Medicaid Section 1115 SUD Demonstration Monitoring Report – Part B
Commonwealth of Pennsylvania Coverage for Former Foster Care Youth from a Different State and
Substance Use Disorder Demonstration
 DY1 – July 1, 2018 – June 30, 2019
Q1 and Q2 – July 1, 2018 – December 31, 2018
Submitted on March 14, 2019

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	Pennsylvania
Demonstration Name	Coverage for Former Foster Care Youth from a Different State and Substance Use Disorder 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 State 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 where the readmission is preventable or medically inappropriate. Objective 6. Improve access to care for physical health conditions among beneficiaries.

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2. Executive Summary

During the reporting period, Pennsylvania Department of Human Services has made progress on implementation of the SUD component of the 1115 demonstration waiver. The following are highlights of activities July 1, 2018 through December 31, 2018.

- The Department of Drug and Alcohol Programs (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 State has completed provider self-assessments for ASAM LOC 3.5 and 3.7 as of December 31, 2018. Designation of facilities for these LOCs is in process.
- Face to face and online training of providers, primary contractors and behavioral health managed care organizations (BH-MCOs) to provide ASAM assessments and LOC was completed as of December 31, 2018.
- State 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.
- State 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 State has ensured that Naloxone is available via standing order with the passage of Act 139.
- Licensure regulations within the State 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 STCs.
- Mercer, the independent evaluator, facilitated meetings with the State 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 will be continuing.

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.			
⊠ 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?			No changes to the target population or clinical criteria are anticipated at this time. The Commonwealth is currently working on programming the State's reports to calculate these metrics. During DY1Q3, Pennsylvania and its contractors have completed service crosswalks and are working to complete coding crosswalks to ensure that the performance measures are calculated consistently. Until those crosswalks are complete, the Commonwealth will not know the extent of any deviations in coding, programming or calculations of performance measures needed to report on the individuals assessed and qualified for SUD treatment using ASAM Patient Placement Criteria. The State 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			The Department of Drug and Alcohol Programs (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. As additional providers adhere

of need and qualification for SUD services? If so, please describe these changes.			to this guidance there may be changes in the assessment of need and qualification for SUD services.

☐ 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.			

☒ 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 inpatient settings, medically			The Commonwealth is currently working on programming the State's reports to calculate these metrics. During DY1Q3, Pennsylvania and its contractors have completed service crosswalks and are working to complete coding crosswalks to ensure that the performance measures are calculated consistently. Until those crosswalks are complete, the Commonwealth will not know the extent of any deviations in coding, programming or calculations of performance measures needed to report on the individuals assessed and qualified for SUD treatment using ASAM Patient Placement Criteria.

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?			
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.			

☐ 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?
			Face-to-face and online training to provide ASAM assessments and LOC training of providers, primary contractors and behavioral health managed care organizations (BH-MCOs) was completed as of December 31, 2018.
			
			State prior authorization guidelines to ensure access to SUD services at the appropriate level of care were issued as of December 31, 2018.

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.			

☐ 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			The State has completed provider self-assessments for ASAM LOC 3.5 and 3.7 as of December 31, 2018. Designation of facilities for these levels of care (LOC) is in process.

facilities, either on-site or through facilitated access to services off site?			
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 assess the availability of			The Commonwealth is currently working on programming the State's reports to calculate these metrics. During DY1Q3, Pennsylvania and its contractors have completed service crosswalks and are working to complete coding crosswalks to ensure that the performance measures are calculated consistently. Until those crosswalks are complete, the Commonwealth will not know the extent of any deviations in coding, programming or calculations of performance measures needed to report on the individuals assessed and qualified for SUD treatment using ASAM Patient Placement Criteria

providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care?			
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.			

☐ 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.			The Commonwealth is currently working on programming the State's reports to calculate these metrics. During DY1Q3, Pennsylvania and its contractors have completed service crosswalks and are working to complete coding crosswalks to ensure that the performance measures are calculated consistently. Until those crosswalks are complete, the Commonwealth will not know the extent of any deviations in coding, programming or calculations of performance measures needed to report on the individuals assessed and qualified for SUD treatment using ASAM Patient Placement Criteria.

☒ 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:			State prescribing guidelines were issued as of December 31, 2018. The "Good Samaritan" law for drug overdose (Act 139) was passed September 30, 2014. The State has ensured that Naloxone is available via standing order in Act 139.

a. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD? b. Expansion of coverage for and access to naloxone?			
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 and OUD? If so, please describe these changes.			

⊠ 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 Commonwealth is currently working on programming the State's reports to calculate these metrics. During DY1Q3, Pennsylvania and its contractors have completed service crosswalks and are working to complete coding crosswalks to ensure that the performance measures are calculated consistently. Until those crosswalks are complete, the Commonwealth will not know the extent of any deviations in coding, programming or calculations of performance measures needed to report on the individuals assessed and qualified for SUD treatment using ASAM Patient Placement Criteria

⊠ 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			Licensure regulations within the State require linkage/referral to services as necessary.

policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports?			
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.			

☐ 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.			

☒ The state has no metrics trends to report for this reporting topic.

11.2.2 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: a. How health IT is being used to slow down the rate of growth of individuals identified with SUD?			Health Information Technology (HIT) is being used via the E-Health statewide health information exchange in the office of medical assistance to work at the regional level and across regions to establish health information exchange (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 has met with the Prescription Drug Monitoring Program team to select the HIT performance measures for the monitoring protocol. A reporting schedule is in the process of being developed.

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?			
Are there any other anticipated program changes that may impact metrics related to SUD Health IT (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.

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.			The Commonwealth is currently working on programming the State's reports to calculate these metrics. During DY1Q3, Pennsylvania and its contractors have completed service crosswalks and are working to complete coding crosswalks to ensure that the performance measures are calculated consistently. Until those crosswalks are complete, the Commonwealth will not know the extent of any deviations in coding, programming or calculations of performance measures needed to report on the individuals assessed and qualified for SUD treatment using ASAM Patient Placement Criteria
☒ 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.			
☒ 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.			No costs have been reported on the State's 1115 waiver schedules to date. The State 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			

neutrality? If so, please describe these changes.			
☒ 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. See report template instructions for more detail.			The State is working to finalize a workplan for the implementation of all aspects of the SUD 1115 implementation protocol.
☒ 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?			
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?			
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?			

☒ 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.			Mercer, the independent evaluator, facilitated meetings with the State 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 will be continuing through the draft evaluation design submission date of March 31, 2019.
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.			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.			Draft evaluation design: March 31, 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?			
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?			
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?			The State 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
Has the state identified any real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation?			
☒ 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)			The State anticipates completing the post award forum no later than 4/30/2019.

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.			
☐ 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 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.			
☒ The state has no notable achievements or innovations to report for this reporting topic.			