

**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.*

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

## 2. Executive Summary

### DY2 Q1:

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 July 1, 2019 through September 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.

#### **Implementation of Placement Criteria and Service Definitions**

- 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 continues to analyze its options to ensure continued compliance with the 1115 Demonstration.
- DDAP has also begun a draft guidance on the delivery of withdrawal management, specifically the ambulatory levels of care 1-WM and 2-WM. Consideration has been given to obtaining subject matter experts via a subcommittee representative of WM providers to ensure accurate reflection of the ASAM Criteria, regulatory compliance, etc. As is noted in the attached, DDAP is moving to procure the services of Peter Luongo as a consultant to this transition process. Given Mr. Luongo’s expertise and consultation direction with ASAM, this should assist Pennsylvania’s transition with WM and all other aspects of ASAM implementation. Procurement should be complete early in the 2<sup>nd</sup> Quarter of the State Fiscal Year.
- At the advisement of the ASAM Transition Workgroup, a subcommittee is being formed to develop best practice for the delivery of individualized care. This guidance will assist the field in applying the criteria holistically as a guide for clinical practice and decision making rather than just a level of care placement tool. The committee charter has been drafted and the work-leads have been established; however, recruitment of group members and execution of the committee will be postponed until the consultant is on board and can provide input to the process.

- Throughout this quarter, during the summer legislative recess, DDAP executive staff has reached out to individual legislative members to more fully inform them on the ASAM Criteria: benefits and rationale for its use and how, over time, using the criteria will improve the delivery of SUD services overall. This outreach has been beneficial.

### **Residential Provider Assessment**

The Transition Workgroup and an internal DDAP workgroup have reviewed all service descriptions. An impact analysis has been created to compare current service delivery and licensing regulation. This analysis will be utilized to guide implementation of types of services, service hours and staffing requirements.

The ASAM Guidance document was updated in August of 2019 to eliminate redundancy and to assist with closer compliance with the criteria. Other changes that occurred were edits to include necessary information that had not been included in the first publication such as admission, continued stay and discharge guidelines, as well as a simplified name change. The revised document has been widely disseminated and is posted on the DDAP website.

The preliminary designation for residential ASAM 3.5 and 3.7 by self-assessment has been completed. The process is ongoing for newly licensed providers. Confirmation by service delivery will occur as service descriptions are finalized. DDAP will be hiring a consultant in the next quarter to assist with all ongoing implementation items and to coordinate activities between DDAP and DHS necessary to meet milestones and timelines.

### **Performance Metrics**

- The Commonwealth has completed programing for the following annual metrics which are reported for the first time this quarter: 5, 36, 18, 21, 13, 14, 26, 27, 32
- The Commonwealth is continuing to program the following annual metrics: 15, 17, 22, and n25. Demonstration Year (DY) 1 reporting on those metrics is expected in the next quarterly report.
- The eight 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 increase the number of providers registered and their use of the Pennsylvania Prescription Drug Monitoring Program (PDMP), which will in turn reduce the rate of growth in the number of individuals with SUD.
  - 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, 7, and 8 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 has results for metrics 3, 4 (reported last quarter in the annual report but updated in this quarterly report), 5, 6-12, 13, 14, 18, 21, 23, 24, 26, 27, and 36. The monthly metrics for the DY2Q1, as well as updates to DY1Q2 are included this quarter. The annual metrics that were not reported last quarter are included on this quarter's results in the monitoring workbook. *Note: The last two months of data for this quarter (August and September 2019) appear to be showing a decline due to claims submission lag.* The following trends are seen in the data:

Data completeness is an issue for both August and September 2019. Data has been updated for April – June 2019 to reflect more complete data.  
Monthly Metrics:

- Metric #3 reports the number of members by month with a SUD diagnosis through DY2Q1. There was an overall upward trend in the number of individuals with SUD diagnoses in DY1, but the number of individuals dropped off in July 2019. It is not known if this was due to data completeness or due to other reasons. The Commonwealth is researching this. However, the number of pregnant members with an SUD diagnosis has significantly increased in the first quarter of DY2. 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 increased in the first quarter of DY2.
- Metrics #6–12 report the number of members by month receiving services through DY2Q1. 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.
  - The number of pregnant members receiving SUD services increased in April with the largest increase attributable to IOP/PH services.
  - 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.
  - The number of children receiving services has decreased since May with beginning of the summer break.
  - The number of older adults receiving services has slightly increased with the increase in IOP/PH and outpatient services contributing to the increase.
- Metric #7 reports the number of individuals receiving Early Intervention (EI) which has slightly increased over the past year into DY2.
- Metric #8 reports the number of individuals receiving OP services which has decreased since May 2019.
- Metric #9 reports the number of individuals receiving IOP and PHP services which increased in March through May 2019. Pregnant members, Children, and Older adults contributed to that increase. However, the overall trend is a decrease in services since May 2019.
- Metric #10 reports the number of individuals receiving residential and inpatient services which has slightly decreased in the last quarter of DY1 into July of DY2.
- Metric #11 reports the number of individuals receiving WM services which has slightly decreased over the past year and continues to decrease into DY2. 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 and into DY2. Utilization by dual eligibles has dropped steadily from the beginning of DY1.

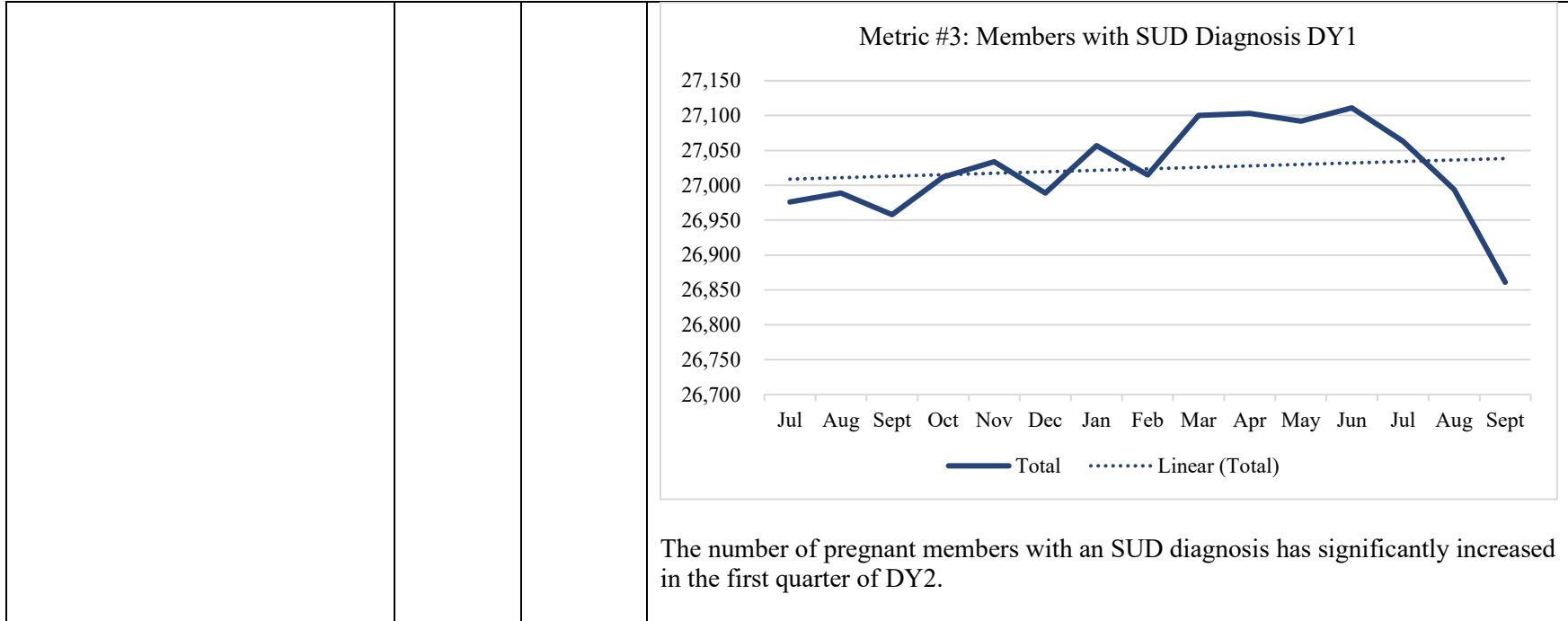
- Metric #23 reports the rate per 1,000 of emergency room visits for SUD which has slightly decreased over the past year and into DY2. The rate of utilization for older adults increased through July 2019 (August and September 2019 have a data lag) while the rate of utilization for adults has decreased. The rate of utilization for children has begun to decrease as well.
- Metric #24 reported that inpatient stays for Medicaid members continues to decrease since October 2018. Inpatient SUD stays for older adults have increased since December 2018. Children’s stays have decreased since January 2019.

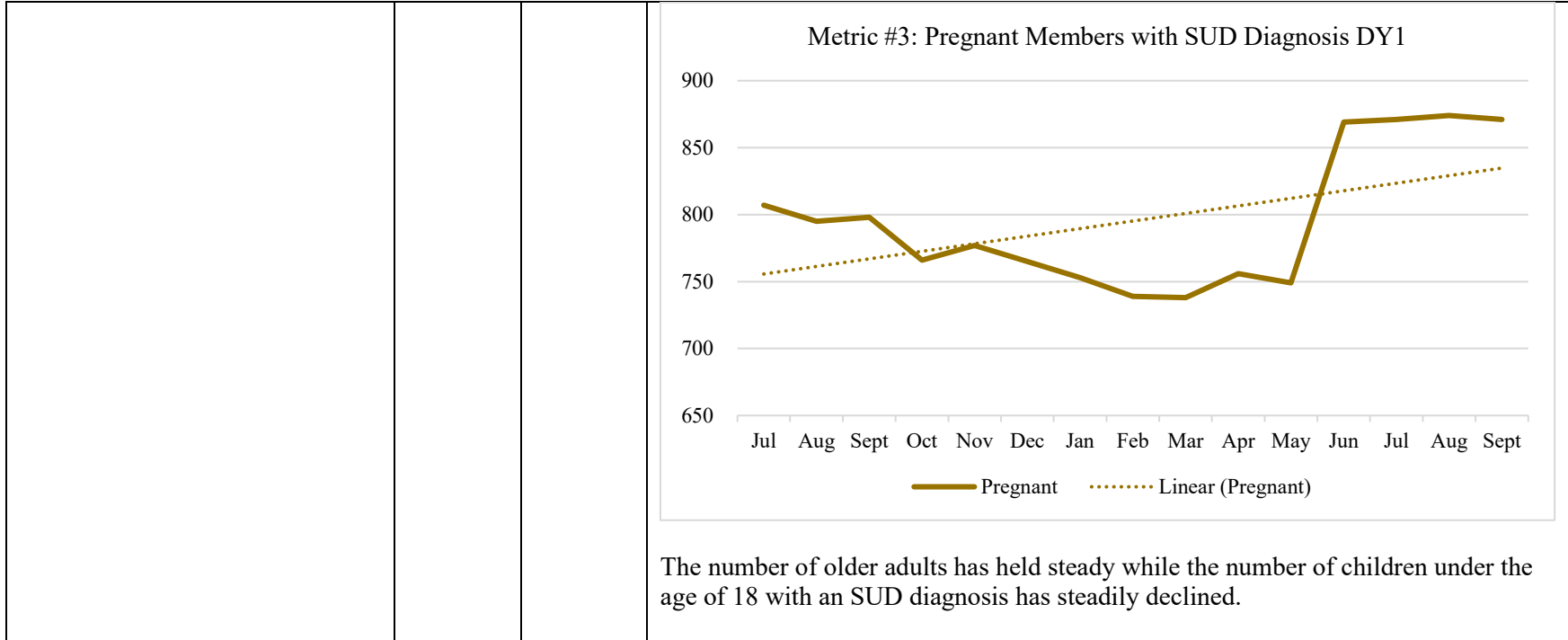
Annual Metrics for DY1:

- Metric #4: More data was included in this annual measure. The results are not significantly different than reported in DY1.
- Metric #5: There were 31,416 unique Medicaid beneficiaries who received inpatient/residential treatment in an IMD in DY1.
- Metric #13: There are 6,575 providers available.
- Metric #14: There are 3,753 providers available for MAT including 3,658 individual providers and 95 treatment centers.
- Metric #18: In DY1, a total percent 18.8% of adults not having a cancer diagnosis or in hospice received prescriptions for opioids with an average daily dosages greater than or equal to 90 MME over a period of 90 days or more.
- Metric #21: In DY1, 23.5% of beneficiaries age 18 and older had concurrent use of prescription opioids and benzodiazepines. Beneficiaries with a cancer diagnosis or in hospice are excluded from this count.
- Metric #26: There were 2,620 overdose deaths from January, 2019 through September, 2019. This is the only data available to the Commonwealth to report. The deaths are not available by age.
- Metric #27: The rate of overdose deaths is .66 (2,520 overdose deaths/3,925,077 beneficiaries) \*1000
- Metric #32: The percentage of Medicaid beneficiaries with SUD who had an ambulatory or preventive care visit during the measurement period is 80.95%.
- Metric #36: The Commonwealth has completed programming Metric #36. This metric measures the Average Length of Stay in IMDs by dividing the total number of days in an IMD by the number of discharges. The ALOS for DY1 was 1.75 days. There were 3,115,131 days and 1,778,883 discharges. This means that there were on average 57 discharges per person and that the average person stayed 99 days in an IMD over the course of a year.

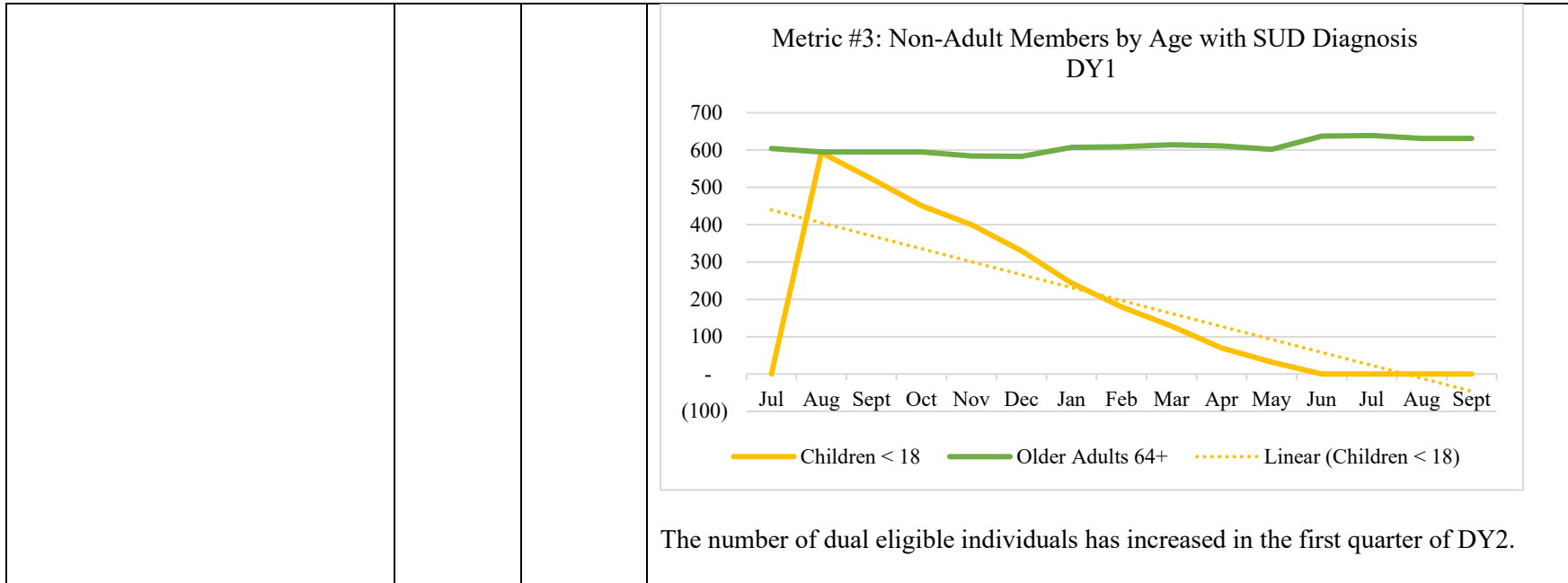
**3. Narrative Information on Implementation, by Reporting Topic**

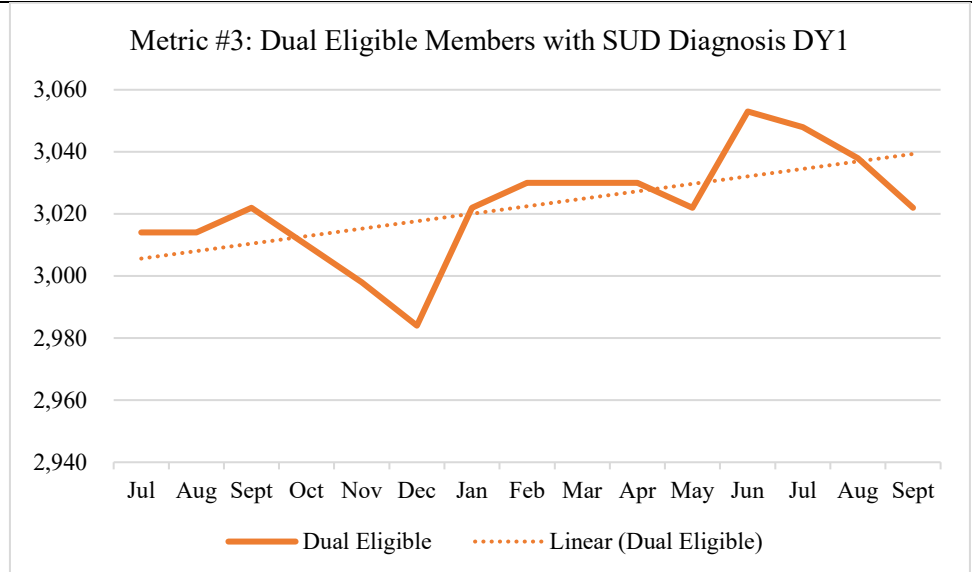
Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
<b>1.2 Assessment of Need and Qualification for SUD Services</b>			
<b>1.2.1 Metric Trends</b>			
<p>Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.</p>	<p>DY2Q1</p>	<p>Metrics 3–4</p>	<p>Q1: The Commonwealth is reporting metric 3 for Q1 of DY2. The following trends are seen in the data:</p> <p>Analysis DY2Q1:                      Metric #3 reports the number of members by month with a SUD diagnosis through DY2Q1. There was an overall upward trend in the number of individuals with SUD diagnoses in DY1, but the number of individuals dropped off in July 2019. It is not known if this was due to data completeness or due to other reasons. The Commonwealth is researching this. However, the number of pregnant members with an SUD diagnosis has significantly increased in the first quarter of DY2. 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 increased in the first quarter of DY2.</p>











Metric #4 – the data has been updated because of data completeness issues reported last quarter but there were no significant changes noted.

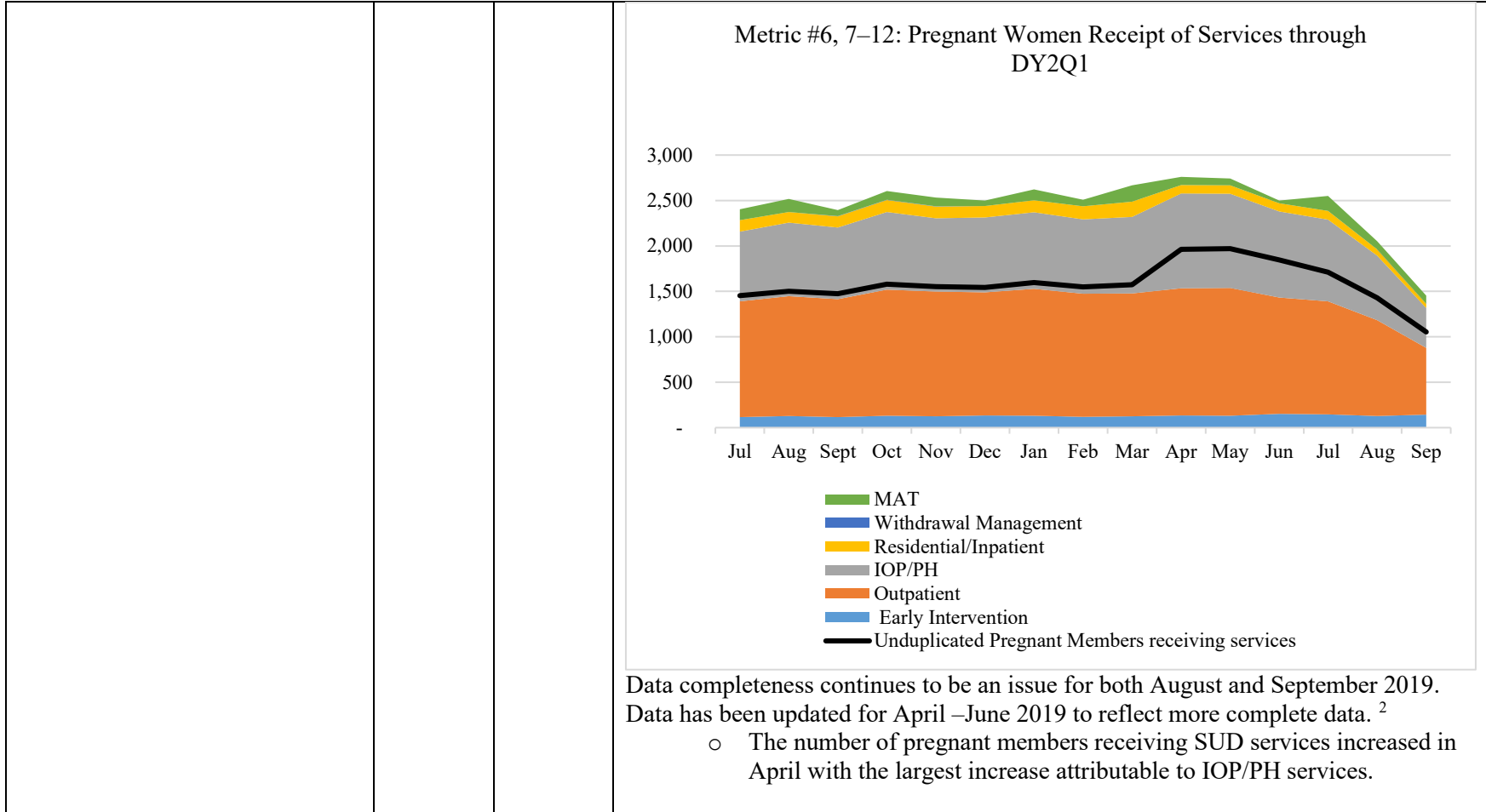
	Annual Metric	Updated DY1 using data available DY2Q1
Medicaid Only	29,520	29,589
Dual Eligible	3,537	3,549
Children < 18	2	2
Adults 18-64	32,329	32,406
Older Adults 64+	726	730
Not Pregnant	31,390	31,467
Pregnant	1,667	1,671

