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

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

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

2. Executive Summary

Demonstration Year (DY) 2 and Quarter 2:

During the reporting period, the Commonwealth 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 October 1, 2019 through December 31, 2019:

- On October 28, 2019, Governor Wolf announced that health care providers prescribing controlled substances are required to do so electronically, unless they meet certain exceptions. Act 96 requires the electronic prescribing of controlled substances, which is a deterrent against prescription fraud.
- DHS and Department of Drug and Alcohol Programs (DDAP) are working together to develop the American Society of Addiction Medicine (ASAM) service descriptions and delivery standards including admission, continuing stay and discharge criteria, the types of services, hours of clinical care, credentials of staff, and implementation of requirements for each level of care. Admission, continuing stay and discharge criteria are complete. Once the remainder of the ASAM service descriptions and delivery standards are complete, DHS will work to ensure that the coding and rates are consistent with any needed changes. Finally, DHS and DDAP will work to ensure that a cohesive provider monitoring program is in place. Capacity monitoring is anticipated to be embedded in the provider monitoring effort.

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

The Commonwealth responded to the second round of the Centers for Medicare & Medicaid Services (CMS) questions on the Evaluation Design on February 3, 2020.

Implementation of Placement Criteria and Service Definitions

In 2020, DDAP and DHS will be aligning service delivery (hours, service descriptions, staff qualifications) to *The ASAM Criteria, 2013*.
The Commonwealth has begun analyzing data for outpatient (OP), intensive outpatient program (IOP) and partial hospitalization levels of care for ASAM (levels 1 and 2) compliance.

Notification was sent to providers in March 2018 regarding the transition to ASAM. The existing Single County Authorities (SCA) grant agreements were then updated to include the transition. The ASAM Criteria, 2013 language, will be included in the new 5-year SCA grant agreements which will be effective July 1, 2020.

Residential Provider Assessment

DDAP has hired a consultant to assist with all ongoing implementation items and to coordinate activities between DDAP and DHS necessary to meet milestones and timelines. 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. The self-assessment was primarily based on current license (SUD and mental health [MH]) and current staffing, not on delivery of service as described by ASAM. 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

An ASAM update was released in January 2020 to the provider community.

- A systematic "roll out" of service delivery descriptions and expectations will occur during the first half of 2020, beginning with residential services (3.0). DDAP and DHS will be communicating details through in-person discussions, listserv communications, web postings, etc.
- DDAP will continue to align with the ASAM Criteria by no longer delineating 2 types of 3.5 LOC, (i.e. 3.5 Rehabilitative and 3.5 Habilitative). Services, including length of stay within a 3.5 LOC, should be determined based on the identified needs of the individual within those programs.
- This change will not result in any loss of capacity or changes in licensing. The focus on providing services that meet the needs of each individual and not the length of stay should support overall quality and continuity of service efforts.
- Those *specialized* 3.5 programs which have been longer in length and more intense in service, specifically pregnant women and women with children (PWWWC) services and those programs that have a criminal justice component still have the capacity to offer the services that are necessary, requesting the amount of time needed to address needs identified in the 6-dimensional assessment/reassessment. Client need should always drive length of stay and not be program-driven.

Performance Metrics

The Commonwealth is continuing to program the following annual metrics: 15, 17, 22 and 25. DY 1 reporting on those metrics is expected in the next quarterly report.

Annual metrics are not reported in this quarter's results in the monitoring workbook.

The monthly metrics for the DY2Q2 are included this quarter. All monthly metrics have been validated. A complete replacement of the data has been included in the monitoring workbook and the charts included in this narrative have all been replaced with validated data. The Commonwealth has results for metrics 3, 6–12, 23 and 24. *Note: The last two months of data for this quarter (November and December2019) appear to be showing a decline due to claims submission lag.* The following trends are seen in the data:

