. Utilization by adults is decreasing.
- Metric #10 reports the number of individuals receiving residential and inpatient services which has slightly decreased over the past year. Utilization by pregnant women has increased while utilization by dual eligible members has decreased overall.
- Metric #11 reports the number of individuals receiving WM services which has slightly decreased over the past year. Utilization among the subpopulations has been sporadic and overall utilization is low.
- Metric #12 reports the number of individuals receiving Medication Assisted Treatment (MAT) services which has slightly increased over the past year. Utilization by dual eligibles has dropped steadily in DY1.
- Metric #23 reports the rate per 1,000 of emergency room visits for SUD which has slightly decreased over the past year. The rate of utilization for older adults has increased while the rate of utilization for adults has decreased. The rate of utilization for children has remained constant.
- Metric #24 has slightly decreased over the past year. However, inpatient SUD stays for older adults have increased over the year.

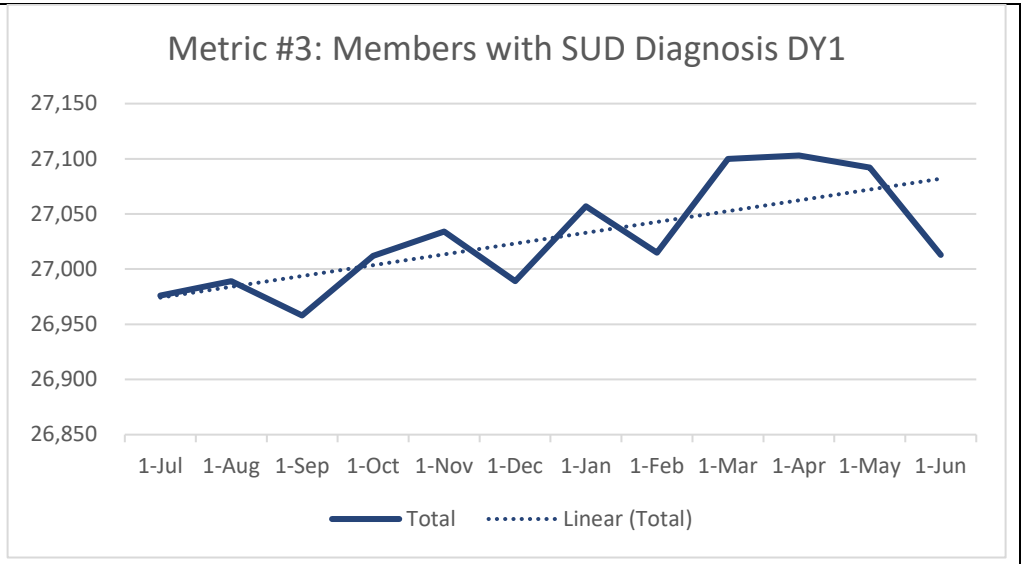
Q1–Q3 Summary:
During the reporting period, Pennsylvania DHS has made progress on implementation of the SUD component of the 1115 demonstration waiver. The following are highlights of activities from the first three quarters.

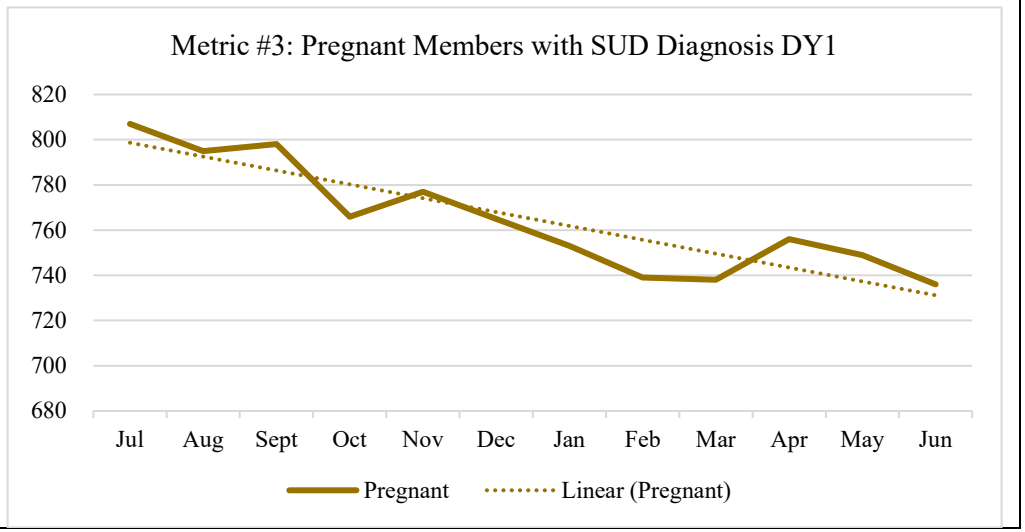
- DDAP issued guidance to the counties to use the ASAM admission criteria as of May 1, 2018 and ASAM treatment plans, continuing stay and discharge criteria as of March 1, 2019.
- The Commonwealth has completed provider self-assessments for ASAM LOC 3.5 and 3.7 as of December 31, 2018. Designation of facilities completing those self-assessments for these LOCs is in process.
- Face-to-face and online training of providers, Primary Contractors (PCs) and BH-MCOs to provide ASAM assessments and LOC was completed as of December 31, 2018.
- Commonwealth prescribing guidelines were issued as of December 31, 2018. OMHSAS added language to the Program Standards and Requirement document effective January 1, 2019 that ASAM was to be used as medical necessity criteria.
- Commonwealth prior authorization guidelines were issued as of December 31, 2018.
- The "Good Samaritan" law for drug overdose (2014 Act 139, Public Law 2487) was passed September 30, 2014.
- The Commonwealth has ensured that Naloxone is available via standing order with the passage of Act 139.
- Licensure regulations within the Commonwealth require linkage/referral to services as necessary.
- The Commonwealth has developed workplans for the implementation of all activities under the Implementation Protocol to ensure that the milestones are implemented consistent with the approved Special Terms and Conditions (STCs). Several work groups meet weekly to discuss all aspects of the SUD 1115 project.
- Mercer Government Human Services Consulting (Mercer), the independent evaluator, facilitated meetings with the Commonwealth team to begin development of the evaluation design plan for the waiver. These meetings included development of driver diagrams, development of research questions, development of hypotheses and beginning to develop the analytic methods that will be employed and assessing the methodological limitations. The meetings began October 12, 2018. The Commonwealth finalized the draft evaluation design and submitted the plan to CMS on March 31, 2019.
- The Commonwealth formally requested and received date adjustments for the DY1Q1 and DY1Q2 Monitoring Reports from December 31, 2018 to March 14, 2019. The reports were drafted and submitted to CMS on March 13, 2019.
- Monitoring Protocol:
    - The Commonwealth held meetings with the External Quality Review Organization, PeopleStat (part of the Department of Public Welfare), DDAP and Mercer (the independent evaluator) to review required performance measure specifications and discuss the evaluation design and waiver milestones.
    - Pennsylvania and its contractors have completed service and coding crosswalks to ensure that the performance measures are calculated consistently.

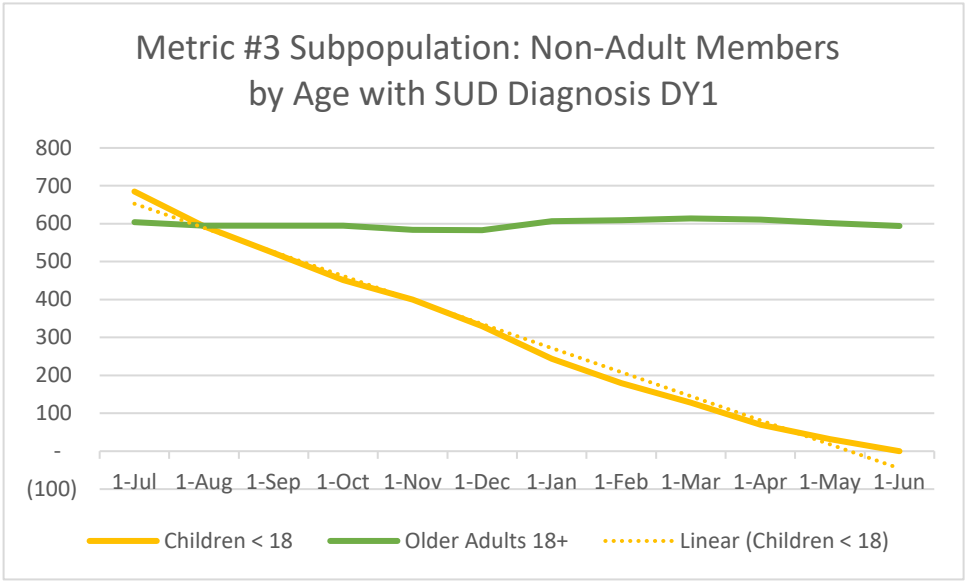
- The deviations in coding and programming from the CMS specifications for performance measures based on factors such as data availability and Pennsylvania specific coding practices were identified, evaluated and documented.
- In addition, OMHSAS met with the PDMP team to select the HIT performance measures.
- A reporting schedule of performance measures was developed.
- The Commonwealth drafted and submitted the Monitoring Protocol. The Monitoring Protocol was submitted to CMS on May 15, 2019.
- The Commonwealth has begun programming the performance metrics through PeopleStat.

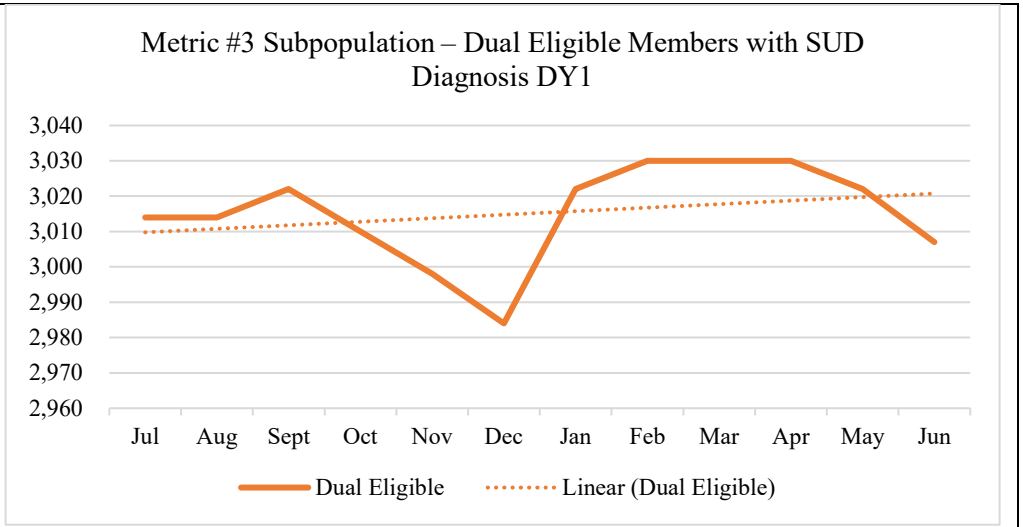
3. Narrative Information on Implementation, by Reporting Topic

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
1.2 Assessment of Need and Qualification for SUD Services			
1.2.1 Metric Trends			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.	DY1Q1 through DY1Q4	Metrics 3–4	Q4: The Commonwealth is reporting metrics 3 and 4 for the entire DY1 this quarter. The following trends are seen in the data: Analysis Year 1: Metric #3 reports the number of members by month with a SUD diagnosis in DY1. There is an overall upward trend in the number of individuals with SUD diagnoses. However, the number of pregnant members with an SUD diagnosis has been steadily dropping. The number of older adults has held steady while the number of children under the age of 18 with an SUD diagnosis has steadily declined. The number of dual eligible individuals has shown a slight decline. *Note: The last month of data (June 2019) appears to be showing a decline due to claims submission lag.*

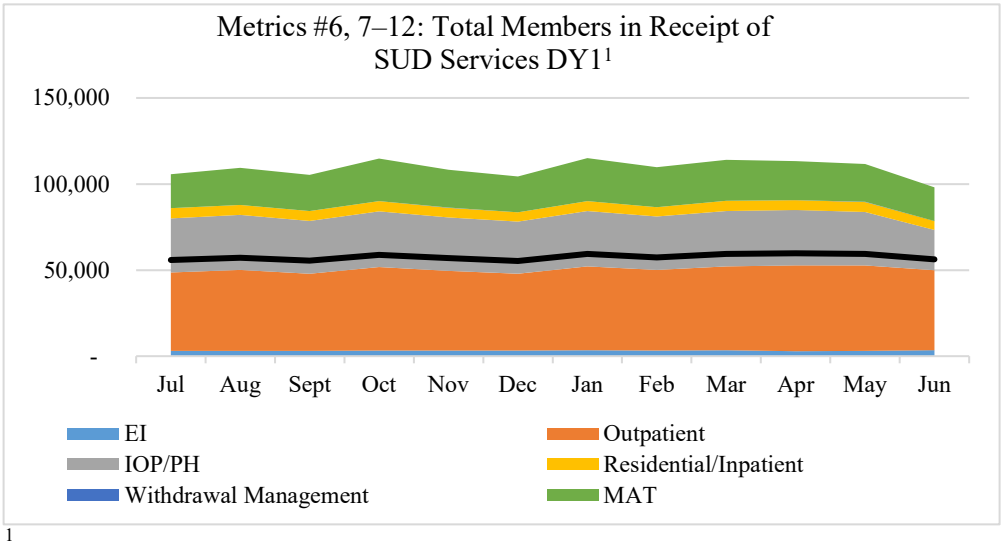

Metric #3: Members with SUD Diagnosis DY1
27,150
27,100
27,050
27,000
26,950
26,900
26,850
1-Jul
1-Aug
1-Sep
1-Oct
1-Nov
1-Dec
1-Jan
1-Feb
1-Mar
1-Apr
1-May
1-Jun
Total
Linear (Total)