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  
 DY2Q1– July 1, 2019 – September 30, 2019  
 Submitted on November 30, 2019

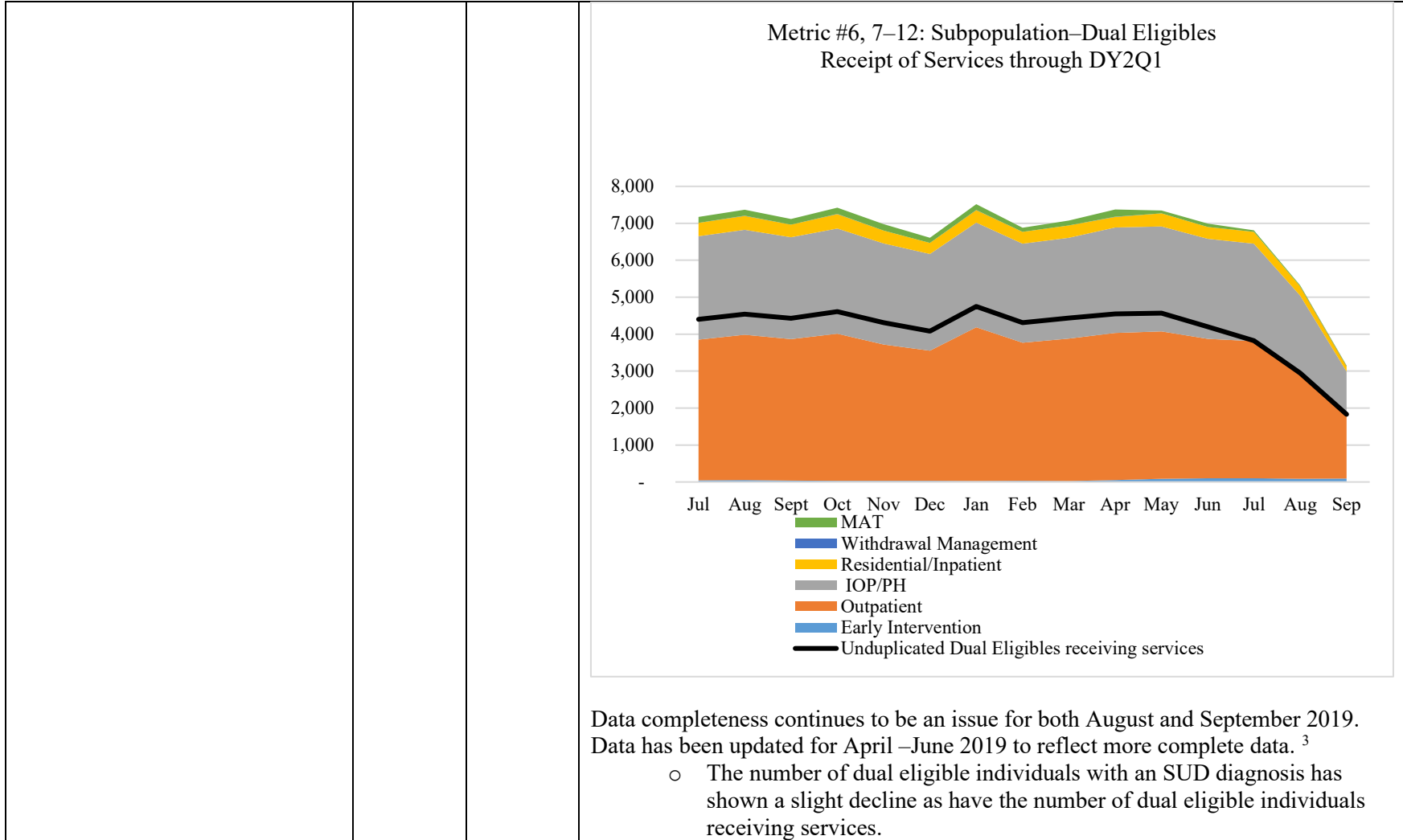
			<b>Total</b>	<b>33,057</b>
				<b>33,138</b>
<input type="checkbox"/> The state has no metrics trends to report for this reporting topic.				
<b>1.2.2 Implementation Update</b>				
Compared to the demonstration design details outlined in the STCs and implementation plan, have there been any changes or 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?	DY2Q1		<b>DY2Q1 Summary:</b>	
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.	DY2Q1	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.	
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.				
<b>2.2 Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)</b>				
<b>2.2.1 Metric Trends</b>				

<p>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.</p>	<p>DY2Q1</p>	<p>Metric 6–12, 36</p>	<p><b>DY2Q1 Summary:</b></p> <p>Data completeness continues to be an issue for both August and September 2019. Data has been updated for April –June 2019 to reflect more complete data. <sup>1</sup></p> <ul style="list-style-type: none"> <li>• Metrics #6–12 report the number of members by month receiving services through DY2A1. 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.</li> </ul>
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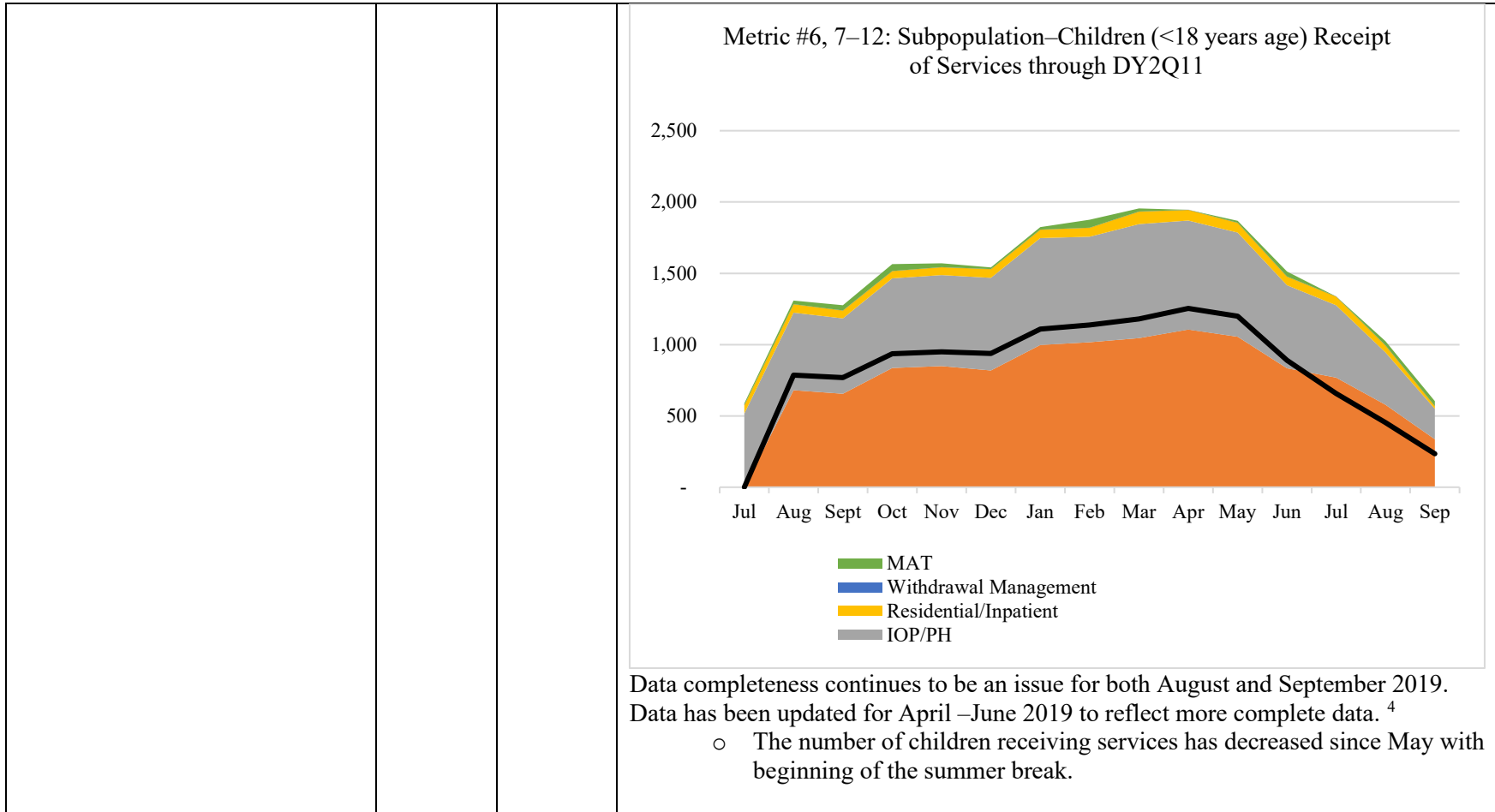
<sup>1</sup> The solid black line indicates unduplicated members for Metric #6; the stacked areas represent Metrics #7–12.



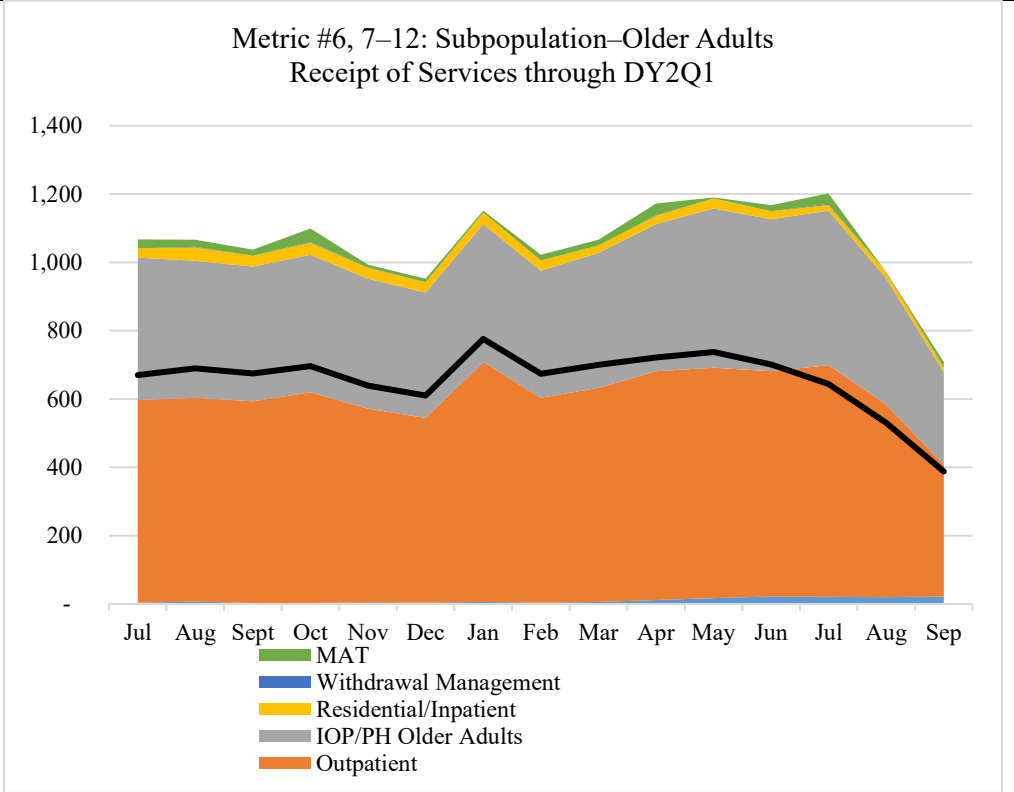
<sup>2</sup> The solid black line indicates unduplicated members for Metric #6; the stacked areas represent Metrics #7-12.