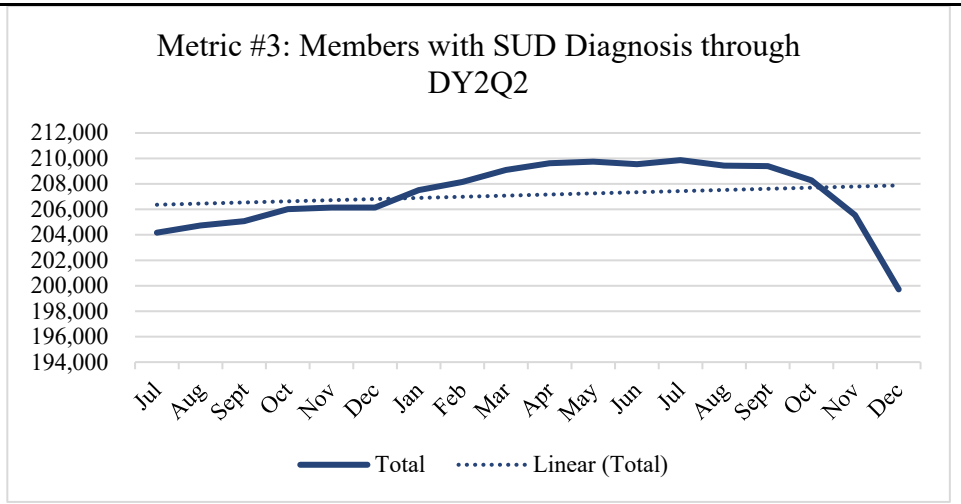
- Data completeness is an issue for both November and December 2019. Data has been updated since the beginning of the demonstration to reflect validated performance metrics and more complete data.
- Monthly Metrics:
  - Metric #3 reports the number of members by month with a SUD diagnosis through DY2Q2. There was an overall upward trend in the number of individuals with SUD diagnoses in early DY1, but the number of individuals from April to October was relatively stable. However, the number of pregnant members with an SUD diagnosis significantly increased through August 2019. The number of older adults and children increased steadily. The number of dual eligible individuals has increased steadily (discounting the incomplete data in the past quarter).

- Prior to October 2019, the number of unduplicated individuals receiving SUD treatment was generally constant. The data is not complete in November and December 2019.
- In Metric #7, 8, 10 and 11 reports the number of individuals receiving early intervention (EI), OP services, residential and inpatient services and withdrawal management were fairly steady or slightly increasing over time if the last quarter of incomplete data is ignored.
- Metric #9 reports the number of individuals receiving IOP and partial hospitalization program (PHP) services. The number of individuals receiving IOP and PHP was fairly steady through April 2019 but has decreased since that time.
- Metric #12 reports the number of individuals receiving medication assisted treatment (MAT) services. The number of individuals receiving MAT is increasing. About 50% of the increase in 2019 was due to the implementation of Centers of Excellence (COE) and initiatives in the Commonwealth to increase MAT usage. *Note: we expect that the MAT for dual eligibles will drop starting January 1, 2020, because of Medicare's new coverage of MAT. The Commonwealth believes that the COE code for MAT was inadvertently omitted from metric programming and is investigating.*
- Metric #23 reports the rate per 1,000 of emergency department visits for SUD. The number of emergency department visits for SUD per 1,000 beneficiaries continues to decline.
- Metric #24 reported that inpatient stays for Medicaid members continues to decrease since October 2018.

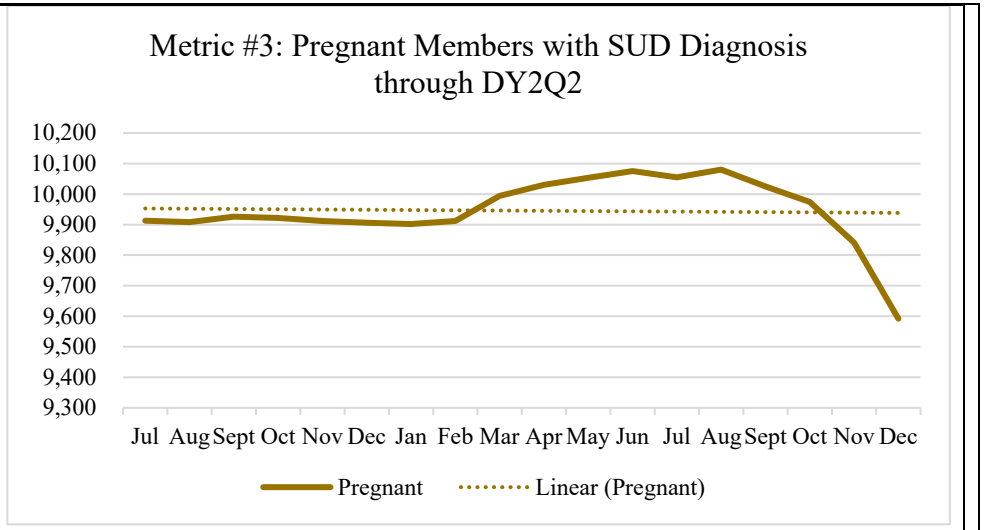
- The eight measures targeting three areas of Health Information Technology (HIT) and overall the performance measures demonstrate the following:
  - Question Area A: The HIT Metrics #1 and 3 demonstrate that information technology is being used to increase the number of providers registered and their 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.
    - The number of opioid prescriptions dispensed is dropping slightly.
    - The number of PDMP alerts for high dosage and multi prescribers/dispensers is dropping slightly.
  - 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, emergency departments and inpatient hospital with connection to the health information exchange (HIE) and PDMP. Together the number of cumulative alerts sent continues to increase over time.