Metric #3: Pregnant Members with SUD Diagnosis DY1
820
800
780
760
740
720
700
680
Jul
Aug
Sept
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
Pregnant
Linear (Pregnant)

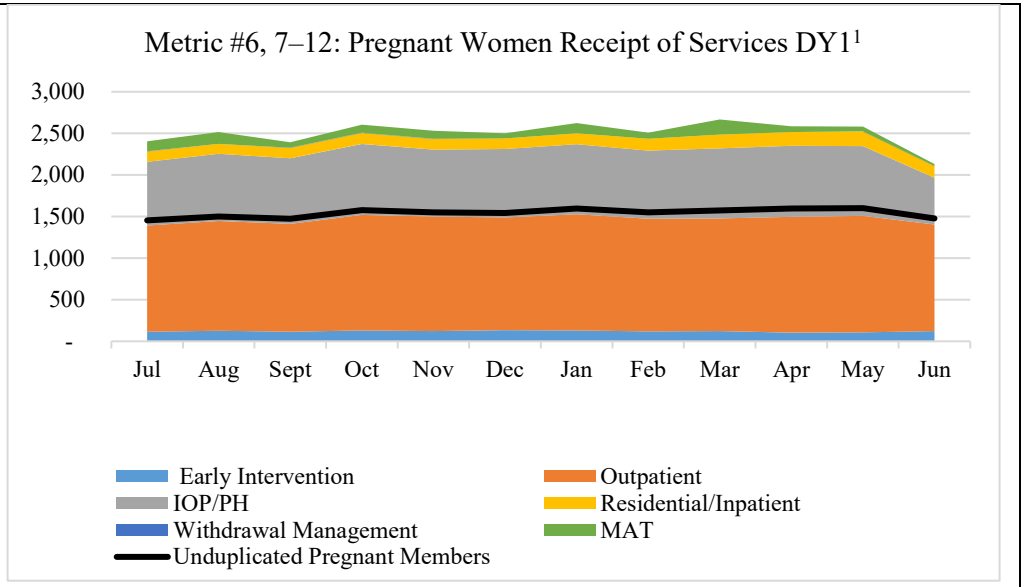
			 Metric #3 Subpopulation: Non-Adult Members by Age with SUD Diagnosis DY1 800 700 600 500 400 300 200 100 - (100) 1-Jul 1-Aug 1-Sep 1-Oct 1-Nov 1-Dec 1-Jan 1-Feb 1-Mar 1-Apr 1-May 1-Jun Children < 18 Older Adults 18+ Linear (Children < 18)

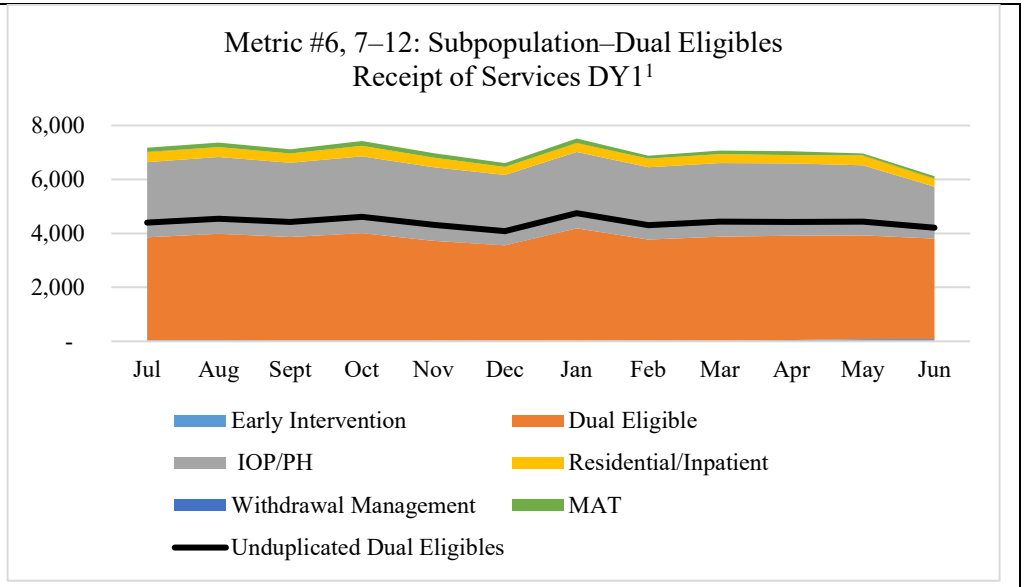
			
☐ The state has no metrics trends to report for this reporting topic.			
1.2.2 Implementation Update			
Compared to the demonstration design details outlined in the STCs and implementation plan, have there been any changes or does the state expect to make any changes to: A) the target population(s) of the demonstration? B) the clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration?	DY1Q1 through DY1Q4		**Q1–Q4 Summary:** No changes to the target population or clinical criteria are anticipated at this time. The Commonwealth is currently working on programming reports to calculate the metrics associated with this Milestone. During DY1Q3, Pennsylvania and its contractors have completed service and coding crosswalks to ensure that individuals are assessed and qualified for SUD treatment using ASAM Criteria. The deviations in coding, programming and calculation of performance measures were evaluated and documented to ensure consistent calculation with national specifications. The Commonwealth is currently not aware of any issues with individuals being assessed and qualified for SUD treatment as previous service definitions are still being utilized.

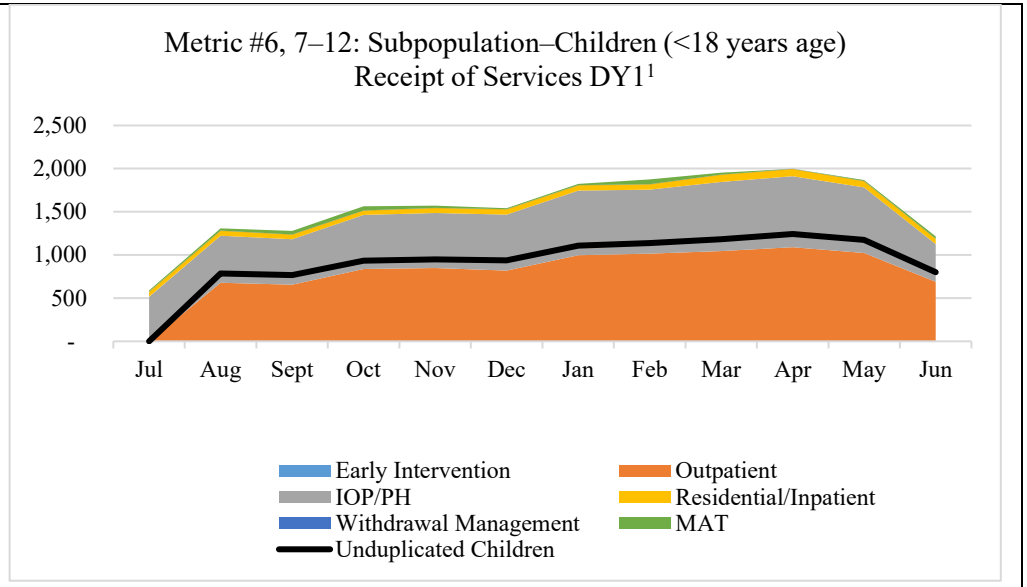
Are there any other anticipated program changes that may impact metrics related to assessment of need and qualification for SUD services? If so, please describe these changes.	DY1Q1 through DY1Q4	Metric 5	The Commonwealth is continuing to program metric 5 under this milestone. Final reporting on that metric is expected in the next quarterly report.
☐ The state has no implementation update to report for this reporting topic.			
2.2 Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)			
2.2.1 Metric Trends			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.	DY1Q1 through DY1Q4	Metric 6–12	Q4: The Commonwealth is reporting metrics #6–12 for the entire DY1 this quarter. The following trends are seen in the data: Analysis Year 1 overall and by population: Metric #6–12 reports the number of members by month receiving services in DY1. The number of unduplicated members is shown using the black line (Metric #6). The rest of the services (Metrics #7–12) are shown using stacked areas. This juxtaposition allows the reader to see the unduplicated number of individuals receiving SUD services each month versus the unique SUD services rendered. The conclusion is that most individuals receive at least two types of SUD services each month. While there is an overall upward trend in the number of individuals with SUD diagnoses, the number of individuals receiving services overall also increasing. While the number of pregnant members with an SUD diagnosis has been steadily dropping, the number of pregnant women in receipt of services has risen over the year. The number of older adults receiving services has slightly increased. The number of children receiving services has steadily increased, even though the number of children under the age of 18 with an SUD diagnosis has steadily declined.

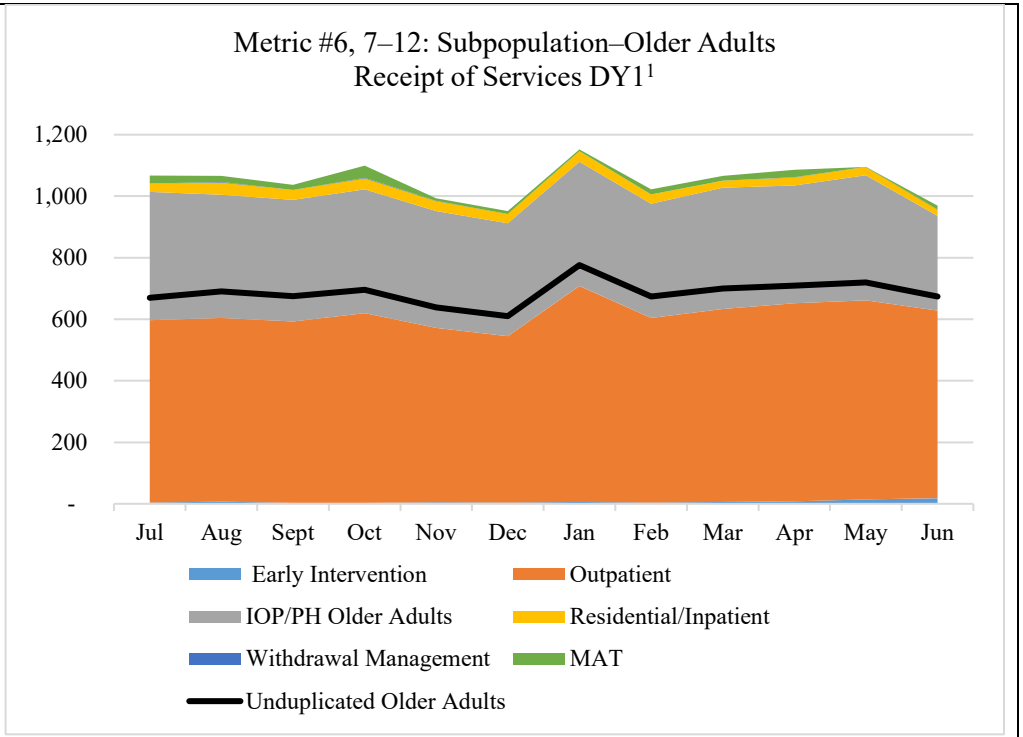
			The number of dual eligible individuals with an SUD diagnosis has shown a slight decline as has the number of dual eligible individuals receiving services. *Note: The last month of data (June 2019) appears to be showing a decline due to claims submission lag.*  1

[1] The solid black line indicates unduplicated members for Metric #6; the stacked areas represent Metrics #7–12.