<sup>3</sup> The solid black line indicates unduplicated members for Metric #6; the stacked areas represent Metrics #7-12.



<sup>4</sup> The solid black line indicates unduplicated members for Metric #6; the stacked areas represent Metrics #7-12.



Data completeness continues to be an issue for both August and September 2019. Data has been updated for April –June 2019 to reflect more complete data. <sup>5</sup>

- The number of older adults receiving services has slightly increased with the increase in IOP/PH and outpatient services contributing to the increase.

<sup>5</sup> The solid black line indicates unduplicated members for Metric #6; the stacked areas represent Metrics #7–12.

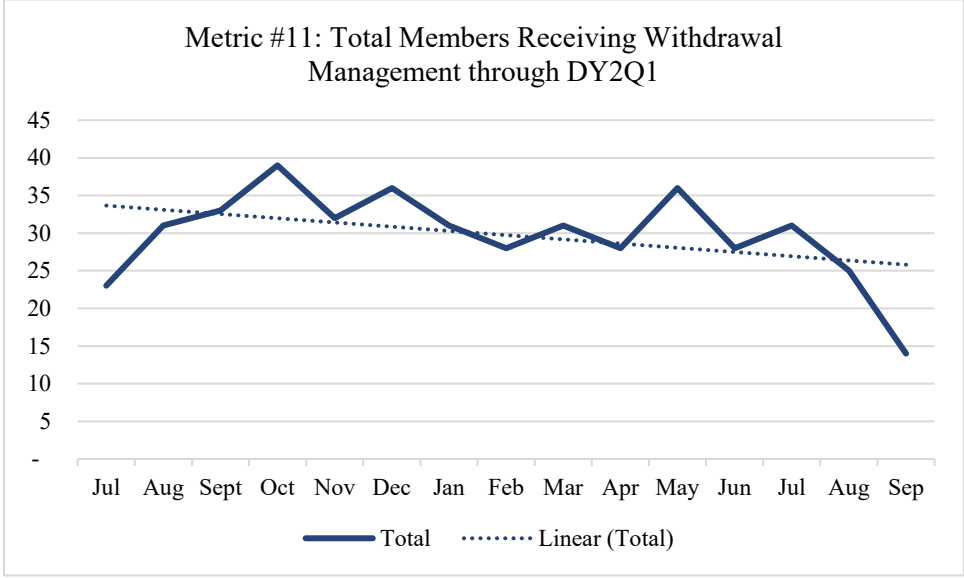


			<p>Analysis DY2Q1 by service:                  Metric #7</p> <table border="1"> <caption>Metric #7: Individuals Receiving Early Intervention through DY2Q1</caption> <thead> <tr> <th>Month</th> <th>Total</th> <th>Linear (Total)</th> </tr> </thead> <tbody> <tr><td>Jul</td><td>3,000</td><td>3,100</td></tr> <tr><td>Aug</td><td>3,100</td><td>3,150</td></tr> <tr><td>Sept</td><td>3,100</td><td>3,200</td></tr> <tr><td>Oct</td><td>3,300</td><td>3,250</td></tr> <tr><td>Nov</td><td>3,200</td><td>3,300</td></tr> <tr><td>Dec</td><td>3,300</td><td>3,350</td></tr> <tr><td>Jan</td><td>3,400</td><td>3,400</td></tr> <tr><td>Feb</td><td>3,300</td><td>3,450</td></tr> <tr><td>Mar</td><td>3,400</td><td>3,500</td></tr> <tr><td>Apr</td><td>2,900</td><td>3,550</td></tr> <tr><td>May</td><td>3,100</td><td>3,600</td></tr> <tr><td>Jun</td><td>3,600</td><td>3,650</td></tr> <tr><td>Jul</td><td>3,500</td><td>3,700</td></tr> <tr><td>Aug</td><td>3,000</td><td>3,750</td></tr> <tr><td>Sept</td><td>3,500</td><td>3,800</td></tr> </tbody> </table> <p>Metric #7 reports the number of individuals receiving Early Intervention (EI) which has slightly increased over the past year.</p>	Month	Total	Linear (Total)	Jul	3,000	3,100	Aug	3,100	3,150	Sept	3,100	3,200	Oct	3,300	3,250	Nov	3,200	3,300	Dec	3,300	3,350	Jan	3,400	3,400	Feb	3,300	3,450	Mar	3,400	3,500	Apr	2,900	3,550	May	3,100	3,600	Jun	3,600	3,650	Jul	3,500	3,700	Aug	3,000	3,750	Sept	3,500	3,800
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			<p>Metric #8</p> <p>Metric #8: Individuals Receiving Outpatient Services through DY2Q1</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Total</th> <th>Linear (Total)</th> </tr> </thead> <tbody> <tr><td>Jul</td><td>46,000</td><td>50,000</td></tr> <tr><td>Aug</td><td>48,000</td><td>49,000</td></tr> <tr><td>Sept</td><td>45,000</td><td>48,000</td></tr> <tr><td>Oct</td><td>48,000</td><td>47,000</td></tr> <tr><td>Nov</td><td>47,000</td><td>46,000</td></tr> <tr><td>Dec</td><td>45,000</td><td>45,000</td></tr> <tr><td>Jan</td><td>49,000</td><td>44,000</td></tr> <tr><td>Feb</td><td>47,000</td><td>43,000</td></tr> <tr><td>Mar</td><td>48,000</td><td>42,000</td></tr> <tr><td>Apr</td><td>50,000</td><td>41,000</td></tr> <tr><td>May</td><td>50,000</td><td>40,000</td></tr> <tr><td>Jun</td><td>47,000</td><td>39,000</td></tr> <tr><td>July</td><td>47,000</td><td>38,000</td></tr> <tr><td>Aug</td><td>40,000</td><td>37,000</td></tr> <tr><td>Sept</td><td>28,000</td><td>36,000</td></tr> </tbody> </table> <p>Metric #8 reports the number of individuals receiving OP services which have decreased since May 2019.</p>	Month	Total	Linear (Total)	Jul	46,000	50,000	Aug	48,000	49,000	Sept	45,000	48,000	Oct	48,000	47,000	Nov	47,000	46,000	Dec	45,000	45,000	Jan	49,000	44,000	Feb	47,000	43,000	Mar	48,000	42,000	Apr	50,000	41,000	May	50,000	40,000	Jun	47,000	39,000	July	47,000	38,000	Aug	40,000	37,000	Sept	28,000	36,000
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			<p><b>Metric #9</b></p> <p><b>Metric #9: Medicaid Managed Care Members Receiving IOP/PH through DY1Q2</b></p> <table border="1"> <thead> <tr> <th>Month</th> <th>Total</th> <th>Linear (Total)</th> </tr> </thead> <tbody> <tr><td>Jul</td><td>31,500</td><td>34,000</td></tr> <tr><td>Aug</td><td>32,000</td><td>33,500</td></tr> <tr><td>Sept</td><td>30,500</td><td>33,000</td></tr> <tr><td>Oct</td><td>32,500</td><td>32,500</td></tr> <tr><td>Nov</td><td>31,000</td><td>32,000</td></tr> <tr><td>Dec</td><td>30,500</td><td>31,500</td></tr> <tr><td>Jan</td><td>32,500</td><td>31,000</td></tr> <tr><td>Feb</td><td>31,000</td><td>30,500</td></tr> <tr><td>Mar</td><td>32,500</td><td>30,000</td></tr> <tr><td>Apr</td><td>33,000</td><td>29,500</td></tr> <tr><td>May</td><td>32,500</td><td>29,000</td></tr> <tr><td>Jun</td><td>30,000</td><td>28,500</td></tr> <tr><td>Jul</td><td>29,500</td><td>28,000</td></tr> <tr><td>Aug</td><td>24,000</td><td>27,500</td></tr> <tr><td>Sept</td><td>15,000</td><td>27,000</td></tr> </tbody> </table> <p>Metric #9 reports the number of individuals receiving IOP and PHP services which increased in March through May 2019. Pregnant members, Children, and Older adults contributed to that increase. However, the overall trend is a decrease in services since May 2019.</p>	Month	Total	Linear (Total)	Jul	31,500	34,000	Aug	32,000	33,500	Sept	30,500	33,000	Oct	32,500	32,500	Nov	31,000	32,000	Dec	30,500	31,500	Jan	32,500	31,000	Feb	31,000	30,500	Mar	32,500	30,000	Apr	33,000	29,500	May	32,500	29,000	Jun	30,000	28,500	Jul	29,500	28,000	Aug	24,000	27,500	Sept	15,000	27,000
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			<p><b>Metric #10</b></p> <table border="1"> <caption>Metric #10: Members with SUD Residential and Inpatient Services through DY2Q1</caption> <thead> <tr> <th>Month</th> <th>Total</th> </tr> </thead> <tbody> <tr><td>Jul 2018</td><td>5,800</td></tr> <tr><td>Aug</td><td>5,800</td></tr> <tr><td>Sept</td><td>5,700</td></tr> <tr><td>Oct</td><td>5,800</td></tr> <tr><td>Nov</td><td>5,600</td></tr> <tr><td>Dec</td><td>5,400</td></tr> <tr><td>Jan 2019</td><td>5,700</td></tr> <tr><td>Feb</td><td>5,500</td></tr> <tr><td>Mar</td><td>5,900</td></tr> <tr><td>Apr</td><td>5,600</td></tr> <tr><td>May</td><td>5,700</td></tr> <tr><td>Jun</td><td>5,600</td></tr> <tr><td>July</td><td>5,700</td></tr> <tr><td>Aug</td><td>4,500</td></tr> <tr><td>Sept</td><td>2,800</td></tr> </tbody> </table> <p>Metric #10 reports the number of individuals receiving residential and inpatient services which has slightly decreased in the last quarter of DY1 into July of DY2.</p>	Month	Total	Jul 2018	5,800	Aug	5,800	Sept	5,700	Oct	5,800	Nov	5,600	Dec	5,400	Jan 2019	5,700	Feb	5,500	Mar	5,900	Apr	5,600	May	5,700	Jun	5,600	July	5,700	Aug	4,500	Sept	2,800
Month	Total																																		
Jul 2018	5,800																																		
Aug	5,800																																		
Sept	5,700																																		
Oct	5,800																																		
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Jun	5,600																																		
July	5,700																																		
Aug	4,500																																		
Sept	2,800																																		