3. Narrative Information on Implementation, by Reporting Topic

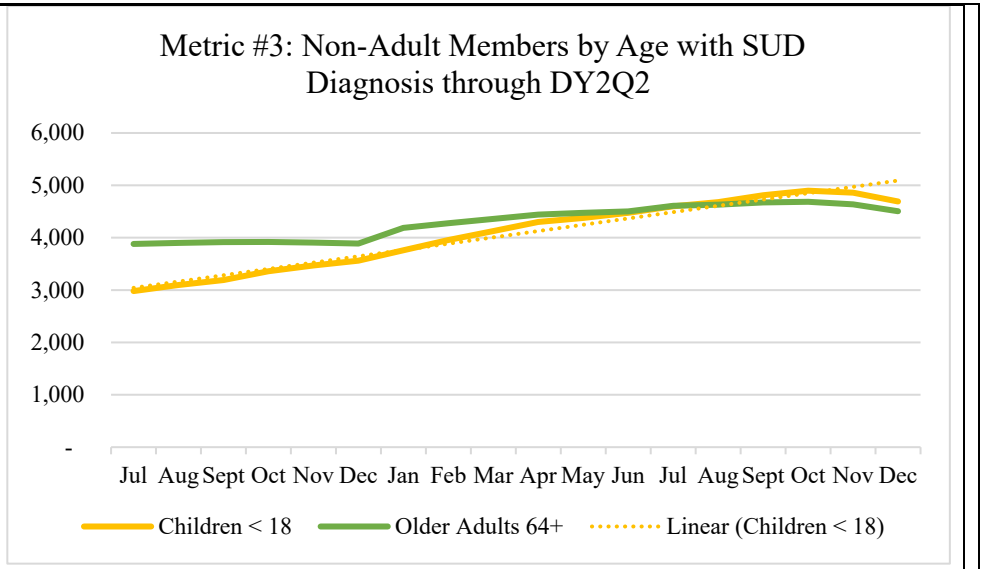
Prompts	DY and Quarter first reported	Related metric (if any)	Summary
1.2 Assessment of Need and Qualification for SUD Services			
1.2.1 Metric Trends			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.	DY2Q2	Metrics 3–4	Q1: The Commonwealth is reporting metric 3 for Q2 of DY2. ***Please note: all monthly metrics have been validated effective December 31, 2019. The Commonwealth is refreshing all data from the beginning of the demonstration to present with the validated data. Please also note that the most recent quarter of data is not yet complete and will be replaced in the next quarterly report.*** The following trends are seen in the data: Analysis DY2Q2: Metric #3 reports the number of members by month with a SUD diagnosis through DY2Q2. There was an overall upward trend in the number of individuals with SUD diagnoses in early DY1, but the number of individuals from April to October was relatively stable. However, the number of pregnant members with an SUD diagnosis significantly increased through August 2019. The number of older adults and children increased steadily. The number of dual eligible individuals has increased steadily (discounting the incomplete data in the past quarter).



The number of pregnant members with an SUD diagnosis significantly increased through August of DY1 and has since declined.



The number of older adults and children increased steadily.



The number of dual eligible individuals has increased steadily (discounting the incomplete data in the past quarter).