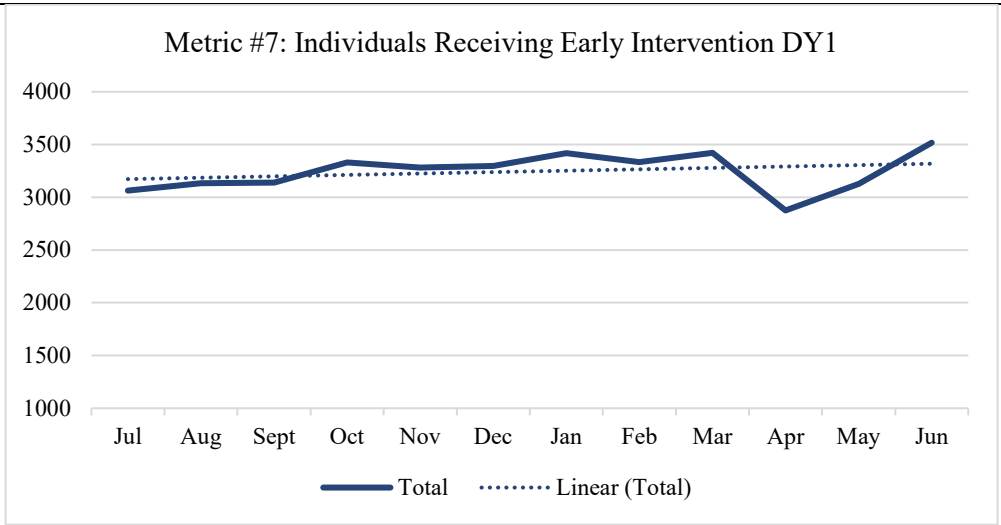

Metric #6, 7–12: Pregnant Women Receipt of Services DY1[1]
3,000
2,500
2,000
1,500
1,000
500
-
Jul
Aug
Sept
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
Early Intervention
Outpatient
IOP/PH
Residential/Inpatient
Withdrawal Management
MAT
Unduplicated Pregnant Members


Metric #6, 7–12: Subpopulation–Dual Eligibles
Receipt of Services DY1[1]
8,000
6,000
4,000
2,000
-
Jul
Aug
Sept
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
Early Intervention
Dual Eligible
IOP/PH
Residential/Inpatient
Withdrawal Management
MAT
Unduplicated Dual Eligibles

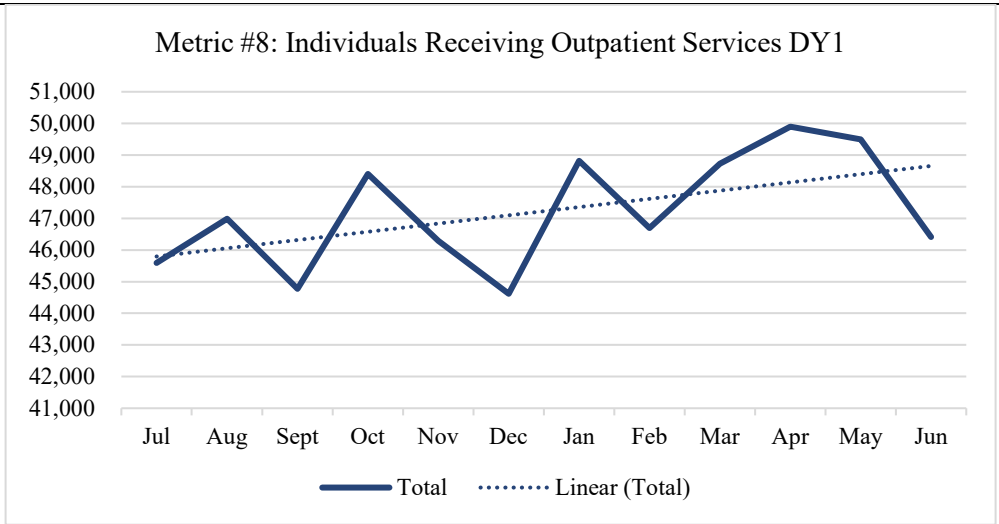

Metric #6, 7–12: Subpopulation–Children (<18 years age)
Receipt of Services DY1[1]
2,500
2,000
1,500
1,000
500
-
Jul
Aug
Sept
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
Early Intervention
Outpatient
IOP/PH
Residential/Inpatient
Withdrawal Management
MAT
Unduplicated Children

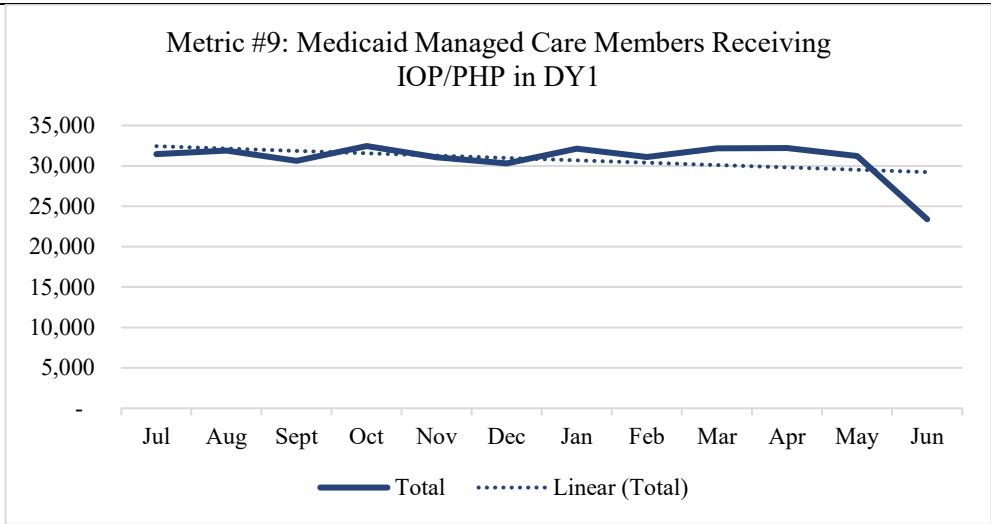


Analysis Year 1 by service:
Metric #7 reports the number of individuals receiving EI which has slightly increased over the past year. In particular, the number of older adults receiving EI has increased substantially since May 2019.
Note: The last month of data (June 2019) appears to be showing a decline due to claims submission lag.

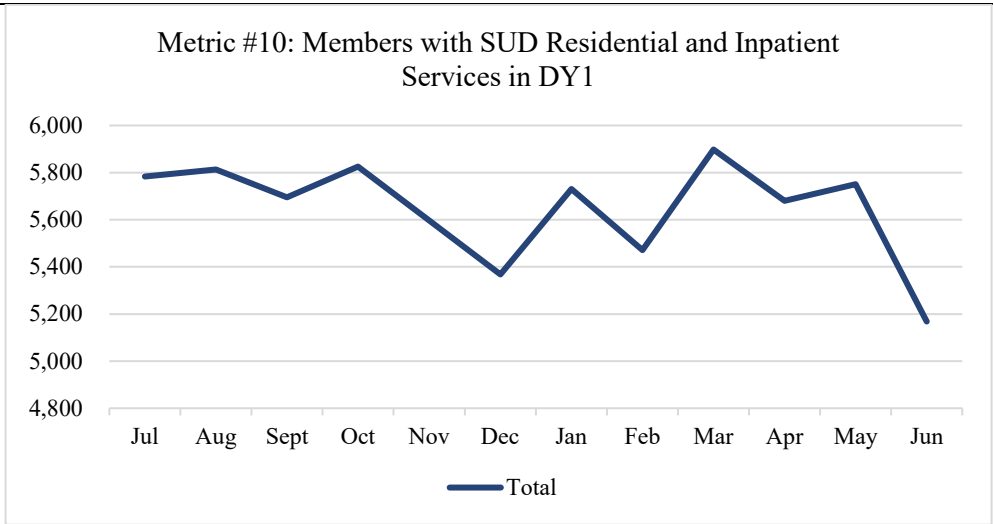


Metric #8 reports the number of individuals receiving OP services which has increased over the past year. Pregnant women and children under age 18 are helping drive that increase.
Note: The last month of data (June 2019) appears to be showing a decline due to claims submission lag.

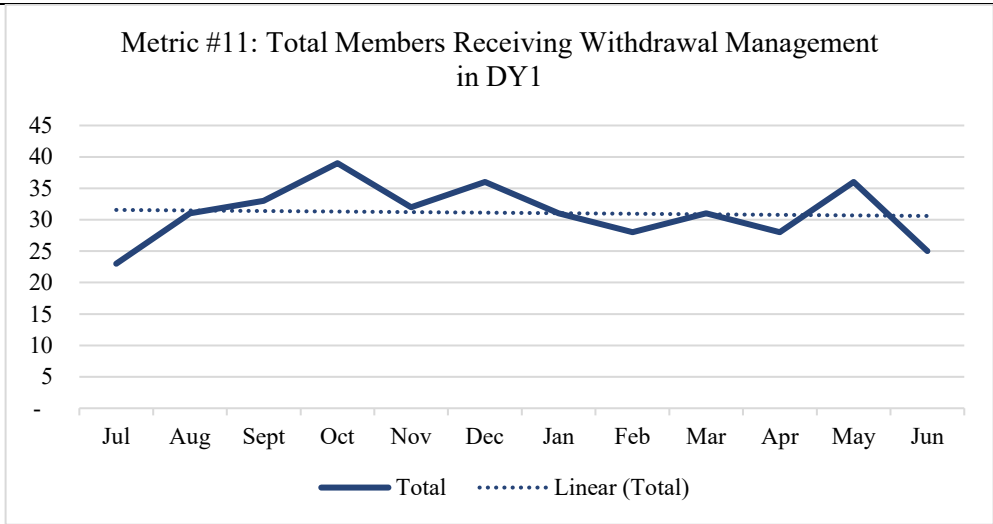
			 Metric #9 reports the number of individuals receiving IOP and PHP services which has slightly decreased over the past year. Pregnant members have increased slightly. Children receiving IOP/PHP have increased dramatically. Utilization by adults is decreasing. *Note: The last month of data (June 2019) appears to be showing a decline due to claims submission lag.*

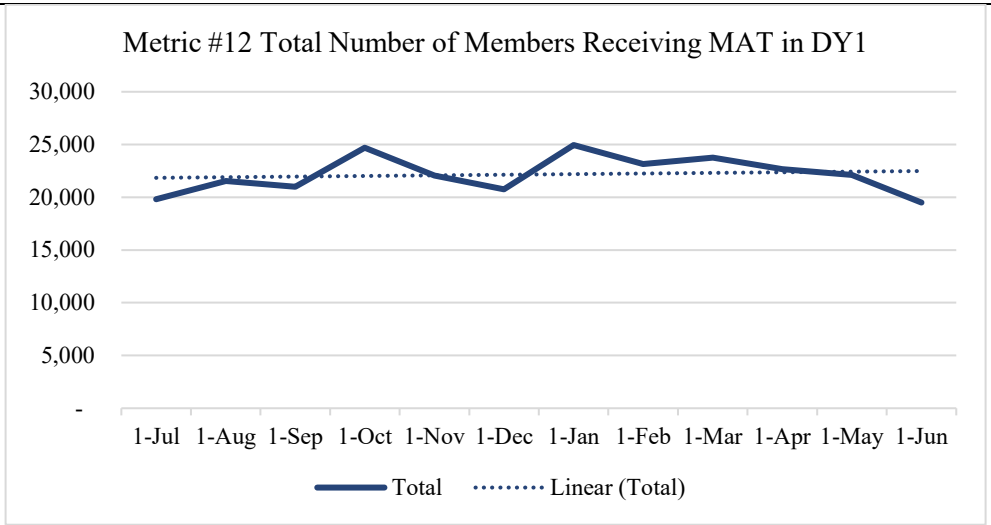


Metric #10 reports the number of individuals receiving residential and inpatient services which has slightly decreased over the past year. Utilization by pregnant women has increased while utilization by dual eligible members has decreased overall.
Note: The last month of data (June 2019) appears to be showing a decline due to claims submission lag.



Metric #11 reports the number of individuals receiving WM services which has slightly decreased over the past year. Utilization among the subpopulations has been sporadic and overall utilization is low.
Note: The last month of data (June 2019) appears to be showing a decline due to claims submission lag.

			 Metric #12 reports the number of individuals receiving MAT services which has slightly increased over the past year. Utilization by dual eligibles has dropped steadily in DY1. *Note: The last month of data (June 2019) appears to be showing a decline due to claims submission lag.*

			
☐ The state has no metrics trends to report for this reporting topic.			
2.2.2 Implementation Update			
Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to: 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	DY1Q1 through DY1Q4		**Q4:** During the fourth quarter, DDAP and the ASAM transition workgroup worked to update the Pennsylvania Guidance for Applying the ASAM Criteria. This was necessitated as a result of feedback from the field. In addition, the prior edition of the document included repetitious information that already exists in *The ASAM Criteria, 2013* text. Because DDAP's goal is for the field to utilize the primary source to the fullest extent as it was written, removal of the redundancies will require reliance on the criteria, rather than this supplemental resource for applications that are not unique to Pennsylvania. The revised edition was released on August 15, 2019, with wide distribution across both DDAP/SCA and BH-MCO contracted providers. DDAP has also been able to identify SCA-contracted versus non-contracted licensed treatment providers, of which the latter is not required to use ASAM Criteria since it is not a regulatory requirement. However, any licensed treatment provider who is a

inpatient settings, medically supervised withdrawal management)? 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 individuals in IMDs?			Medicaid Managed Care provider is required by managed care contracts to conduct drug and alcohol assessments in accordance with the most recent version of the ASAM criteria. DDAP/DHS/the Transition Workgroup have been engaged in an ongoing impact analysis (both independently and collaboratively) regarding service descriptions as they exist in the criteria. This is essential to the next phase of designation of residential/inpatient facilities beyond staffing requirements to delivery of service which may eliminate some that have already been preliminarily designated by staffing level. This process is also necessary to anticipate the impact and changes to the field for non-residential services (OP/IOP/PHP/WM). **Q1–Q3 Summary:** The Commonwealth continues to work on programming reports to calculate the metrics associated with this Milestone. During DY1Q3, Pennsylvania and its contractors have completed service and coding crosswalks to ensure that individuals are assessed and qualified for SUD treatment using ASAM Patient Placement Criteria. The deviations in coding, programming and calculation of performance measures were evaluated and documented to ensure consistent calculation with national specifications. OMHSAS included ASAM standards in BH-MCO contracts effective on January 1, 2019. DDAP required County contracted providers to comply with ASAM standards as of January 1, 2019. DDAP issued guidance to the county contracted providers to use the ASAM admission criteria as of May 1, 2018 and ASAM treatment plans, continuing stay and discharge criteria as of March 1, 2019. This guidance also applies to the HealthChoices BH-MCO contracted providers. OMHSAS shared this information with Primary Contractors (PCs)/BH-MCOs. The May 2018 Guidance and the Continued Stay information issued in March went out to all providers on the DDAP listserv regardless of whether they are contracted with SCAs/BH-MCOs. However, while all licensed providers have been encouraged

			to use the ASAM Criteria as best practice, the requirement to use ASAM Criteria only applies to contracted providers. DDAP, along with its ASAM Transition Workgroup of which DHS OMHSAS is a member, is exploring the service definitions as described in ASAM and comparing to Pennsylvania regulation to determine if the descriptions can be adopted as written, or if any modifications are required for implementation in Pennsylvania. Once the comparison to the regulations is completed and a determination is made regarding applicability, DDAP will hold provider meetings to outline any changes to service descriptions as indicated in ASAM. Once fully adopted, a provider will be confirmed as a particular LOC based upon the preliminary self-designation coupled with their ability/compliance in delivering the service as determined.
Are there any other anticipated program changes that may impact metrics related to access to critical levels of care for OUD and other SUDs? If so, please describe these changes.	DY1Q1 through DY1Q4	Metric 36	The Commonwealth is continuing to program metric 36 under this milestone. Final reporting on that metric is expected in the next quarterly report.
☐ The state has no implementation updates to report for this reporting topic.			
3.2 Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)			
3.2.1 Metric Trends			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. Changes (+ or -) greater than two percent should be described.			
☐ The state is reporting metrics related to Milestone 2, but has no metrics trends to report for this reporting topic.			
☒ The state is not reporting any metrics related to this reporting topic.			
3.2.2 Implementation Update			

Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to: a. Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria? b. Implementation of a utilization management approach to ensure: i. Beneficiaries have access to SUD services at the appropriate level of care? ii. Interventions are appropriate for the diagnosis and level of care? iii. Use of independent process for reviewing placement in residential treatment settings?	DY1Q1 through DY1Q4		**Q4:** To date, the field has primarily been using the ASAM Criteria as a LOC placement tool. In order to move beyond this and make the use of the criteria as overall guidance for clinical practice/decision making it is necessary for DDAP to anticipate how full implementation of the ASAM Criteria principles and service descriptions will impact the system so that adequate responses and planning can occur to address concerns and resistance from the field. Upon completion of this analysis, purposeful communications with provider entities and stakeholders will be required in order to best facilitate the required changes. Identification of providers who are contracted with DDAP/SCAs versus Medicaid is in process. A second round of self-assessment surveys were issued regarding staffing/designation for residential service since many providers did not participate in the previous survey. An internal impact analysis regarding the adoption of the service descriptions was conducted to determine if regulation will allow full adoption of services as indicated by the criteria. This is being reviewed by DDAP Executive Staff and a parallel assessment is in process by the ASAM Transition Workgroup. The 2020 Grant Agreement continues to be in the draft phase with references to application of ASAM Criteria being included. Through June 2019, over 7,500 individuals have been trained in the two-day skill building training on the ASAM Criteria. DDAP has explored other training options to assist with application of the criteria; the ASAM Transition Workgroup and staff attended an Advanced ASAM Criteria training in May but determined that it was more of a reiteration of the two-day training and to require this as an additional out-of-office training/expense did not appear to be beneficial. Online training will be available to the field beginning next quarter. **Q1–Q3:** Face-to-face and online training to provide ASAM assessments and LOC training of providers, PCs and BH-MCOs was completed as of December 31, 2018. Initial

			face-to-face training (in person, two-day training) to provide ASAM assessments and LOC training of providers, PCs and BH-MCOs was completed. There has been on-going training throughout the quarter ending March 31, 2019. Commonwealth prior authorization guidelines to ensure access to SUD services at the appropriate LOC were issued as of December 31, 2018. DDAP issued guidance to the county contracted providers to use the ASAM admission criteria as of May 1, 2018 and ASAM treatment plans, continuing stay and discharge criteria as of March 1, 2019. This guidance also applies to the HealthChoices BH-MCO contracted providers. OMHSAS shared this information with PCs/BH-MCOs. OMHSAS included ASAM standards in BH-MCO contracts effective on January 1, 2019. The May 2018 Guidance and the Continued Stay information issued in March 2019 went out to all providers on the DDAP listserv regardless of whether they are contracted with SCAs/BH-MCOs. However, while all licensed providers have been encouraged to use the ASAM Criteria as best practice, the requirement to use ASAM Criteria applies only to contracted providers with SCAs administering block grant funds and BH-MCOs administering Medicaid. The Commonwealth has begun analyzing data for OP, IOP, and PHP LOCs for ASAM (levels 1 and 2) using current service definitions and capacity. Programming requirements at each ASAM LOC has not yet been determined because the review of the ASAM descriptions is being compared to licensing requirements still. Both DHS/DDAP are in the process of conducting an impact analysis which will assist in this determination. SCAs have begun to be advised of changes to service requirements with their contracted treatment providers. A modification to the existing contract/Grant Agreement regarding the use of the ASAM Criteria for LOC Assessment has been

			issued through an update. The revised DDAP Grant Agreement will be issued on July 1, 2020. The Commonwealth has completed the initial provider self-assessments for ASAM LOC 3.5 and 3.7 as of December 31, 2018. Designation of facilities LOCs for the facilities completing the first round is in process.
Are there any other anticipated program changes that may impact metrics related to the use of evidence-based, SUD-specific patient placement criteria (if the state is reporting such metrics)? If so, please describe these changes.	DY1Q1 through DY1Q4		**Q4:** The majority, but less vocal group of stakeholders, have implemented *The ASAM Criteria, 2013* as an admission placement tool with relative ease. There have been few difficulties brought to DDAP's attention related specifically to use of the criteria. DDAP has received positive feedback from some of the stakeholders regarding use of the criteria. DDAP continues to address issues of resistance and push back from a minority, but powerful segment of the provider community resulting in SB 722 and HB 386, which propose to mandate the use of the PCPC. This is the LOC placement tool which was in place prior to the transition to the use of the ASAM Criteria. While DDAP Executive Staff have been diligently working to abate the misinformation that surrounds the proposed legislation, other DDAP staff in collaboration with DHS, continue to move forward with the transition/implementation process. Admittedly, the controversy and legislative involvement has created some delay in forward momentum and maintaining adherence to the stated timelines for full transition for purposes of the 1115 waiver. **Q3:** Two changes to Commonwealth coding practices were identified to ensure accurate identification of WM and MAT. These coding changes will be implemented at a future date (TBD) to ensure accuracy of reporting for WM and MAT. The next step is to develop a plan to make these changes and to ensure the Medicaid Management Information System (MMIS) is modified and the providers are trained regarding the changes. (Plan to have steps developed by the end of next quarter.)
☐ The state has no implementation updates to report for this reporting topic.			

4.2 Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)			
4.2.1 Metric Trends			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. Changes (+ or -) greater than two percent should be described.			
☐ The state is reporting metrics related to Milestone 3, but has no metrics trends to report for this reporting topic.			
☒ The state is not reporting any metrics related to this reporting topic.			
4.2.2 Implementation Update			
Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to: a. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards? b. State review process for residential treatment providers' compliance with qualifications standards? c. Availability of medication assisted treatment at residential treatment facilities, either on-site or	DY1Q1 through DY1Q4		**Q4:** The self-assessment from providers is based on staffing, not on service description. Once the comparison to the regulations is completed and a determination is made regarding applicability, DDAP will hold provider meetings to outline any changes to service descriptions as indicated in ASAM Criteria. Once fully adopted, a provider will be confirmed as a particular LOC based upon the preliminary self-designation coupled with their ability/compliance in delivering the service as determined. The self-assessment was primarily based on current license (SUD and mental health [MH]) and current staffing, not on delivery of service as described by ASAM Criteria. This will be the second phase of the process of identifying providers truly equipped to deliver the service as describe by ASAM Criteria and congruent with licensing regulations and standards. The initial self-assessment was extended through April 30, 2019 due to providers who were delinquent in participating in the process. Recently obtained provider information is currently being vetted by DDAP, based on staffing. *Note: The self-assessment process was for residential treatment services only and did not include WM.*

through facilitated access to services off site?			Identification of providers who are contracted with DDAP/SCAs versus Medicaid is in process. A second round of self-assessment surveys were issued regarding staffing/designation for residential service since many providers did not participate in the previous survey. An internal impact analysis regarding the adoption of the service descriptions was conducted to determine if regulation will allow full adoption of services as indicated by the criteria. This is being reviewed by DDAP Executive Staff and a parallel assessment is in process by the ASAM Transition Workgroup. OMHSAS worked with DDAP to identify Medicaid-only providers who do not contract under the Federal Block Grant for compliance monitoring. There are 16 providers who are Medicaid-only providers and not subject to SCA monitoring for ASAM requirements. DDAP/DHS continued its efforts to designate residential facilities by reported staffing levels. This process was more prolonged than anticipated because many of the contracted providers did not readily participate in providing the necessary information and several reminders needed to be issued to complete the process. **Q1–Q2:** The Commonwealth has completed the first round of provider self-assessments for ASAM LOC 3.5 and 3.7 as of December 31, 2018. Designation of facilities completing the assessments for these LOCs is in process. The Commonwealth had facilities complete provider self-assessments for the current license and current staffing of residential facilities in December 2018. On April 5, 2019, providers who had not completed self-assessments were re-contacted and asked to complete the missing documentation. Recently obtained provider information is currently being vetted by DDAP, based on staffing. The second phase of the self-assessments is for the providers to determine if they are truly equipped to deliver the service as described by ASAM in ASAM 3.5 and 3.7

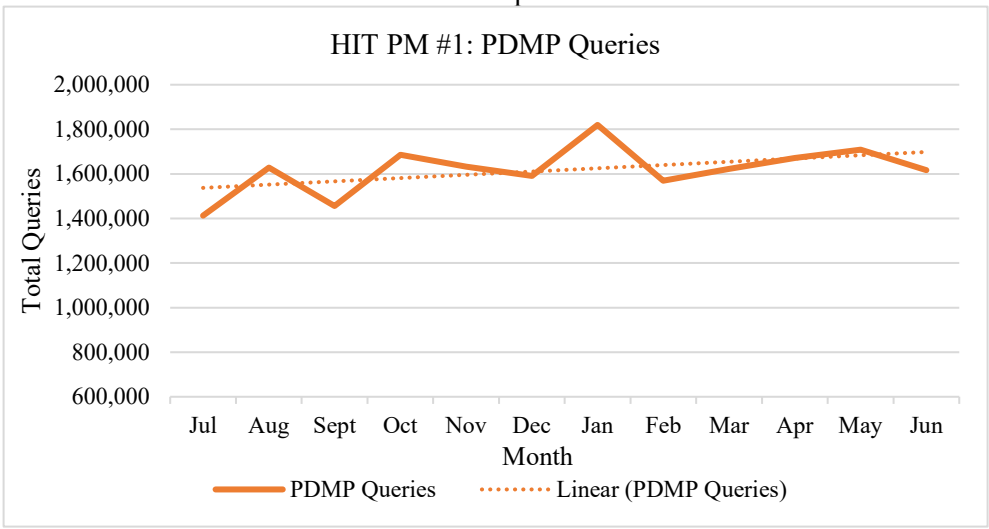
			and congruent with licensure regulations and standards. Designation of facilities for these LOC is in process. The Commonwealth has determined that unless licensing regulations are opened for revision, the ASAM LOC designation requirements cannot be tied to license.
Are there any other anticipated program changes that may impact metrics related to the use of nationally recognized SUD-specific program standards to set provider qualifications for residential treatment facilities (if the state is reporting such metrics)? If so, please describe these changes.			
☐ The state has no implementation updates to report for this reporting topic.			
5.2 Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)			
5.2.1 Metric Trends			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.			
☒ The state has no metrics trends to report for this reporting topic.			
5.2.2 Implementation Update			
Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to planned activities to	DY1Q1 through DY1Q4		**Q4:** Current capacity of utilization of IOP and PHP using historic non-ASAM definitions (historical requirements are that PHP requires 10 hours of treatment weekly instead of 20) were reviewed to determine the impact to the Commonwealth's system should the service descriptions be implemented as indicated in the ASAM Criteria. PHP, as delivered currently, will primarily shift to IOP since hours of service and required

assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care?			staffing are more prescriptive than currently delivered. This will require more intensified services be delivered at the IOP LOC; this has not yet been conveyed to the field and will not be until such time as the service description review noted above has been completed. Both DHS/DDAP are in the process of conducting an impact analysis based on a review of the ASAM descriptions is compared to licensing requirements. **Q1–Q3:** The Commonwealth is currently working on programming reports to calculate the metrics associated with this Milestone. During DY1Q3, Pennsylvania and its contractors have completed service and coding crosswalks to ensure that individuals are assessed and qualified for SUD treatment using ASAM Patient Placement Criteria. The deviations in coding, programming and calculation of performance measures were evaluated and documented to ensure consistent calculation with national specifications. The Commonwealth is considering options for collecting a capacity baseline for appointment/bed availability at each LOC including: reporting through the self-assessment; a separate provider survey, validation at licensure visits, or use of the Commonwealth's online capacity management system for SUD facilities.
Are there any other anticipated program changes that may impact metrics related to provider capacity at critical levels of care, including for medication assisted treatment (MAT) for OUD? If so, please describe these changes.		Metric 13 and 14	The Commonwealth is continuing to program metric 13 and 14 under this milestone. Final reporting on that metric is expected in the next quarterly report.
☐ The state has no implementation updates to report for this reporting topic.			