			<p><b>Metric #11</b></p>  <p>Metric #11: Total Members Receiving Withdrawal Management through DY2Q1</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Total</th> <th>Linear (Total)</th> </tr> </thead> <tbody> <tr><td>Jul</td><td>23</td><td>33</td></tr> <tr><td>Aug</td><td>31</td><td>32</td></tr> <tr><td>Sept</td><td>33</td><td>31</td></tr> <tr><td>Oct</td><td>39</td><td>30</td></tr> <tr><td>Nov</td><td>32</td><td>29</td></tr> <tr><td>Dec</td><td>36</td><td>28</td></tr> <tr><td>Jan</td><td>31</td><td>27</td></tr> <tr><td>Feb</td><td>28</td><td>26</td></tr> <tr><td>Mar</td><td>31</td><td>25</td></tr> <tr><td>Apr</td><td>28</td><td>24</td></tr> <tr><td>May</td><td>36</td><td>23</td></tr> <tr><td>Jun</td><td>28</td><td>22</td></tr> <tr><td>Jul</td><td>31</td><td>21</td></tr> <tr><td>Aug</td><td>25</td><td>20</td></tr> <tr><td>Sep</td><td>14</td><td>19</td></tr> </tbody> </table> <p>Metric #11 reports the number of individuals receiving WM services which has slightly decreased over the past year and continues to decrease into DY2. Utilization among the subpopulations has been sporadic and overall utilization is low.</p>	Month	Total	Linear (Total)	Jul	23	33	Aug	31	32	Sept	33	31	Oct	39	30	Nov	32	29	Dec	36	28	Jan	31	27	Feb	28	26	Mar	31	25	Apr	28	24	May	36	23	Jun	28	22	Jul	31	21	Aug	25	20	Sep	14	19
Month	Total	Linear (Total)																																																	
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Sep	14	19																																																	

		<p><b>Metric #12</b></p> <p>Metric #12 reports the number of individuals receiving Medication Assisted Treatment (MAT) services which has slightly increased over the past year and into DY2. Utilization by dual eligibles has dropped steadily from the beginning of DY1.</p> <p><b>Metric #5:</b>          There were 31,416 unique Medicaid beneficiaries who received inpatient/residential treatment in an IMD in DY1.</p> <p><b>Metric #36 for DY1:</b>          The Commonwealth has completed programming Metric #36. This metric measures the Average Length of Stay in IMDs by dividing the total number of days in an IMD by the number of discharges. The ALOS for DY1 was 1.75 days. There were 3,115,131 days and 1,778,883 discharges. This means that there were on average 57 discharges per person and that the average person stayed 99 days in an IMD over the course of a year.</p>
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<input type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
<b>2.2.2 Implementation Update</b>			
<p>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:</p> <p>a. Planned activities to improve access to SUD treatment services across the continuum of care for Medicaid beneficiaries (e.g. outpatient services, intensive outpatient services, medication assisted treatment, services in intensive residential and inpatient settings, medically supervised withdrawal management)?</p> <p>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?</p>	<p>DY2Q1</p>		<p>DY2Q1 Summary: DDAP has begun a draft guidance on the delivery of withdrawal management, specifically the ambulatory levels of care 1-WM and 2-WM. Consideration has been given to obtaining subject matter experts via a subcommittee representative of WM providers to ensure accurate reflection of the ASAM Criteria, regulatory compliance, etc. As is noted in the attached, DDAP is moving to procure the services of Peter Luongo as a consultant to this transition process. Given Mr. Luongo’s expertise and consultation direction with ASAM, this should assist Pennsylvania’s transition with WM and all other aspects of ASAM implementation. Procurement should be complete early in the 2<sup>nd</sup> Quarter of the State Fiscal Year.</p> <p>At the advisement of the ASAM Transition Workgroup, a subcommittee is being formed to develop best practice for the delivery of individualized care. This guidance will assist the field in applying the criteria holistically as a guide for clinical practice and decision making rather than just a level of care placement tool. The committee charter has been drafted and the work-leads have been established; however, recruitment of group members and execution of the committee will be postponed until the consultant is on board and can provide input to the process.</p> <p>DDAP is developing guidelines consistent for DDAP-contracted and SUD providers that are Medicaid enrolled, but not contracted with DDAP. The new requirements include expectations of access to MAT in residential settings. SUD treatment providers must offer access and/or facilitate patient access to MAT while in residential settings. DDAP issued guidance to the counties to use the ASAM admission criteria as of May 1, 2018. On March 1, 2019, the ASAM criteria was required for treatment plans, continued stay and discharge criteria. Simultaneously, the ASAM Transition Workgroup is exploring the service definitions as described in ASAM. In addition, there is a comparison to PA regulations to determine if the descriptions can be adopted as written, or if any modifications are required for implementation in PA.</p>

			<p>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. Once fully adopted, a provider will be confirmed as a specific level of care based upon the preliminary self-designation coupled with their ability/compliance in delivering the service as determined. Identification of providers who are contracted with the 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.</p> <p>The provider self-assessment surveys have been completed. Preliminary designations by self-report have been issued to providers and payors via DDAP/DHS listserv and by posting on DDAP's website. Self-assessment for new providers is available on an ongoing basis and the designation list will be updated periodically.</p> <p>The Transition Workgroup and an internal DDAP workgroup have reviewed all service descriptions. An impact analysis has been created to compare current service delivery and licensing regulation. This analysis will be utilized to guide implementation of types of services, service hours and staffing requirements.</p>
<p>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.</p>			
<p><input type="checkbox"/> The state has no implementation updates to report for this reporting topic.</p>			



<b>3.2 Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)</b>			
<b>3.2.1 Metric Trends</b>			
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.			
<input type="checkbox"/> The state is reporting metrics related to Milestone 2, but has no metrics trends to report for this reporting topic.			
<input checked="" type="checkbox"/> The state is not reporting any metrics related to this reporting topic.			
<b>3.2.2 Implementation Update</b>			
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: <ol style="list-style-type: none"> <li>a. Planned activities to improve providers’ use of evidence-based, SUD-specific placement criteria?</li> <li>b. Implementation of a utilization management approach to ensure:                             <ol style="list-style-type: none"> <li>i. Beneficiaries have access to SUD services at the appropriate level of care?</li> <li>ii. Interventions are appropriate for the diagnosis and level of care?</li> </ol> </li> </ol>	DY2Q1		<p><b>DY2Q1 Summary:</b>                      OMHSAS included ASAM standards in BH-MCO contracts effective on 1/1/2019. 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.</p> <p>These guidelines will essentially serve as a Provider Manual. These guidelines should be widely distributed and posted. DDAP reported they are developing a manual currently that will be available on the DDAP website. DDAP issued ASAM admission criteria guidance to their contracted providers in May, 2018 and communicated continued stay and discharge criteria in March 2019. OMHSAS shared this information with 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 and the ASAM Transition Workgroup have been addressing updates to the "Guidance for Application of ASAM in PA's SUD System of Care". The anticipated completion date for these edits is August, with wide distribution across both DDAP/SCA and BH-MCO contracted providers.</p>

<p>iii. Use of independent process for reviewing placement in residential treatment settings?</p>			<p>The ASAM Guidance document was updated in August of 2019 to eliminate redundancy and to assist with closer compliance with the criteria. Other changes that occurred were edits to include necessary information that had not been included in the first publication such as admission, continued stay and discharge guidelines, as well as a simplified name change. The revised document has been widely disseminated and is posted on the DDAP website.</p> <p>The State has begun analyzing data for outpatient, IOP, and partial hospitalization levels of care for ASAM (levels 1 and 2) compliance. DAP reported they assessed providers on historical requirements (e.g., PHP required 10 hours instead of 20), so this may not align with ASAM standards and could impact self-assessment results; DDAP reported 8-12 months is needed to update provider qualifications and hope to be done within a year.</p> <p>Programming requirements have not yet been determined as a review of the ASAM descriptions is being compared to licensing requirements. Both DHS/DDAP are in the process of conducting an impact analysis which will also assist in this determination.</p>
<p>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.</p>	<p>DY2Q1</p>		<p>No update DY2Q1.</p>
<p><input type="checkbox"/> The state has no implementation updates to report for this reporting topic.</p>			
<p><b>4.2 Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)</b></p>			
<p><b>4.2.1 Metric Trends</b></p>			
<p>Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services.</p>			

Changes (+ or -) greater than two percent should be described.			
<input type="checkbox"/> The state is reporting metrics related to Milestone 3, but has no metrics trends to report for this reporting topic.			
<input checked="" type="checkbox"/> The state is not reporting any metrics related to this reporting topic.			
<b>4.2.2 Implementation Update</b>			
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 through facilitated access to services off site?	DY2Q1		<p><b>DY2Q1 Summary:</b>                  The self-assessment was primarily based on current license (SUD and MH) and current staffing, not on delivery of service as described by ASAM. The second phase of the process will be identifying providers equipped to deliver the service congruent with ASAM as described by ASAM, licensing regulations and standards. The initial self-assessment has been extended through April 30 due to providers who were delinquent in participating in the process. Recently obtained provider information is currently being vetted by DDAP, based on staffing.</p> <p>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.</p> <p>The Commonwealth has completed provider self-assessments for ASAM LOC 3.5 and 3.7 as of December 31, 2018. On April 5, 2019, providers who had not completed self-assessments were re-contacted and asked to complete the missing documentation. Designation of facilities for these levels of care (LOC) is in process.</p> <p>As previously noted, the preliminary designation for residential ASAM 3.5 and 3.7 by self-assessment has been completed. The process is ongoing for newly licensed providers. Confirmation by service delivery will occur as service descriptions are finalized. DDAP will be hiring a consultant in the next quarter to assist with all ongoing implementation items and to coordinate activities between DDAP and DHS necessary to meet milestones and timelines.</p>
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.			
<input type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>5.2 Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)</b>			
<b>5.2.1 Metric Trends</b>			
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.			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
<b>5.2.2 Implementation Update</b>			
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 providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care?	DY2Q1		No update DY2Q1.
Are there any other anticipated program changes that may impact metrics related to provider capacity at critical levels of care,		Metric 13 and 14	The Commonwealth has finished programming metric 13 and 14 under this milestone. <ul style="list-style-type: none"> <li>• Metric #13: There are 6,575 providers available.</li> </ul>

including for medication assisted treatment (MAT) for OUD? If so, please describe these changes.			<ul style="list-style-type: none"> <li>Metric #14: There are 3,753 providers available for MAT including 3,658 individual providers and 95 treatment centers.</li> </ul>
<input type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>6.2 Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)</b>			
<b>6.2.1 Metric Trends</b>			
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.	DY2Q1	Metric 18 and 21	<p>Metric #18: In DY1, a total percent 18.8% of adults not having a cancer diagnosis or in hospice received prescriptions for opioids with an average daily dosages greater than or equal to 90 MME over a period of 90 days or more.</p> <p>Metric #21: In DY1, 23.5% of beneficiaries age 18 and older had concurrent use of prescription opioids and benzodiazepines. Beneficiaries with a cancer diagnosis or in hospice are excluded from this count.</p>
<input type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
<b>6.2.2 Implementation Update</b>			
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?	DY2Q1		No update DY2Q1.
Are there any other anticipated program changes that may impact metrics related to the implementation of comprehensive	DY2Q1	Metrics 15, 22	The Commonwealth is continuing to program metrics 15 and 22 under this milestone. DY1 reporting on those metrics is expected in the next quarterly report.