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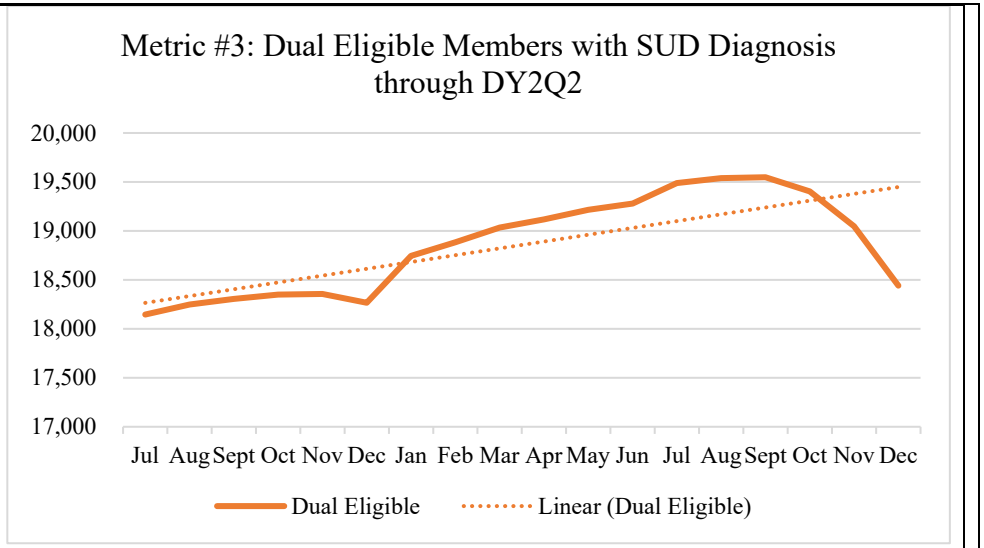
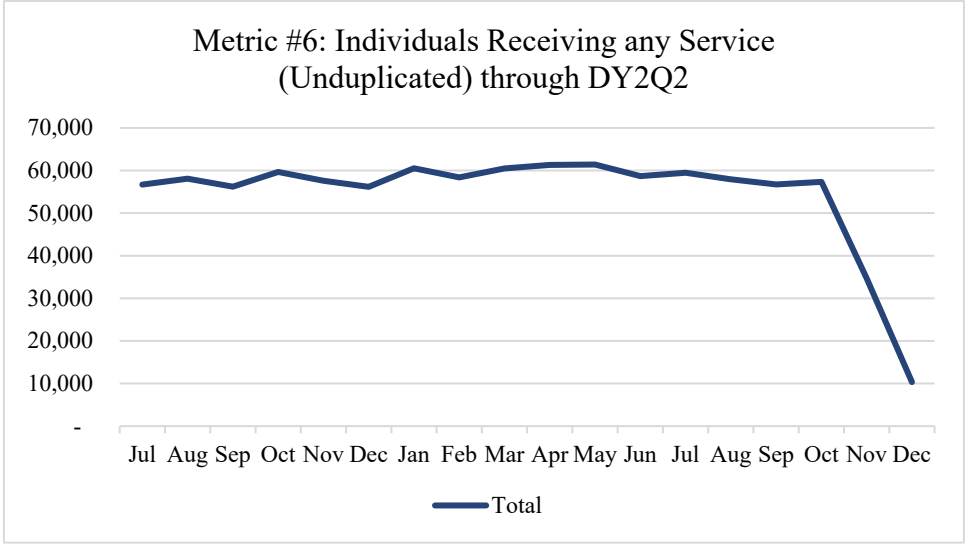