6.2 Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			
6.2.1 Metric Trends			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.	DY1Q1 through DY1Q4		
☒ The state has no metrics trends to report for this reporting topic.			
6.2.2 Implementation Update			
Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to: a. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD? b. Expansion of coverage for and access to naloxone?	DY1Q1 through DY1Q4		Commonwealth prescribing guidelines were issued as of December 31, 2018. Commonwealth prior authorization guidelines were issued as of December 31, 2018. The "Good Samaritan" law for drug overdose (Act 139) was passed September 30, 2014. The Commonwealth has ensured that Naloxone is available via standing order in Act 139. On September 9, 2019, the Governor's office announce that recent data shows that in 2018, more than 4,400 people died from a drug overdose. This represents a nearly 18% decrease in drug overdose deaths from 2017. Work to address the opioid crisis focuses on three areas: prevention, rescue and treatment. Efforts over the past four years, working with Commonwealth agencies, local, regional and federal officials, have resulted in significant action to address the opioid crisis. Recent efforts include: • The PDMP has reduced opioid prescriptions by 27% and has virtually eliminated doctor shopping. • The Opioid Data Dashboard and Data Dashboard 2.0 is providing public-facing data regarding prevention, rescue and treatment.

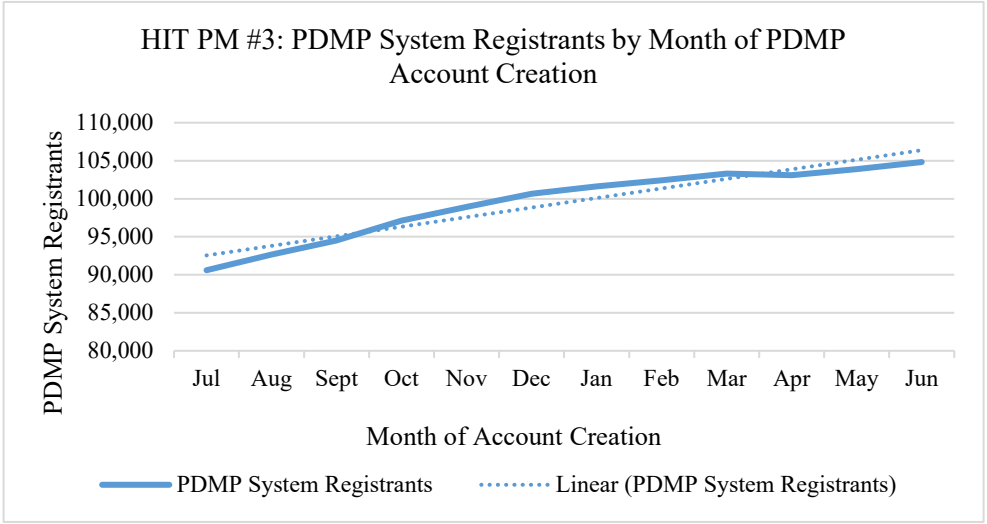
			• The waiver of birth certificate fees for those with opioid use disorder has helped close to 2,700 people, enabling easier entry into recovery programs. • A standing order signed by Dr. Rachel Levine in 2018 allowed Emergency Medical Services (EMS) to leave behind nearly 1,100 doses of naloxone. • More than 6,000 health care professionals have been visited and provided training on how to prescribe opioids cautiously and judiciously. • 813 drug take-back boxes help Pennsylvanians properly dispose of unwanted drugs, including 482,000 pounds of unwanted drugs in 2018. • The Get Help Now Hotline received more than 26,000 calls, with nearly half of all callers connected directly to a treatment provider. • The Commonwealth's prison system has expanded their MAT program, which is viewed as a model program for other states. • More than 100 licensed physicians or prescribers have been disciplined for wrongful practice over the past two years. • Several agencies have worked together to collaborate on the seizure and destruction of illicit opioids across Pennsylvania. • 3,055 cases of neonatal abstinence syndrome have been reported to the Opioid Command Center. • The coordination with seven major commercial providers has expanded access to naloxone and MH care, while also working to make it more affordable. • Naloxone has been made available to first responders through the Commission on Crime and Delinquency, with more than 25,000 doses made available and more than 4,500 saves through that program. In addition, EMS have administered more than 25,000 doses of naloxone and more than 7,000 doses were made available to members of the public during the Commonwealth's naloxone distribution last year.
Are there any other anticipated program changes that may impact metrics related to the implementation of comprehensive treatment and prevention strategies to address opioid abuse	DY1Q1 through DY1Q4	Metrics 15, 18, 21, 22	The Commonwealth is continuing to program metrics 15, 18, 21, 22 under this milestone. DY1 reporting on that metric is expected in the next quarterly report. The Commonwealth is currently working on programming the Commonwealth's reports to calculate these metrics. Pennsylvania and its contractors have completed service and coding crosswalks to ensure that the performance measures are calculated consistently. The deviations in coding and programming from the CMS

and OUD? If so, please describe these changes.			specifications for performance measures based on factors such as data availability and Pennsylvania specific coding practices were identified, evaluated and documented.
☒ The state has no implementation updates to report for this reporting topic.			
7.2 Improved Care Coordination and Transitions between Levels of Care (Milestone 6)			
7.2.1 Metric Trends			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.			
☒ The state has no metrics trends to report for this reporting topic.			
7.2.2 Implementation Update			
Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports?	DY1Q1 through DY1Q4		Licensure regulations within the Commonwealth require linkage/referral to services as necessary. The Commonwealth is currently working on programming reports to calculate the metrics associated with this Milestone. Pennsylvania and its contractors have completed service and coding crosswalks to ensure that the performance measures are calculated consistently. The deviations in coding and programming from the CMS specifications for performance measures based on factors such as data availability and Pennsylvania specific coding practices were identified, evaluated and documented.
Are there any other anticipated program changes that may impact metrics related to care coordination and transitions between levels of care? If so, please describe these changes.	DY1Q1 through DY1Q4	Metric 17	The Commonwealth is continuing to program metric 17 under this milestone. DY1 reporting on that metric is expected in the next quarterly report.
☐ The state has no implementation updates to report for this reporting topic.			

8.2 SUD Health Information Technology (Health IT)			
8.2.1 Metric Trends			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. Changes (+ or -) greater than two percent should be described.	DY1Q1 through DY1Q4	HIT PMs 1–7	**Q4 and Annual Summary:** Question Area A: How is information technology being used to slow down the rate of growth of individuals identified with SUD? Action tracked: PDMP checking by provider types (prescribers, dispensers) • HIT PM 1: Number of PDMP queries  *Note: Queries are limited to prescribers, pharmacists, delegates. Queries are a sum of manual PDMP queries and automated queries with PDMP-integrated Electronic Medical Record (EMR) systems.* Analysis Year 1: Metric #1 reports the number of queries by month showing an overall upward trend in the number of queries run by prescribers, pharmacists and delegates through manual and automated queries with PDMP-integrated EMR systems.

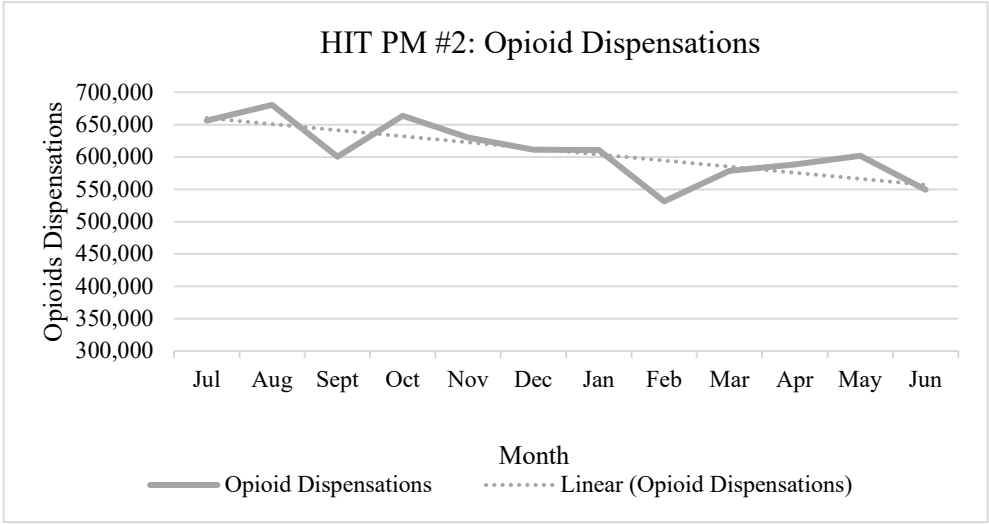
Over the past 12 months, the number of monthly PDMP queries has risen by approximately 14% (200,000 queries) since the beginning of the state fiscal year. However, the trend appears to be leveling off. The variation by month is affected by the number of days in each month as well as seasonal differences such as the number of holidays.

- HIT PM 3: Number of PDMP connections/users.

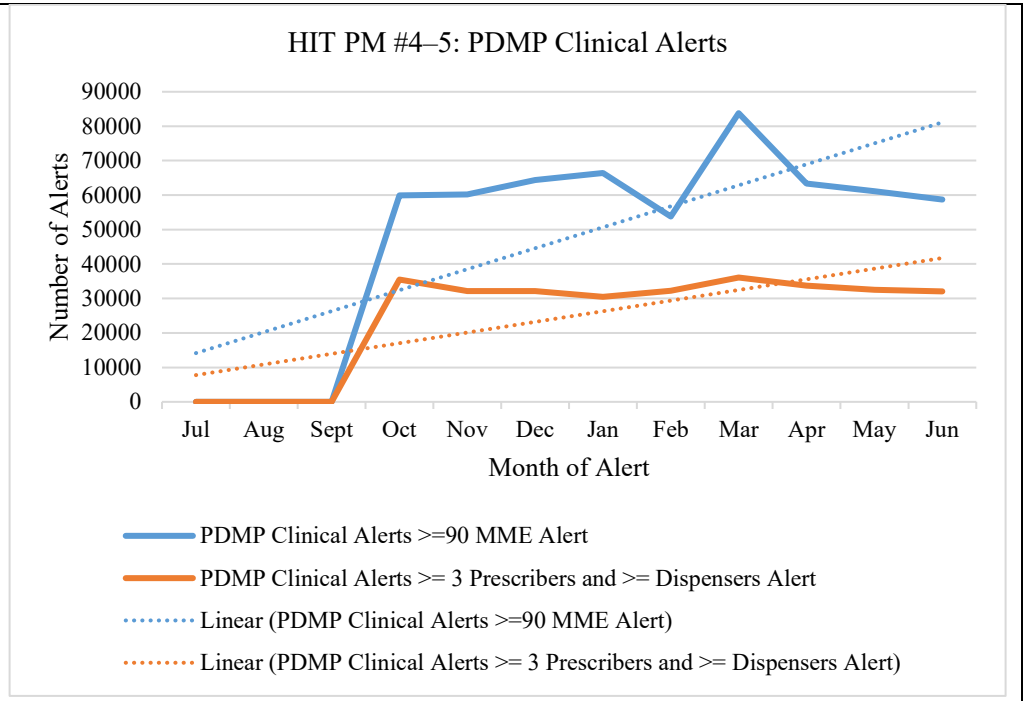


Note: PDMP Registrants are Pharmacists, Prescribers, Pharmacist delegates and Prescriber delegates in Pennsylvania.
PDMP system registrants does not include administrative registrants.
Count of PDMP system registrants are total PDMP system registrants at the month end.