treatment and prevention strategies to address opioid abuse and OUD? If so, please describe these changes.			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 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.			
<b>7.2 Improved Care Coordination and Transitions between Levels of Care (Milestone 6)</b>			
<b>7.2.1 Metric Trends</b>			
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.			
<b>7.2.2 Implementation Update</b>			
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?	DY2Q1		No update DY2Q1.
Are there any other anticipated program changes that may impact metrics related to care coordination and transitions	DY2Q1	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.

between levels of care? If so, please describe these changes.			
<input type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>8.2 SUD Health Information Technology (Health IT)</b>			
<b>8.2.1 Metric Trends</b>			
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.	DY2Q1	HIT PMs 1–7	<b>DY2Q1 Summary:</b> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• Question Area C: The HIT Metrics #6, 7, and 8 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.</li> </ul>

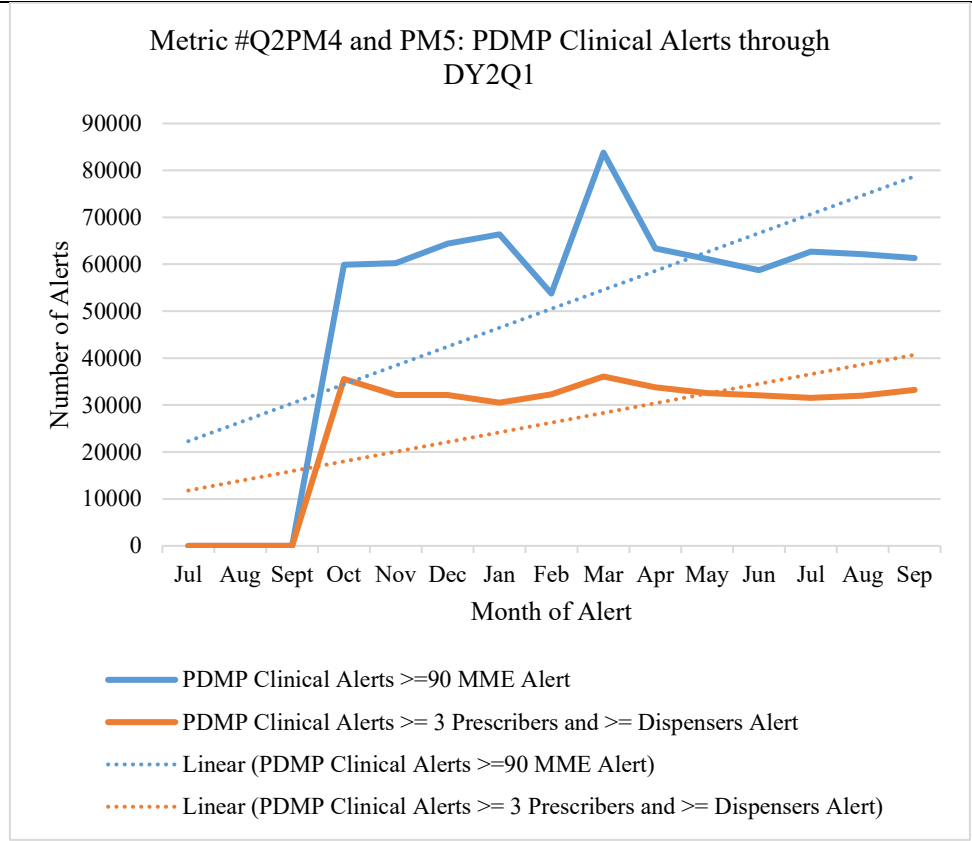
		<p style="text-align: center;"><b>Metric #Q1PM1: PDMP Provider Inquiries through DY2Q1</b></p> <table border="1"> <caption>Estimated Data for Metric #Q1PM1: PDMP Provider Inquiries through DY2Q1</caption> <thead> <tr> <th>Month</th> <th>PDMP Queries (Solid Line)</th> <th>Linear (PDMP Queries) (Dotted Line)</th> </tr> </thead> <tbody> <tr><td>Jul</td><td>1,450,000</td><td>1,450,000</td></tr> <tr><td>Aug</td><td>1,650,000</td><td>1,500,000</td></tr> <tr><td>Sep</td><td>1,450,000</td><td>1,550,000</td></tr> <tr><td>Oct</td><td>1,700,000</td><td>1,600,000</td></tr> <tr><td>Nov</td><td>1,600,000</td><td>1,650,000</td></tr> <tr><td>Dec</td><td>1,600,000</td><td>1,700,000</td></tr> <tr><td>Jan</td><td>1,850,000</td><td>1,750,000</td></tr> <tr><td>Feb</td><td>1,550,000</td><td>1,800,000</td></tr> <tr><td>Mar</td><td>1,650,000</td><td>1,850,000</td></tr> <tr><td>Apr</td><td>1,700,000</td><td>1,900,000</td></tr> <tr><td>May</td><td>1,750,000</td><td>1,950,000</td></tr> <tr><td>Jun</td><td>1,650,000</td><td>2,000,000</td></tr> <tr><td>Jul</td><td>2,000,000</td><td>2,050,000</td></tr> <tr><td>Aug</td><td>1,950,000</td><td>2,100,000</td></tr> <tr><td>Sep</td><td>1,900,000</td><td>2,150,000</td></tr> </tbody> </table> <ul style="list-style-type: none"> <li>• HIT PM 3: Number of PDMP connections/users.</li> </ul> <p>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</p>	Month	PDMP Queries (Solid Line)	Linear (PDMP Queries) (Dotted Line)	Jul	1,450,000	1,450,000	Aug	1,650,000	1,500,000	Sep	1,450,000	1,550,000	Oct	1,700,000	1,600,000	Nov	1,600,000	1,650,000	Dec	1,600,000	1,700,000	Jan	1,850,000	1,750,000	Feb	1,550,000	1,800,000	Mar	1,650,000	1,850,000	Apr	1,700,000	1,900,000	May	1,750,000	1,950,000	Jun	1,650,000	2,000,000	Jul	2,000,000	2,050,000	Aug	1,950,000	2,100,000	Sep	1,900,000	2,150,000
Month	PDMP Queries (Solid Line)	Linear (PDMP Queries) (Dotted Line)																																																
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		<p style="text-align: center;"><b>Metric #Q2PM3: Number of SSO Connections Live through DY2Q1</b></p> <table border="1"> <caption>Estimated Data for Metric #Q2PM3</caption> <thead> <tr> <th>Month</th> <th>PDMP System Registrants</th> <th>Linear (PDMP System Registrants)</th> </tr> </thead> <tbody> <tr> <td>Jul</td> <td>90,000</td> <td>90,000</td> </tr> <tr> <td>Aug</td> <td>95,000</td> <td>95,000</td> </tr> <tr> <td>Sep</td> <td>100,000</td> <td>100,000</td> </tr> </tbody> </table> <p>Question Area B: How is information technology being used to treat effectively individuals identified with SUD?              Action Tracked: Number of Opioid Prescriptions dispensed</p> <ul style="list-style-type: none"> <li>HIT PM 2: Number of Opioid Prescriptions being submitted to the PDMP</li> </ul>	Month	PDMP System Registrants	Linear (PDMP System Registrants)	Jul	90,000	90,000	Aug	95,000	95,000	Sep	100,000	100,000
Month	PDMP System Registrants	Linear (PDMP System Registrants)												
Jul	90,000	90,000												
Aug	95,000	95,000												
Sep	100,000	100,000												

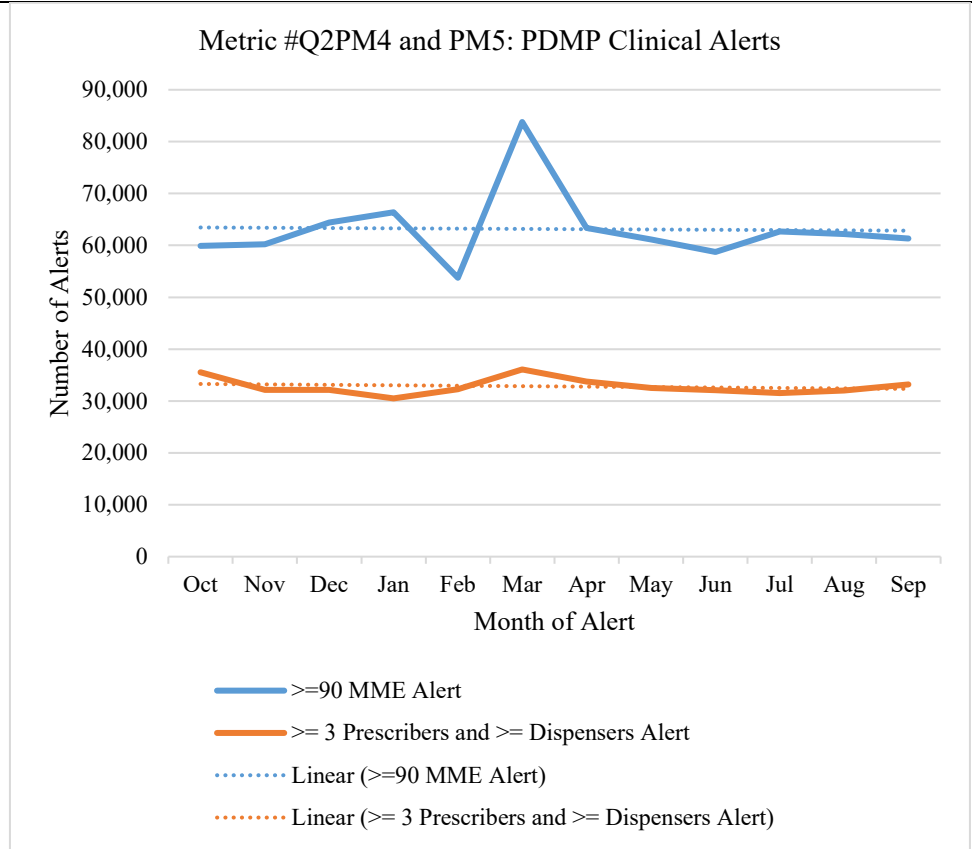
		<p style="text-align: center;"><b>Metric #Q1PM1 and PM2: PDMP Queries and Opioid Prescriptions Submitted to the PDMP through DY2Q1</b></p> <p style="text-align: center;">Question Area B: The HIT Metrics # 2, 4, and 5 demonstrate that the information technology is being used to treat effectively individuals identified with SUD</p> <p>Action tracked: Alerts for high dosage.</p> <ul style="list-style-type: none"> <li>• HIT PM 4: Number of “Patient Exceeds Opioid Dosage (MME/D) Threshold” alerts generated.             <ul style="list-style-type: none"> <li>– 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</li> </ul> </li> </ul>
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			<p>Prevention (CDC) recommends that prescribers should reassess evidence of the benefits and risks to the individual when increasing dosage to <math>\geq 50</math> MME/day (e.g., <math>\geq 50</math> mg hydrocodone; <math>\geq 33</math> mg oxycodone) and avoid increasing to <math>\geq 90</math> MME/day (<math>\geq 90</math> mg hydrocodone; <math>\geq 60</math> mg oxycodone) when possible due to an increased risk of complications.</p> <ul style="list-style-type: none"> <li>• HIT PM 5: Number of “Patient Seeing Multiple Providers for Controlled Substances” alerts generated.             <ul style="list-style-type: none"> <li>– This patient received controlled substance prescriptions from &lt;#&gt; or more prescribers and &lt;#&gt; or more pharmacists in a three-month period.</li> </ul> </li> </ul>
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*Note: Alerts began in October 2018.*