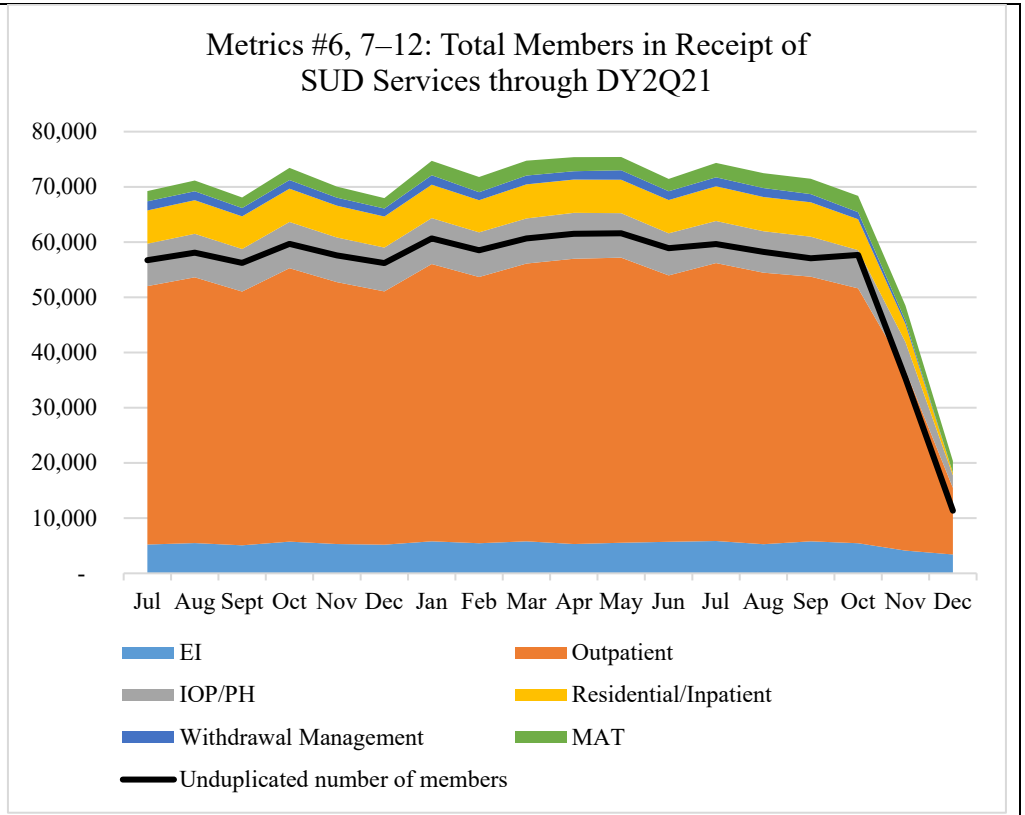
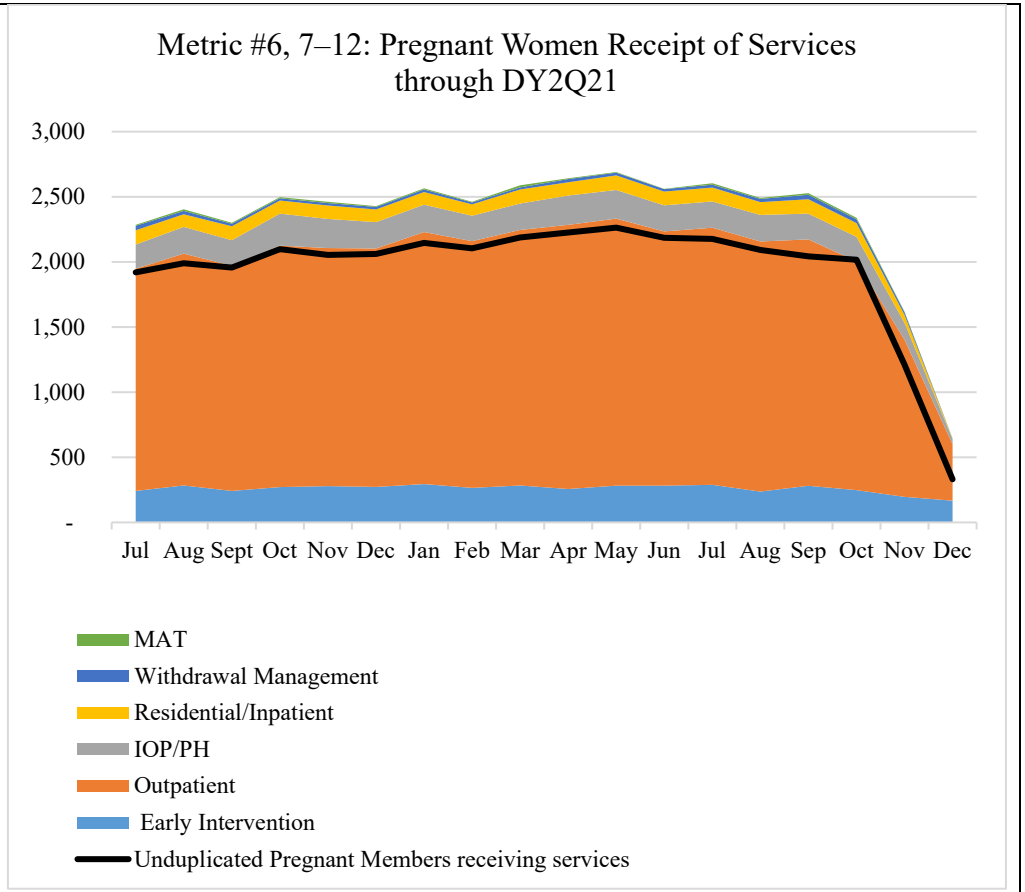
<tr><td></td><td></td><td></td><td> 