Analysis Year 1:
Metric #3 reports the number of PDMP connections and users showed a steady increase in the number of system registrants who are pharmacists, prescribers, and their delegates. There are approximately 16% more providers (14,000) registered at

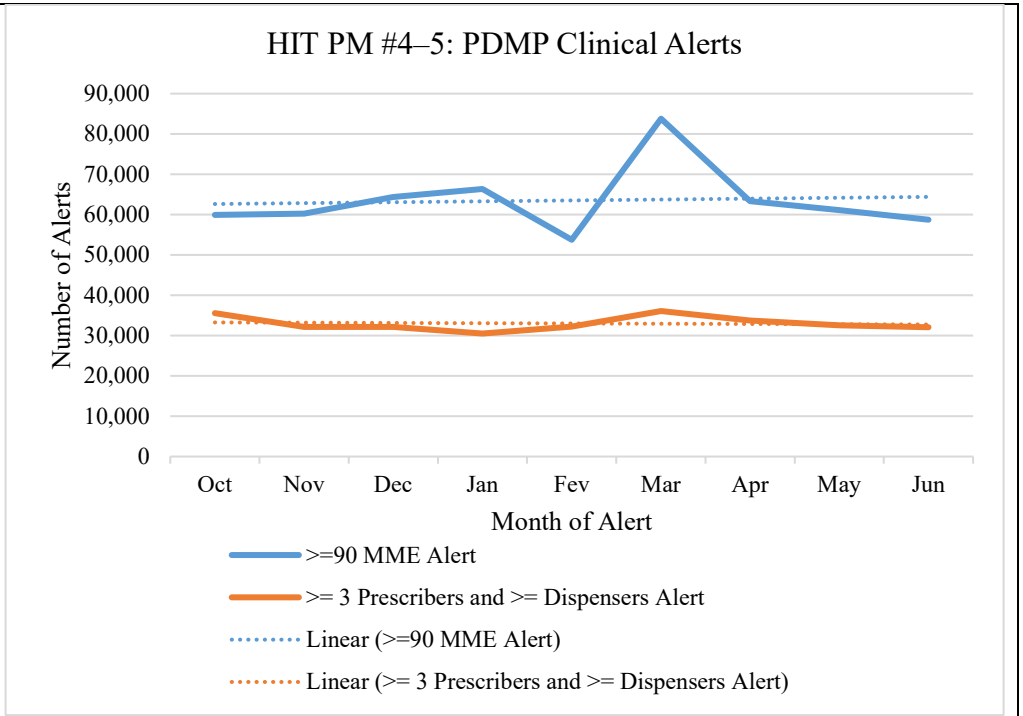
			the end of the year than there were at the beginning of the year. This did not include any Commonwealth oversight personnel who were given administrative registrations. Question Area B: How is information technology being used to treat effectively individuals identified with SUD? Action Tracked: Number of Opioid Prescriptions dispensed • HIT PM 2: Number of Opioid Prescriptions being submitted to the PDMP  *Note: Limited to Pennsylvania resident data. Does not include Buprenorphine data.* Analysis Year 1: Metric #2 demonstrates effectiveness of the PDMP improving because there is an overall decrease in the number of Opioid prescriptions being submitted to the PDMP as the number of queries and users increases. Approximately, 16 % fewer opioid

			prescriptions (107,000 prescriptions) are dispensed on a monthly basis than at the beginning of the year. Action tracked: Alerts for high dosage. • HIT PM 4: Number of "Patient Exceeds Opioid Dosage (MME/D) Threshold" alerts generated. – This patient is receiving a dosage of greater than or equal to 90 morphine milligram equivalents (MME) per day. The Centers for Disease Control and Prevention (CDC) recommends that prescribers should reassess evidence of the benefits and risks to the individual when increasing dosage to ≥ 50 MME/day (e.g., ≥ 50 mg hydrocodone; ≥ 33 mg oxycodone) and avoid increasing to ≥ 90 MME/day (≥ 90 mg hydrocodone; ≥ 60 mg oxycodone) when possible due to an increased risk of complications. • HIT PM 5: Number of "Patient Seeing Multiple Providers for Controlled Substances" alerts generated. – This patient received controlled substance prescriptions from <#> or more prescribers and <#> or more pharmacists in a three-month period.



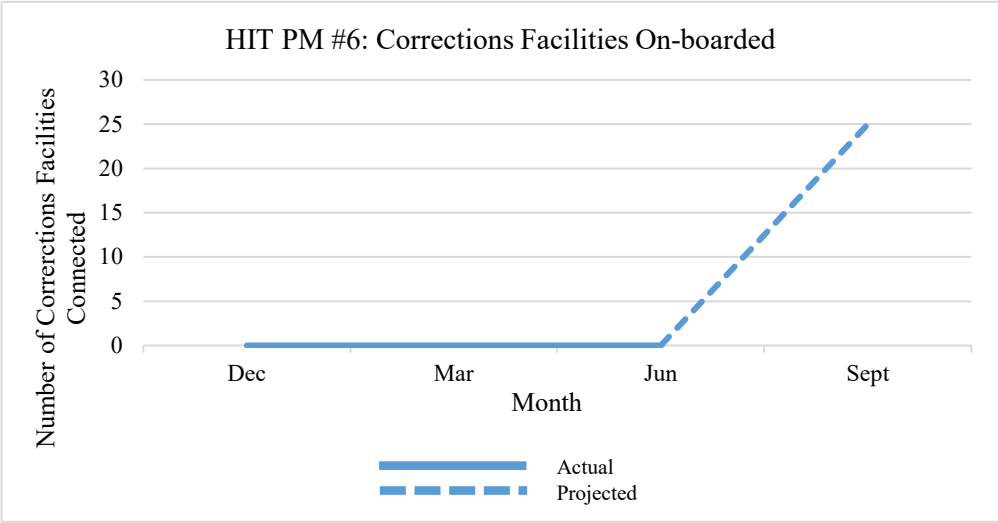
Note: Alerts began in October 2018.

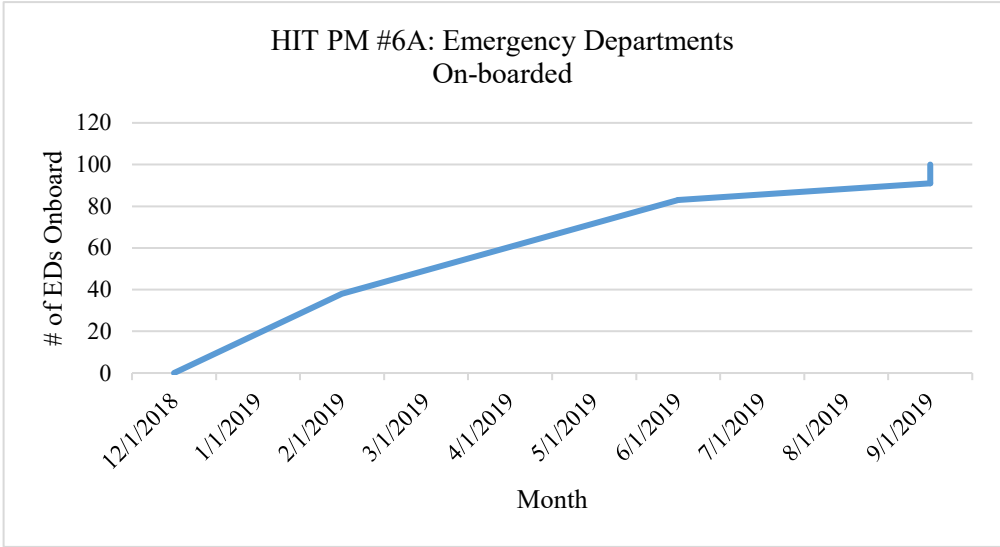
To look at the trend post October 2018, we examined the overall trend after implementation.

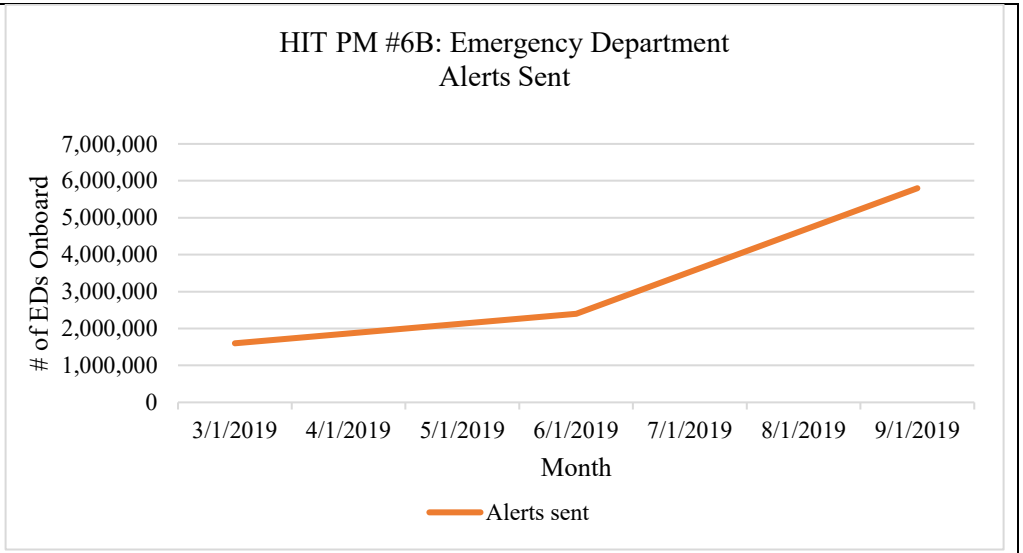


Analysis Year 1:
For Metrics #4 and #5, beginning in October 2018, the PDMP began sending alerts for high milligram equivalents per day (MME/D) and for individual patients utilizing more than three prescribers and three dispensers in a 90-day period. Since then, the number of alerts sent has increased over time. After the initial implementation of the clinical alerts in October 2018, the number of alerts remained relatively constant except for a spike in March 2019.

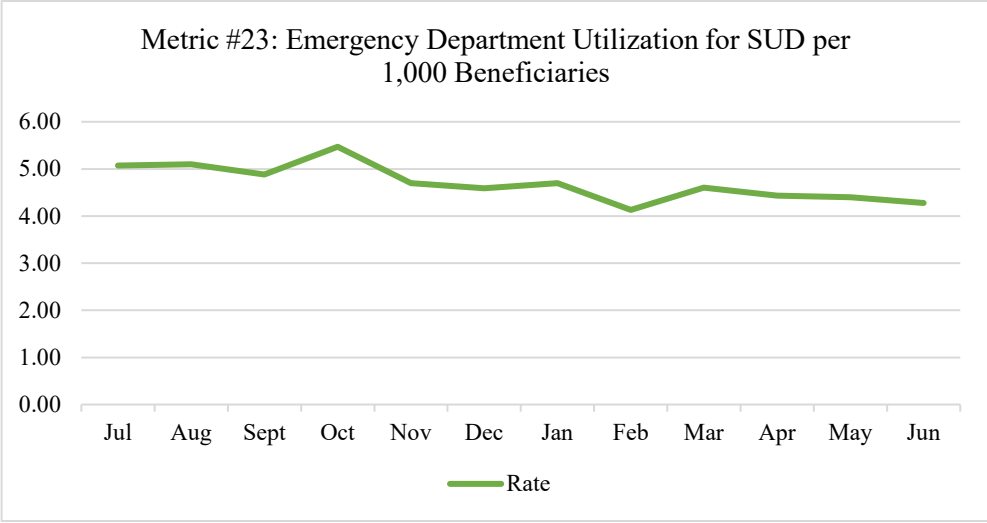
Question Area C: How is information technology being used to effectively monitor "recovery" supports and services for individuals identified with SUD?

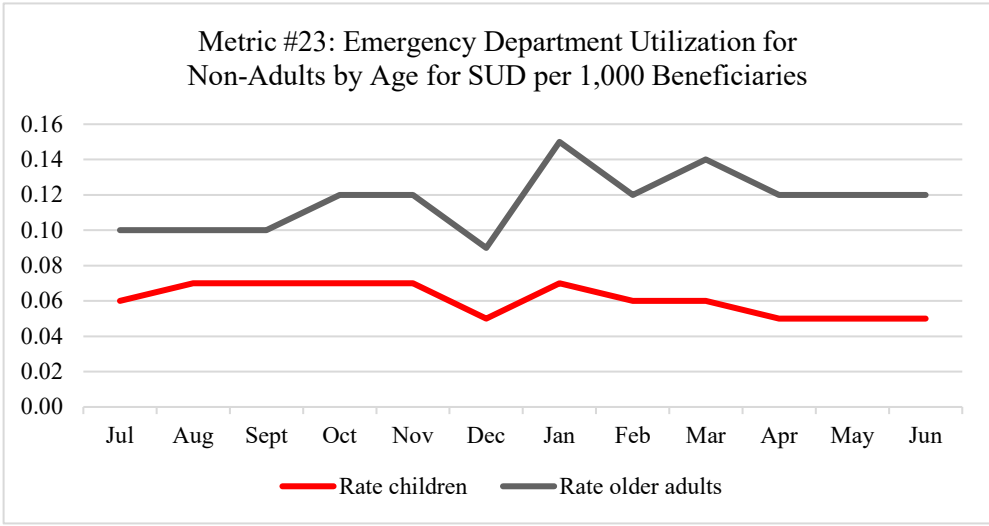
			Action Tracked: Number of Corrections Facilities On-boarded (eHealth): eHealth is working on establishing connections between all prisons and the gateway, to be able to see information about inmates. This is about HIT and using the PDMP through a portal and integration. This will be an annual qualitative reporting item that is connected with Measure #3 above on the number of connections and HIE. • HIT PM 6 Number of connections live  Analysis Year 1: Zero corrections systems were online June 30, 2019. However, active on-boarding activities were occurring. Twenty-five corrections systems are anticipated to be on line by September 30, 2019. Action Tracked: Individuals connected to alternative therapies from other community-based resources for pain management or general therapy/treatment. • HIT PM 6: Tracking MAT (use of medications with counseling and behavioral therapies) to treat SUDs and prevent opioid overdose (Number of Emergency Departments [EDs] connected; Number of Alerts sent by EDs).

			Note: this is the Hospital Quality Improvement program tracking the number of emergency departments that are connected to the Automated Admission, Discharge and Transfer (ADT) Alerts project, which is a Commonwealth-wide alerting system, and potentially the volume of alerting messages over time. 