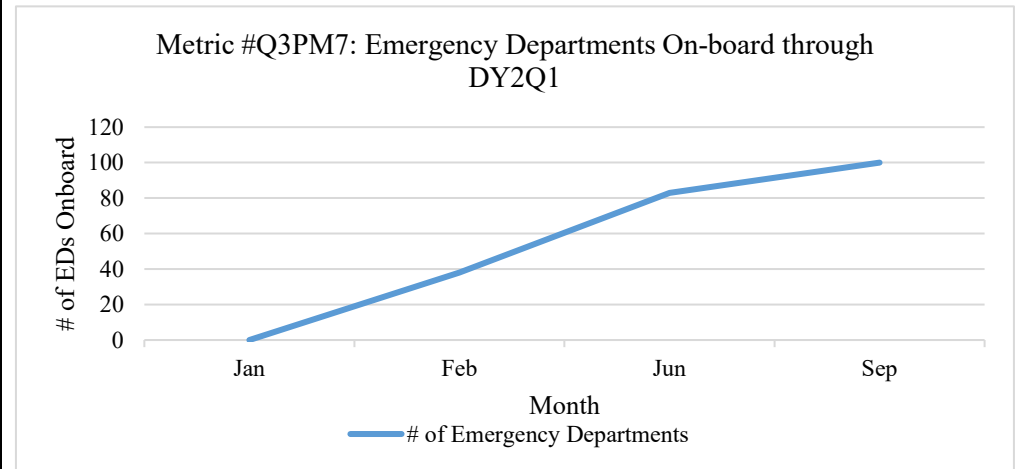
To look at the trend post October 2018, we examined the overall trend after implementation.



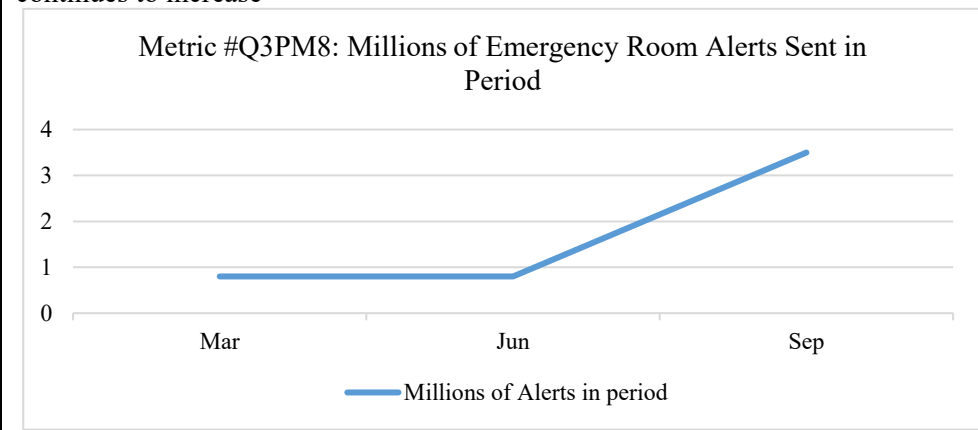
Question Area C: How is information technology being used to effectively monitor “recovery” supports and services for individuals identified with SUD?  
 Action Tracked: Number of Corrections Facilities On-boarded (eHealth): eHealth is working on establishing connections between all prisons and the gateway, 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 HIT Measure #3 above on the number of connections and HIE.

			<ul style="list-style-type: none"> <li>HIT PM 6 Number of Corrections connections live</li> </ul> <div data-bbox="898 370 1894 1079"> <table border="1"> <caption>Metric #Q3PM6: Corrections Facilities On-boarded through DY2Q1</caption> <thead> <tr> <th>Month</th> <th>Actual</th> <th>Projected</th> </tr> </thead> <tbody> <tr> <td>Dec</td> <td>0</td> <td>0</td> </tr> <tr> <td>Mar</td> <td>0</td> <td>0</td> </tr> <tr> <td>Jun</td> <td>0</td> <td>0</td> </tr> <tr> <td>Sep</td> <td>0</td> <td>0</td> </tr> <tr> <td>Dec</td> <td>0</td> <td>25</td> </tr> </tbody> </table> </div> <p>Metric Q3PM6: The State anticipates that 25 corrections departments will be connected by the end of 2019.</p> <p>Action Tracked: Individuals connected to alternative therapies from other community-based resources for pain management or general therapy/treatment.</p> <ul style="list-style-type: none"> <li>HIT PM 7 and 8: Tracking MAT (use of medications with counseling and behavioral therapies) to treat SUDs and prevent opioid overdose (Number of Emergency Departments [EDs] connected (HIT PM 7); Number of Alerts sent by EDs (HIT PM 8)).</li> </ul>	Month	Actual	Projected	Dec	0	0	Mar	0	0	Jun	0	0	Sep	0	0	Dec	0	25
Month	Actual	Projected																			
Dec	0	0																			
Mar	0	0																			
Jun	0	0																			
Sep	0	0																			
Dec	0	25																			

*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.*



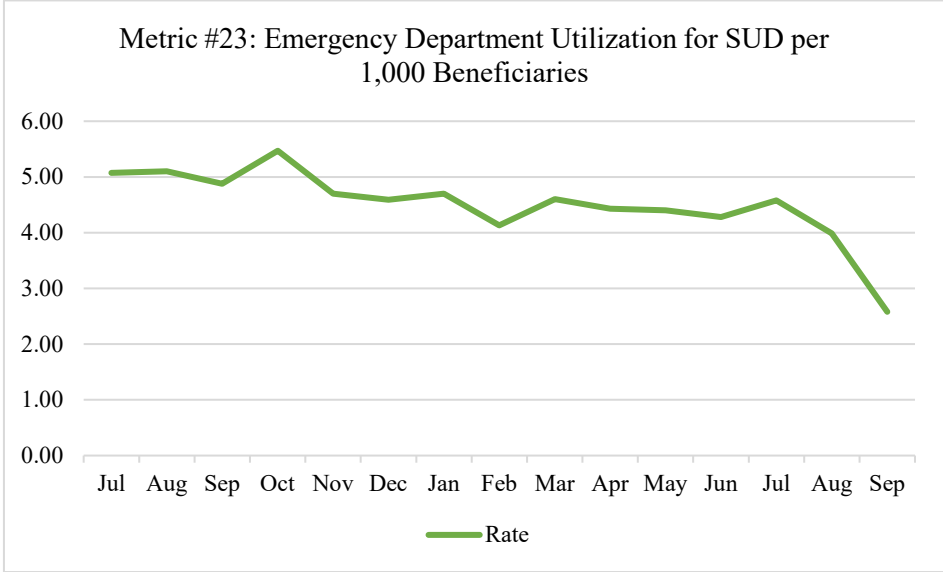
The number of Emergency Departments connected to the HIE and sending alerts continues to increase

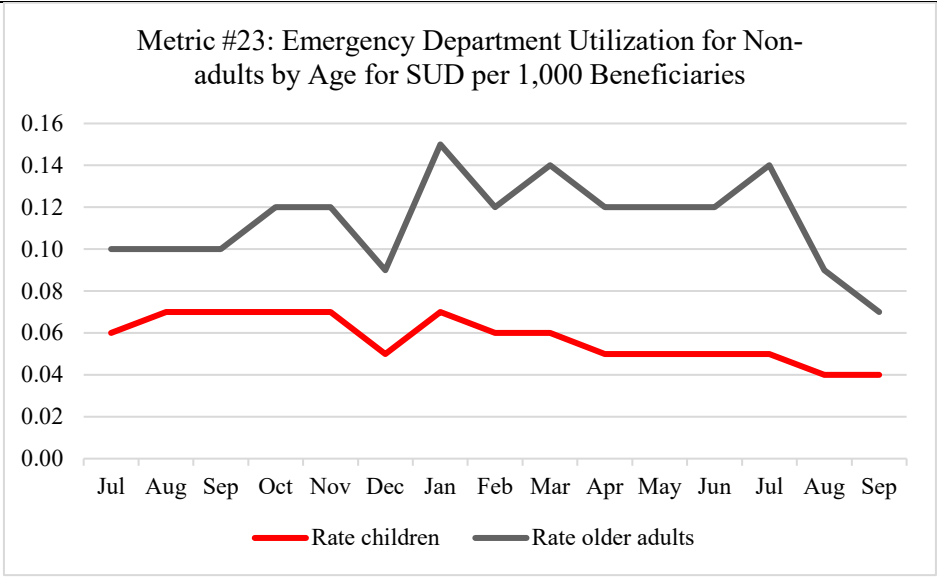


			<p>Metric #Q3PM7: The number of alerts sent by Emergency Rooms has almost tripled in this past quarter.</p> <div data-bbox="898 370 1864 966"> <table border="1"> <caption>Metric #Q3PM8: Millions of Emergency Room Alerts Sent (Cumulative over Time)</caption> <thead> <tr> <th>Month</th> <th>Millions of Alerts sent cumulative</th> </tr> </thead> <tbody> <tr> <td>Mar</td> <td>1.6</td> </tr> <tr> <td>Jun</td> <td>2.4</td> </tr> <tr> <td>Sep</td> <td>5.9</td> </tr> </tbody> </table> </div> <p>Metric #Q3PM8: The cumulative number of alerts sent is almost 6 million alerts.</p> <ul style="list-style-type: none"> <li>The HIT Metrics #6, 7, and 8 demonstrate that information technology occurring through improvements in the overall integration of corrections facilities and emergency departments with the health information exchange (HIE) and PDMP.</li> </ul>	Month	Millions of Alerts sent cumulative	Mar	1.6	Jun	2.4	Sep	5.9
Month	Millions of Alerts sent cumulative										
Mar	1.6										
Jun	2.4										
Sep	5.9										
<p><b>8.2.2 Implementation Update</b></p>			<p><b>DY2Q1:</b></p>								
<p>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:</p>	<p>DY2Q1</p>	<p>HIT PMS 1-7</p>	<p><b>DY2Q1:</b></p>								