Metric #4 is an annual metric and will be reported on in the annual report</td></tr>
<tr><td colspan="4">☐ The Commonwealth has no metrics trends to report for this reporting topic.</td></tr>
<tr><td colspan="4">1.2.2 Implementation Update</td></tr>
<tr><td>Compared to the demonstration design details outlined in the Special Terms and Conditions (STCs) and implementation plan, have there been any changes or does the Commonwealth 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?</td><td>DY2Q2</td><td></td><td>DY2Q2 Summary: No changes are anticipated.</td></tr>
</table>

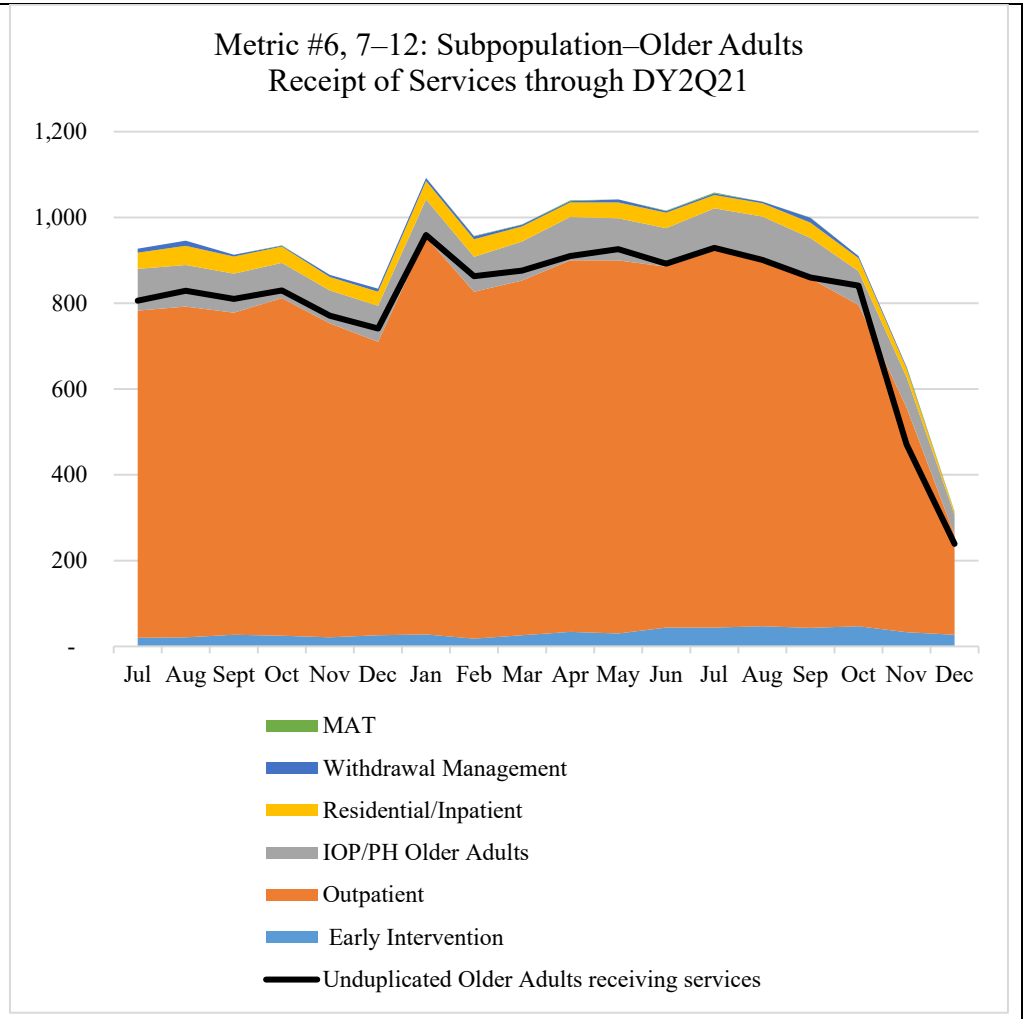
Are there any other anticipated program changes that may impact metrics related to assessment of need and qualification for SUD services? If so, please describe these changes.	DY2Q2	Metric 4 and 5	Metric #4 and 5 are annual metrics and will be reported on in the annual report.
☐ The Commonwealth has no implementation update to report for this reporting topic.			
2.2 Access to Critical LOC for Opioid Use Disorder (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.	DY2Q2	Metric 6–12, 36	**DY2Q2 Summary:** Metrics #6–12 report the number of members by month receiving services through DY2Q2. Prior to October 2019, the unduplicated individuals receiving SUD treatment were generally constant. The data is not complete in November and December 2019. 