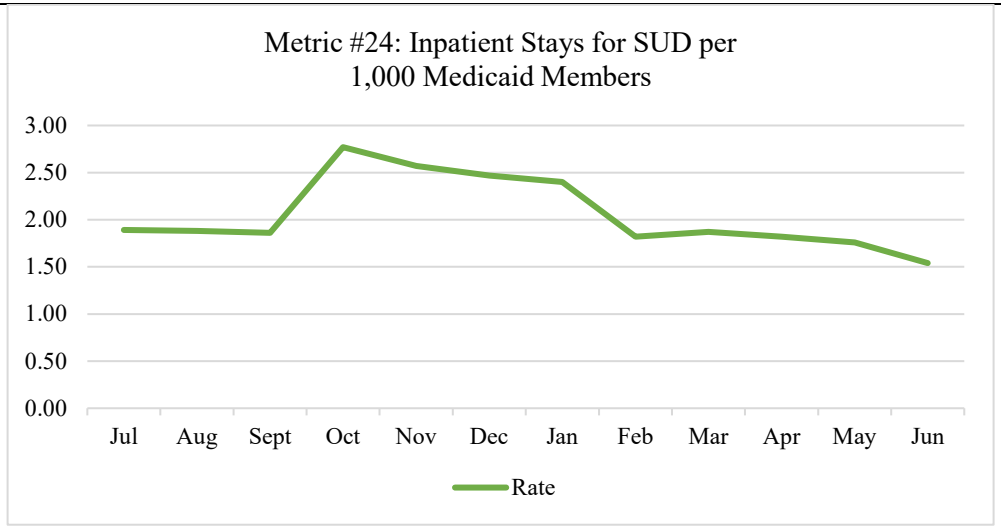
			 Analysis Year 1: The connection of emergency departments to the ADT project began in 2019. As of February 14, 2019, there were 38 EDs connected to the ADT project, which is a Commonwealth-wide alerting system. There were 83 emergency room departments at the end of the quarter ending June 30, 2019. Ninety-one EDs were participating as of September 3, 2019. One hundred EDs were participating by September 30, 2019. There were 1.6 million alerts sent by March 31, 2019; 2.4 million sent by June 30, 2019, and 5.8 million sent by September 23, 2019.
8.2.2 Implementation Update			
Compared to the demonstration design and operational details outlined in STCs and implementation plan, have there been any changes or does the state expect to make any changes to:	DY1Q1 through DY1Q4	HIT PMS 1-7	**Q4:** The Commonwealth selected seven measures targeting three areas of HIT and overall the performance measures demonstrate the following: • Question Area A: The HIT Metrics #1 and 3 demonstrate that information technology being used to slow down the rate of growth of individuals identified with SUD by increasing the number of providers registered and the use of the PDMP checking by prescribers and dispensers.

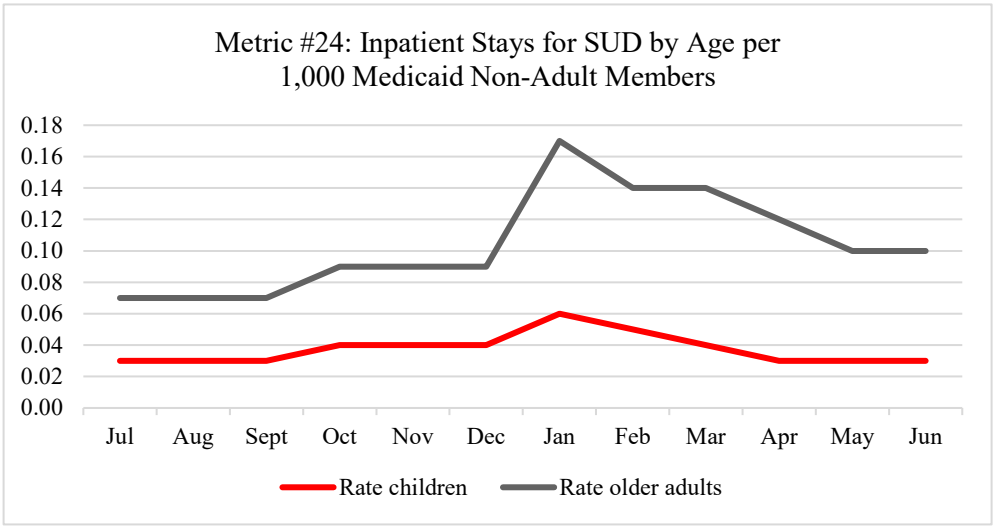
a. How health IT is being used to slow down the rate of growth of individuals identified with SUD? b. How health IT is being used to treat effectively individuals identified with SUD? c. How health IT is being used to effectively monitor "recovery" supports and services for individuals identified with SUD? 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? e. Other aspects of the state's health IT implementation milestones? f. The timeline for achieving health IT implementation milestones? g. Planned activities to increase use and functionality of the state's prescription drug monitoring program?			• Question Area B: The HIT Metrics # 2, 4, and 5 metrics demonstrate that the information technology is being used to treat effectively individuals identified with SUD. • Question Area C: The HIT Metrics #6 and 7 demonstrate that information technology is being used to effectively monitor "recovery supports and services" for individuals identified with SUD. This is occurring through improvements in the overall integration of corrections facilities and emergency departments with the HIE and PDMP. **Q1–Q3:** HIT is being used via the E-Health Commonwealth-wide HIE in the Office of Medical Assistance to work at the regional level and across regions to establish HIE connections. These connections are intended use predictive analytics to identify long-term opioid use for provider profiling. The HIE is also intended to support enhanced clinician review of patient history. OMHSAS met with the PDMP team to select the HIT performance measures for the monitoring protocol. A reporting schedule was developed.
Are there any other anticipated program changes that may impact metrics related to SUD Health IT (if the state is reporting such			None.

metrics)? If so, please describe these changes.			
☐ The state has no implementation updates to report for this reporting topic.			
9.2 Other SUD-Related Metrics			
9.2.1 Metric Trends			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.	DY1Q1 through DY1Q4		**Q4:** The Commonwealth is reporting metric 23 and 24 for the entire DY1 this quarter. The following trends are seen in the data: Metric #23 reports the rate per 1,000 of emergency room visits for SUD which has slightly decreased over the past year. The rate of utilization for older adults has increased while the rate of utilization for adults has decreased. The rate of utilization for children has remained constant. *Note: The last month of data (June 2019) appears to be showing a decline due to claims submission lag.* 



Metric #24 Inpatient Stays for SUD have slightly decreased over the past year. However, inpatient SUD stays for older adults have increased over the year.


Metric #24: Inpatient Stays for SUD per 1,000 Medicaid Members
3.00
2.50
2.00
1.50
1.00
0.50
0.00
Jul
Aug
Sept
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
Rate


Metric #24: Inpatient Stays for SUD by Age per 1,000 Medicaid Non-Adult Members
0.18
0.16
0.14
0.12
0.10
0.08
0.06
0.04
0.02
0.00
Jul
Aug
Sept
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
Rate children
Rate older adults

☒ The state has no metrics trends to report for this reporting topic.			
9.2.2 Implementation Update			
Are there any anticipated program changes that may impact the other SUD-related metrics? If so, please describe these changes.	DY1Q1 through DY1Q4	Metrics 25, 26, 27, and 32	**Q4:** The Commonwealth is continuing to program metrics 25, 26, 27, and 32 under this milestone. DY1 reporting on that metric is expected in the next quarterly report. **Q1–Q3:** The Commonwealth is currently working on programming reports to calculate the metrics associated with this Milestone. During DY1Q3, Pennsylvania and its contractors have completed service and coding crosswalks to ensure that individuals are assessed and qualified for SUD treatment using ASAM Patient Placement Criteria. The deviations in coding, programming and calculation of performance measures were evaluated and documented to ensure consistent calculation with national specifications.
☐ The state has no implementation updates to report for this reporting topic.			
10.2 Budget Neutrality			
10.2.1 Current status and analysis			
Discuss the current status of budget neutrality and provide an analysis of the budget neutrality to date. If the SUD component is part of a comprehensive demonstration, the state should provide an analysis of the SUD-related budget neutrality and an analysis of budget neutrality as a whole.	DY1Q1 through DY1Q4		**Q4:** The Commonwealth has begun reporting on the Commonwealth's 1115 waiver schedule by Date of Payment only. **Q1-Q3:** No costs have been reported on the Commonwealth's 1115 waiver schedules to date. The Commonwealth will be submitting a prior period adjustment during the next quarter to ensure that the costs are reported on the correct waiver schedule.
☒ The state has no metrics trends to report for this reporting topic.			
10.2.2 Implementation Update			
Are there any anticipated program changes that may impact budget	DY1Q1 through DY1Q4		**Q4:** The Commonwealth reported on the Commonwealth's 1115 waiver schedule by Date of Payment only. The Commonwealth will begin working to modify that

neutrality? If so, please describe these changes.			reporting to match the 1115 BN calculations of Date of Service within Date of Payment.
☐ The state has no implementation updates to report for this reporting topic.			
11.1 SUD-Related Demonstration Operations and Policy			
11.1.1 Considerations			
Highlight significant SUD (or if broader demonstration, then SUD-related) demonstration operations or policy considerations that could positively or negatively impact 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. Such considerations could include the following, either real or anticipated: a. Any changes to SUD populations served, benefits, access, delivery systems, or eligibility b. Legislative activities and state policy changes	DY1Q1 through DY1Q4		**Q4:** DDAP continues to address issues of resistance and push back from a minority, but powerful segment of the provider community resulting in SB 722 and HB 386, which propose to mandate the use of the PCPC. This is the LOC placement tool which was in place prior to the transition to the use of the ASAM Criteria. While DDAP Executive Staff have been diligently working to abate the misinformation that surrounds the proposed legislation, other DDAP staff in collaboration with DHS, continue to move forward with the transition/implementation process. Admittedly, the controversy and legislative involvement has created some delay in forward momentum and maintaining adherence to the stated timelines for full transition for purposes of the 1115 waiver. **Q1–Q3:** The Commonwealth developed a workplan for the implementation of all aspects of the SUD 1115 Implementation Protocol. The Commonwealth is utilizing the work plan for the implementation and a work group meets weekly to discuss all aspects of the SUD 1115 implementation.

c. Fiscal changes that would result in changes in access, benefits, populations, enrollment, etc. d. Related audit or investigation activity, including findings e. Litigation activity f. Status and/or timely milestones for health plan contracts g. Market changes that may impact Medicaid operations h. Any delays or variance with provisions outlined in STCs i. Systems issues or challenges that might impact the demonstration [i.e. eligibility and enrollment (E&E), Medicaid management information systems (MMIS)] j. Changes in key state personnel or organizational structure k. Procurement items that will impact demonstration (i.e. enrollment broker, etc.) l. Significant changes in payment rates to providers which will impact demonstration or significant losses for managed care organizations (MCOs) under the demonstration			

m. Emergency Situation/Disaster n. Other			
☐ The state has no related considerations to report for this reporting topic.			
11.1.2 Implementation Update			
Compared to the demonstration design and operational details outlined in STCs and the implementation plan, have there been any changes or does the state expect to make any changes to: a. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)? b. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)? c. Partners involved in service delivery?	DY1Q1 through DY1Q4		The Commonwealth is planning to utilize three separate delivery systems to ensure compliance under the Demonstration: The Medicaid BH-MCOs, the Medicaid fee-for-service delivery system, and the SCAs who contract with DDAP to provide SAMHSA block grant funded services. At this point, the bulk of the enforcement is anticipated to be conducted by the SCAs. However, there are 16 providers who contract under Medicaid who do not have contracts with the SCAs. OMHSAS is analyzing its options for ensuring that those Medicaid only providers will comply with ASAM requirements.
Has the state experienced any significant challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers)? Has the state noted any performance issues with contracted entities?	DY1Q1 through DY1Q4		OMHSAS has found DDAP and its SCAs to be good partners in implementing the 1115. As was included in our application and noted in CMS' letter approving Pennsylvania's 1115 demonstration project, DDAP has created" a guidance document on the application of the ASAM criteria to ensure all services within the PCPC continuum of care are available under the ASAM criteria". As a result to feedback from the field about the first publication of this document, modifications have been made to better facilitate the transition and ensure stability of Pennsylvania's continuum of care. The changes have also contributed to some delay of the 1115 Demonstration timeline. OMHSAS is analyzing its options for complying with the 1115 Demonstration.

What other initiatives is the state working on related to SUD or OUD? How do these initiatives relate to the SUD demonstration? How are they similar to or different from the SUD demonstration?	DY1Q1 through DY1Q4		The Governor signed the sixth renewal of his opioid disaster declaration on June 14, 2019. This mechanism was put into place in January 2018 as a mechanism for Commonwealth agencies, third party organizations and stakeholders to work collaboratively, loosen regulations that slow down access to treatment and increase efforts on prevention, treatment, and recovery for thousands of residents of Pennsylvania who have SUD.
☐ The state has no implementation updates to report for this reporting topic.			
12.1 SUD Demonstration Evaluation Update			
12.1.1 Narrative Information			
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. See report template instructions for more details.	DY1Q1 through DY1Q4		**Q4:** The Commonwealth received questions on the Evaluation Design from CMS on June 13, 2019, and submitted responses to CMS on August 12, 2019. **Q1–Q3:** Mercer, the independent evaluator, facilitated meetings with the Commonwealth team to begin development of the evaluation design plan for the waiver. These meetings included development of driver diagrams, development of research questions, development of hypotheses and beginning to develop the analytic methods that will be employed and assessing the methodological limitations. The meetings began October 12, 2018 and continued through the draft evaluation design submission on March 31, 2019. Once the evaluation design is finalized and approved by CMS, the Commonwealth will place it on the Commonwealth's website consistent with STC requirements.
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.	Analysis Year 1		There are no anticipated barriers to achieving the goals and timeframes related to the demonstration evaluation.