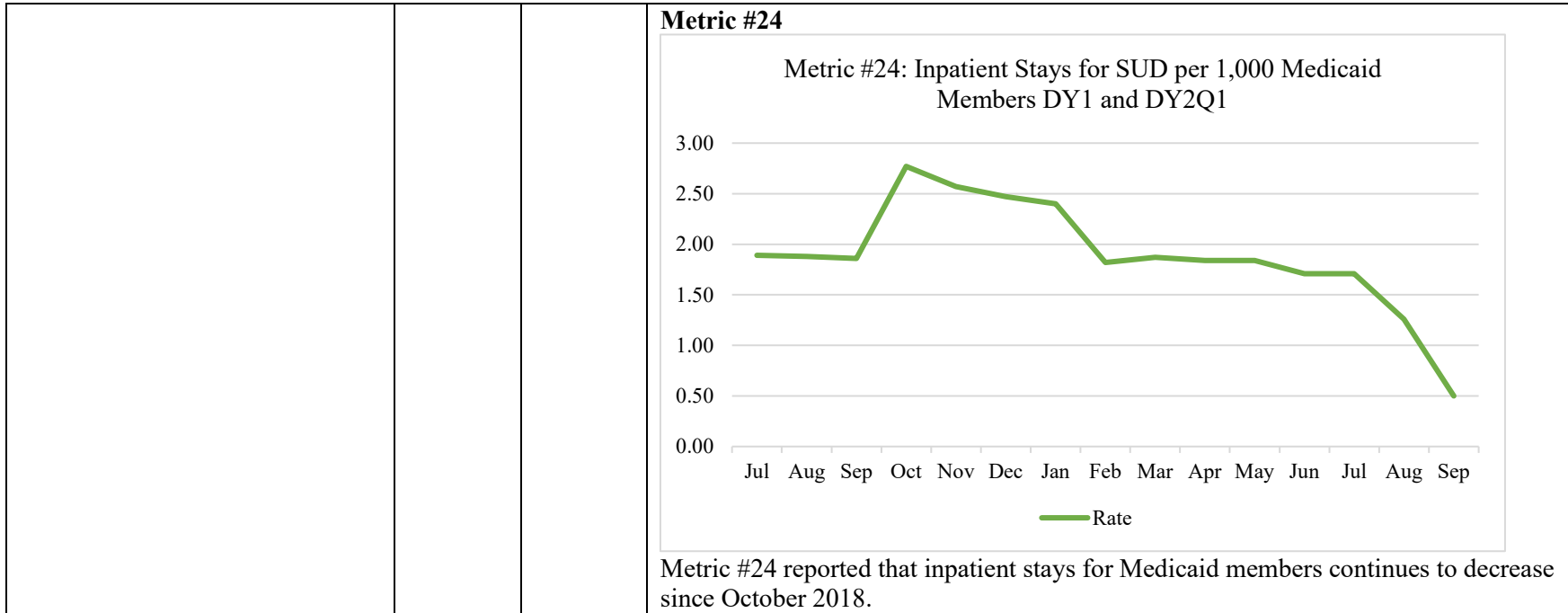


<p>a. How health IT is being used to slow down the rate of growth of individuals identified with SUD?</p> <p>b. How health IT is being used to treat effectively individuals identified with SUD?</p> <p>c. How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD?</p> <p>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?</p> <p>e. Other aspects of the state’s health IT implementation milestones?</p> <p>f. The timeline for achieving health IT implementation milestones?</p> <p>g. Planned activities to increase use and functionality of the state’s prescription drug monitoring program?</p>			
<p>Are there any other anticipated program changes that may impact metrics related to SUD Health IT (if the state is reporting such</p>			<p>None.</p>

metrics)? If so, please describe these changes.			
<input type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>9.2 Other SUD-Related Metrics</b>			
<b>9.2.1 Metric Trends</b>			
<p>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.</p>	<p>DY2Q1</p>	<p><i>Metrics 23, 24, 26, 27</i></p>	<p><b>DY2Q1:</b></p>  <p>Metric #23 reports the rate per 1,000 of emergency room visits for SUD which has slightly decreased over the past year and into DY2.</p>



The rate of utilization for older adults increased through July 2019 (August and September 2019 have a data lag) while the rate of utilization for adults has decreased. The rate of utilization for children has begun to decrease as well.



			<p style="text-align: center;"><b>Metric #24: Inpatient Stays for SUD by Age per 1,000 Medicaid Non-adult Members in DY1 and DY2Q1</b></p> <p>Inpatient SUD stays for older adults have increased since December 2018. Children’s stays have decreased since January 2019.</p> <ul style="list-style-type: none"> <li>• Metric #26: There were 2,620 overdose deaths from January, 2019 through September, 2019. This is the only data available to the Commonwealth to report. The deaths are not available by age.</li> <li>• Metric #27: The rate of overdose deaths is .66 (2,520 overdose deaths/3,925,077 beneficiaries) *1000</li> <li>• Metric #32: The percentage of Medicaid beneficiaries with SUD who had an ambulatory or preventive care visit during the measurement period is 80.95%.</li> </ul>
<p><input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.</p>			<p><b>9.2.2 Implementation Update</b></p>
<p>Are there any anticipated program changes that may impact the other SUD-related metrics? If so, please describe these changes.</p>	<p>DY2Q1</p>	<p>Metrics 25</p>	<p>The Commonwealth is continuing to program metric 25 under this milestone. DY1 reporting on those metrics is expected in the next quarterly report.</p> <p>The Commonwealth is currently working on programming the Commonwealth’s reports to calculate these metrics. Pennsylvania and its contractors have completed</p>

			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.
<input type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>10.2 Budget Neutrality</b>			
<b>10.2.1 Current status and analysis</b>			
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.	DY2Q1		<b>DY2Q1 Summary:</b> The Commonwealth continues to report on the 1115 waiver schedules this quarter by Date of Payment. The Commonwealth has met with CMS Financial Management Group resources will modify that reporting to match the 1115 BN calculations of Date of Service within Date of Payment.
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
<b>10.2.2 Implementation Update</b>			
Are there any anticipated program changes that may impact budget neutrality? If so, please describe these changes.	DY2Q1		<b>DY2Q1 Summary:</b> The Commonwealth reported on the Commonwealth’s 1115 waiver schedule by Date of Payment only. The Commonwealth has begun working to modify that reporting to match the 1115 BN calculations of Date of Service within Date of Payment.
<input type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>11.1 SUD-Related Demonstration Operations and Policy</b>			
<b>11.1.1 Considerations</b>			
Highlight significant SUD (or if broader demonstration, then SUD-related) demonstration operations or policy	DY2Q1		<b>DY2Q1 Summary:</b> Throughout this quarter, during the summer legislative recess, DDAP executive staff has reached out to individual legislative members to more fully inform them on the ASAM Criteria: benefits and rationale for its use and how, over time, using the

<p>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.</p> <p>Such considerations could include the following, either real or anticipated:</p> <ul style="list-style-type: none"> <li>a. Any changes to SUD populations served, benefits, access, delivery systems, or eligibility</li> <li>b. Legislative activities and state policy changes</li> <li>c. Fiscal changes that would result in changes in access, benefits, populations, enrollment, etc.</li> <li>d. Related audit or investigation activity, including findings</li> <li>e. Litigation activity</li> <li>f. Status and/or timely milestones for health plan contracts</li> </ul>			<p>criteria will improve the delivery of SUD services overall. This outreach has been beneficial.</p>
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<ul style="list-style-type: none"> <li>g. Market changes that may impact Medicaid operations</li> <li>h. Any delays or variance with provisions outlined in STCs</li> <li>i. Systems issues or challenges that might impact the demonstration [i.e. eligibility and enrollment (E&amp;E), Medicaid management information systems (MMIS)]</li> <li>j. Changes in key state personnel or organizational structure</li> <li>k. Procurement items that will impact demonstration (i.e. enrollment broker, etc.)</li> <li>l. Significant changes in payment rates to providers which will impact demonstration or significant losses for managed care organizations (MCOs) under the demonstration</li> <li>m. Emergency Situation/Disaster</li> <li>n. Other</li> </ul>			
<input type="checkbox"/> The state has no related considerations to report for this reporting topic.			
<b>11.1.2 Implementation Update</b>			
Compared to the demonstration design and operational details outlined in STCs and the implementation plan, have there been any changes or does the	DY2Q1		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.



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  
 DY2Q1– July 1, 2019 – September 30, 2019  
 Submitted on November 30, 2019

<p>state expect to make any changes to:</p> <ul style="list-style-type: none"> <li>a. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)?</li> <li>b. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)?</li> <li>c. Partners involved in service delivery?</li> </ul>			
<p>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?</p>	<p>DY2Q1</p>		<p>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 continues to analyze its options for complying with the 1115 Demonstration.</p>
<p>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?</p>	<p>DY2Q1</p>		
<p><input type="checkbox"/> The state has no implementation updates to report for this reporting topic.</p>			

<b>12.1 SUD Demonstration Evaluation Update</b>			
<b>12.1.1 Narrative Information</b>			
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.	DY2Q1		<b>DY2Q1 Summary:</b> The Commonwealth received questions on the Evaluation Design from CMS on June 13, 2019, and submitted responses to CMS on August 12, 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.	DY2Q1		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.	DY2Q1		<ul style="list-style-type: none"> <li>• Draft evaluation design: March 31, 2019</li> <li>• Revised evaluation design submitted: August 12, 2019</li> <li>• Revised draft evaluation design: 60 days after receipt of CMS comments</li> <li>• Mid-point assessment: November 16, 2020</li> <li>• Draft interim evaluation report: One-year prior (September 30, 2021) to the end of the demonstration, or with renewal application</li> <li>• Final interim evaluation report: 60 days after receipt of CMS comments</li> <li>• Draft summative evaluation report: 18 months of the end of the demonstration (March 30, 2024)</li> </ul>
<input type="checkbox"/> The state has no SUD demonstration evaluation update to report for this reporting topic.			

<b>13.1 Other Demonstration Reporting</b>			
<b>13.1.1 General Reporting Requirements</b>			
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?	DY2Q1		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 continues to analyze 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?	DY2Q1		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 continues to analyze 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?	DY2Q1		<b>DY2Q1 Summary:</b>

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  
 DY2Q1– July 1, 2019 – September 30, 2019  
 Submitted on November 30, 2019

Has the state identified any real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation?	DY2Q1	Metrics 22, 17, 25	The Commonwealth is continuing to program metrics 22, 17, and 25. DY1 reporting on those metrics is expected in the next quarterly report.
<input type="checkbox"/> The state has no updates on general reporting requirements to report for this reporting topic.			
<b>13.1.2 Post Award Public Forum</b>			
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.	DY2Q1		The next Public Forum is scheduled for April 2020.
<input checked="" type="checkbox"/> 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.			
<b>14.1 Notable State Achievements and/or Innovations</b>			
<b>14.1 Narrative Information</b>			
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	DY2Q1		Throughout this quarter, during the summer legislative recess, DDAP executive staff has reached out to individual legislative members to more fully inform them on the ASAM Criteria: benefits and rationale for its use and how, over time, using the criteria will improve the delivery of SUD services overall. This outreach has been beneficial.

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.			
<input type="checkbox"/> The state has no notable achievements or innovations to report for this reporting topic.			