List anticipated evaluation-related deliverables related to this demonstration and their due dates.	Analysis Year 1		• Draft evaluation design: March 31, 2019 • Revised evaluation design submitted: August 12, 2019 • Revised draft evaluation design: 60 days after receipt of CMS comments • Mid-point assessment: November 16, 2020 • Draft interim evaluation report: One-year prior (September 30, 2021) to the end of the demonstration, or with renewal application • Final interim evaluation report: 60 days after receipt of CMS comments • Draft summative evaluation report: 18 months of the end of the demonstration (March 30, 2024)
☐ The state has no SUD demonstration evaluation update to report for this reporting topic.			
13.1 Other Demonstration Reporting			
13.1.1 General Reporting Requirements			
Have there been any changes in the state's implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol?	DY1Q1 through DY1Q4		As was included in our application and noted in CMS' letter approving Pennsylvania's 1115 demonstration project, DDAP has created" a guidance document on the application of the ASAM criteria to ensure all services within the PCPC continuum of care are available under the ASAM criteria". As a result to feedback from the field about the first publication of this document, modifications have been made to better facilitate the transition and ensure stability of Pennsylvania's continuum of care. The changes have also contributed to some delay of the 1115 Demonstration timeline. OMHSAS is analyzing its options for complying with the 1115 Demonstration.
Does the state foresee the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes?	DY1Q1 through DY1Q4		As was included in our application and noted in CMS' letter approving Pennsylvania's 1115 demonstration project, DDAP has created" a guidance document on the application of the ASAM criteria to ensure all services within the PCPC continuum of care are available under the ASAM criteria". As a result to feedback from the field about the first publication of this document, modifications have been made to better facilitate the transition and ensure stability of Pennsylvania's continuum of care. The changes have also contributed to some delay of the 1115 Demonstration timeline. OMHSAS is analyzing its options for complying with the 1115 Demonstration.

Compared to the details outlined in the STCs and the monitoring protocol, has the state formally requested any changes or does the state expect to formally request any changes to: a. The schedule for completing and submitting monitoring reports? b. The content or completeness of submitted reports? Future reports?	DY1Q1 through DY1Q4		**Q4:** CMS approved the Commonwealth's monitoring protocol on September 5, 2019. **Q1–Q3:** The Commonwealth formally requested adjustments to the following Monitoring Report dates: • DY1Q1 and DY1Q2 date extended from December 31, 2018 to March 14, 2019 • DY1Q4 and Annual Report date extended from June 30, 2019 to March 14, 2020. However, an extension is no longer needed, and submission will be on September 30, 2019.
Has the state identified any real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation?	DY1Q1 through DY1Q4	Metrics 5, 36, 13, 14, 21, 22, 17, 24, 25, 26, 27, 32	The Commonwealth is continuing to program metrics 5, 36, 13, 14, 21, 22, 17, 24, 25, 26, 27, and 32. DY1 reporting on those metrics is expected in the next quarterly report.
☐ The state has no updates on general reporting requirements to report for this reporting topic.			
13.1.2 Post Award Public Forum			
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.	DY1Q1 through DY1Q4		The Commonwealth completed the post award forum on April 23, 2019. **Summary of Pennsylvania SUD 1115 Demonstration Post Award Forum Comments:** **Commenter 1:** Supports the 1115 Waiver, but expressed serious concerns about the replacement of PCPC with ASAM Criteria. Stated using ASAM Criteria is in violation of Act 152 of 1988 and PA constitution and that there concerns in the Pennsylvania House and Senate regarding decision to transition to ASAM Criteria. The commenter cited a Pennsylvania Supreme Court ruling and said the ruling in that is about a situation similar to the constitutionality issue raised by ASAM Criteria implementation.

			Commenter 2: Wholeheartedly endorses the life-saving objectives of the Waiver, but expressed concerns with the use of ASAM Criteria. Stated ASAM Criteria was developed for use with commercial insurance for less deteriorated individuals. The commenter, at a minimum, recommends altering/tailoring ASAM Criteria to use with the services and populations served by the Commonwealth agencies. Questions why Pennsylvania cannot make changes to ASAM Criteria when other states have. The commenter also expressed concerns about the training costs and productivity losses associated with training time. The commenter also stated that the ASAM Criteria implementation results in profits for a private entity (ASAM/The Change Company). Recommends Pennsylvania reverting to PCPC or obtain an agreement/commitment from ASAM/The Change Companies to allow the Commonwealth to modify ASAM Criteria to fit the needs of the population served. **Commenter 3:** This BH-MCOs representing nine counties collectively support the comprehensive implementation of the current ASAM Criteria to guide the clinical decision making for all SUD treatment and case management providers. Emphasizes that all treatment medical interventions must be tailored to the individual client and be based upon established medical criteria. ASAM Criteria is the internationally established standards for the medical process of creating individualized treatment services for those with addiction. Their reviews of the current SUD treatment provided in their region indicate that the vast majority of the residential SUD services have never fully advanced to be individualized under the PCPC resulting in high readmission rates. States that ASAM's evidence based criteria will drive quality and outcomes that not only save lives, but provide cost savings to the taxpayers. Urges DHS to continue toward full and comprehensive implementation of the ASAM Criteria. **Commenter 4:** Offered continued support to the SUD 1115 Demonstration, but expressed concerns primarily about the adoption of ASAM Criteria. The commenter asked what the Commonwealth doing to tailor ASAM Criteria to Pennsylvania service delivery system since the Pennsylvania Act 152 of 1989 requires the Commonwealth to develop the placement criteria. According to the commenter, ASAM Criteria include a number of "fail first" criteria that are in violation of

			federal MH Parity Act. The commenter stated that the initial demonstration application was modified after the public version and wanted to know how feedback can be provided for additional material. The commenter also wanted to know where the quarterly reports and draft Evaluation Design are published what the stakeholder involvement was there in the Development of the Evaluation Design. Wanted to know if public venues will be provided regularly to have an open dialogue and when Gaudenzia would receive response to the feedback provided to the Commonwealth. The commenter inquired when there would be an update to the May 2018 ASAM Guidance document issued by DDAP. Wants to know how Mercer was selected as the independent evaluator and why independent universities with expertise in SUD treatment evaluation such as Temple or Villanova were not selected. Asked if there is a process to track number of members at each LOC, length of stay, grievances, appeals etc. Wanted to know when data on some of the metrics will be available. The commenter says there is inconsistency on provider capacity issues with what the monitoring report says and what the Commonwealth needs assessment for the CURES Act says. Commenter states that the six-month post award public forum was delayed. The individual also stated that there is backlog in ASAM Criteria training and asked if CARF acceptable in place of ASAM Criteria. The individual also stated they are seeing changes in programming with difficulty admitting clients to residential LOCs and adverse effects on length of stay with ASAM Criteria implementation. **Commenter 5:** This provider did not provide any written comments, but in general spoke in favor of going back to PCPC while supporting the objectives of the 1115 Waiver. The commenter was of the opinion that ASAM Criteria adds lot of complexity. **Commenter 6:** Stated that ASAM Criteria for halfway houses are inconsistent with Pennsylvania halfway house program and that clients clinically recommended for halfway house were denied care based on funder's understanding of ASAM Criteria. The commenter stated that the restrictions in ASAM Criteria do not permit treatment and stabilization beyond acute withdrawal phases of the stabilization and recovery process and that the ASAM Guidance document issued by DDAP does not resolve

			the issues related to halfway houses and Women with Children program. The commenter was also of the opinion that the Pennsylvania ASAM Transition Workgroup does not adequately represent the treatment community. The individual also stated that the changes to PHP programs as required by ASAM Criteria may lead to the closure of these programs. The commenter said ASAM and its training are not reflective of the publicly funded treatment system and recommends 1115 Waiver with a change to PCPC from ASAM Criteria. **Department's Overall Responses to Comments** **PCPC to ASAM Transition:** The use of ASAM Criteria as the assessment and LOC placement tool aligns with both CMS requirements for a nationally recognized SUD specific program standard for residential treatment facilities as well as with DDAP's decision to transition to the use of ASAM Criteria as the placement standard for Pennsylvania. This decision was announced by DDAP in March of 2017 prior to the decision by DHS to submit an 1115 Demonstration application to CMS. DDAP issued guidance to the counties to use the ASAM admission criteria as of May 1, 2018 and ASAM treatment planning, continuing stay and discharge criteria as of March 1, 2019. The ASAM Transition Workgroup convened by DDAP assists with the transition to ASAM and addresses any issues related to the criteria that would require specific application guidance for providers. The ASAM Transition Workgroup continues to meet and discuss any identified transition needs. **Delay in the Post Award Forum:** DHS requested and received approval from CMS to hold the first public forum at a later date to ensure that information regarding budget neutrality and the monitoring data would be ready and available for the public to review in advance of the public forum. A public forum is required annually and DHS will continue to share all Waiver related information and reports information to stakeholders. **Availability of Various Waiver-related Reports for Public:** The 1115 demonstration requires quarterly and annual reporting on the specific milestones and measures to CMS. Part of the reporting also includes a summary of the public comments received at the post award forum to be provided to CMS. DHS posts all

			the required information on the DHS website, including budget neutrality information. **Selection of Independent Evaluator:** The Special Terms and Conditions of the SUD 1115 Waiver approval require DHS to arrange with an independent party to conduct an evaluation of the Demonstration to ensure that necessary data is collected at the level of detail needed to research the approved hypotheses in the Evaluation Design. Mercer, through a request for proposal (RFP) process, contracts to provide technical assistance to DHS's OMHSAS. Mercer, through their contract with DHS, has assured that it presently has no interest and will not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of its services. DHS/OMHSAS selected Mercer to function as the Independent Evaluators based on the following qualifications: • Experience working with federal programs and Demonstration waivers. • Experience with evaluating effectiveness of complex, multi-partnered programs. • Familiarity with CMS federal standards and policies for program evaluation. • Familiarity with nationally-recognized data sources. • Analytical skills and experience with statistical testing methods.
☐ There was not a post-award public forum held during this reporting period and this is not an annual report, so the state has no post award public forum update to report for this reporting topic.			
14.1 Notable State Achievements and/or Innovations			
14.1 Narrative Information			
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	DY1Q1 through DY1Q4		The majority, but less vocal group of stakeholders have implemented *The ASAM Criteria, 2013* as an admission placement tool with relative ease. There have been few difficulties brought to DDAP's attention related specifically regarding use of the criteria. DDAP has received positive feedback from some of the stakeholders regarding use of the criteria. DDAP continues to address issues of resistance and push back from a minority, but powerful segment of the provider community resulting in SB 722 and HB 386, which propose to mandate the use of the PCPC. This is the LOC placement tool

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.			which was in place prior to the transition to the use of the ASAM Criteria. While DDAP Executive Staff have been diligently working to abate the misinformation that surrounds the proposed legislation, other DDAP staff in collaboration with DHS, continue to move forward with the transition/implementation process. Admittedly, the controversy and legislative involvement has created some delay in forward momentum and maintaining adherence to the stated timelines for full transition for purposes of the 1115 waiver. On September 6, 2019, the Governor's Office announced that Pennsylvania will receive more than $75 million in additional federal funding over the next year to support efforts to address the opioid crisis in Pennsylvania. This brings the total in federal funding for the Commonwealth's opioid response to more than $141 million over the past two years. DDAP has been awarded another $55.9 million by SAMHSA. The grant represents a second year of funding for Pennsylvania through the State Opioid Response grant to continue practices and services that have a demonstrated evidence-based approach to prevention, treatment, recovery, and education, and training. The $55.9 million will be used to continue year-one progress of the housing initiative and loan repayment program, as well as provide adequate funding to counties throughout the commonwealth in support of departmental goals of reducing stigma, intensifying prevention, strengthening treatment systems, and empowering sustained recovery. Additionally, the Department of Health received a federal grant for more than $8.4 million, expected for each of the next three years, from the CDC and the Agency for Toxic Substances and Disease Registry (ATSDR), to support efforts to address the substance use crisis in Pennsylvania. The funding is to support the Commonwealth in its drug-related overdose surveillance work to get high quality, comprehensive and timely data on

			overdose-related morbidity and mortality, and to use that data to assist in prevention and intervention efforts. The funding will go the department's PDMP office to continue the work of the Pennsylvania Overdose Data to Action program, which includes allowing for the collection of data for all drug overdoses. Previously, only data on opioid overdoses was collected. Availability of this funding will improve access to high quality, comprehensive and timely data on overdose morbidity and mortality. Area where the funding will help with prevention include: • Increased collaboration with county and municipal health departments; • Additional naloxone training for first responders; • Staffing the program's Patient Advocacy Unit; • Provide individualized, one-on-one education to opioid prescribers; and • Offering continuing medical education to providers on evidence-based approaches to opioid prescribing and addressing SUD. The Opioid Command Center, established in January 2018 when Governor Tom Wolf signed the first opioid disaster declaration, meets every week to discuss the opioid crisis. The command center is staffed by personnel from 17 Commonwealth agencies, spearheaded by the Departments of Health and Drug and Alcohol Programs.
☐ The state has no notable achievements or innovations to report for this reporting topic.			