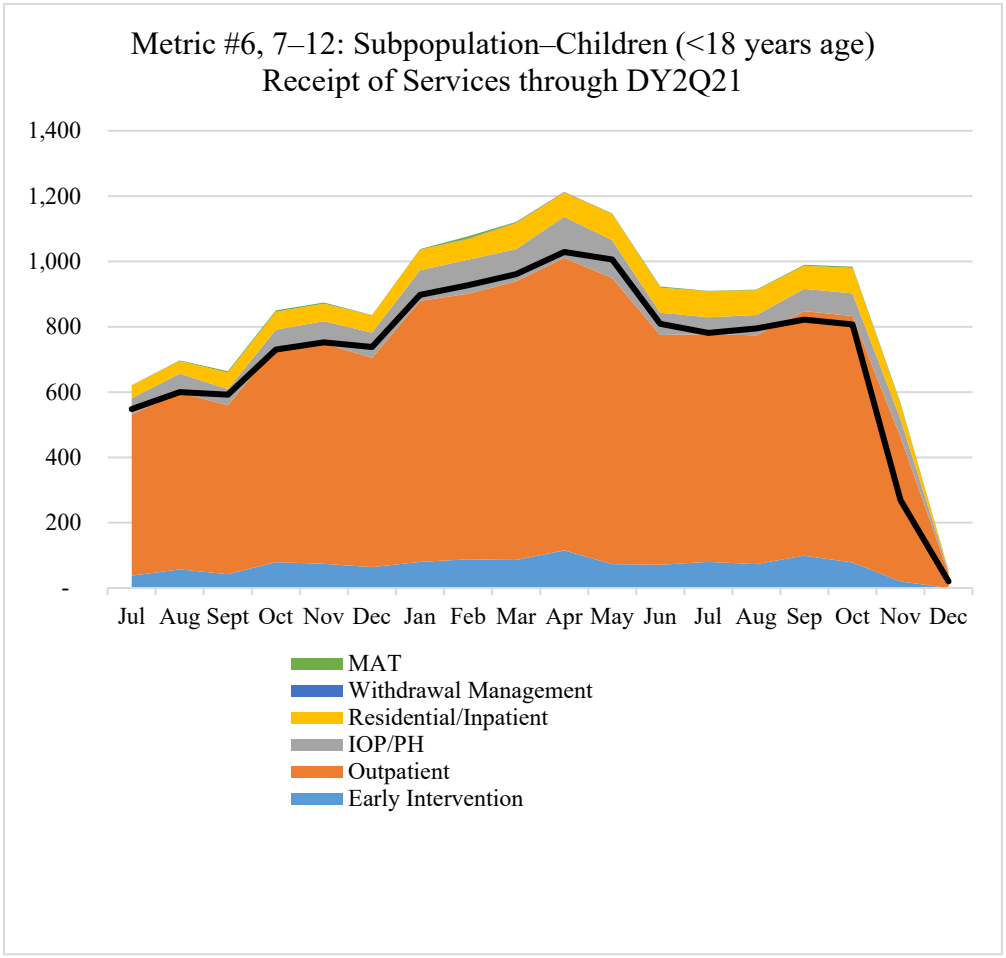


Below, services to pregnant women are increasing (the last quarter of data is not complete).

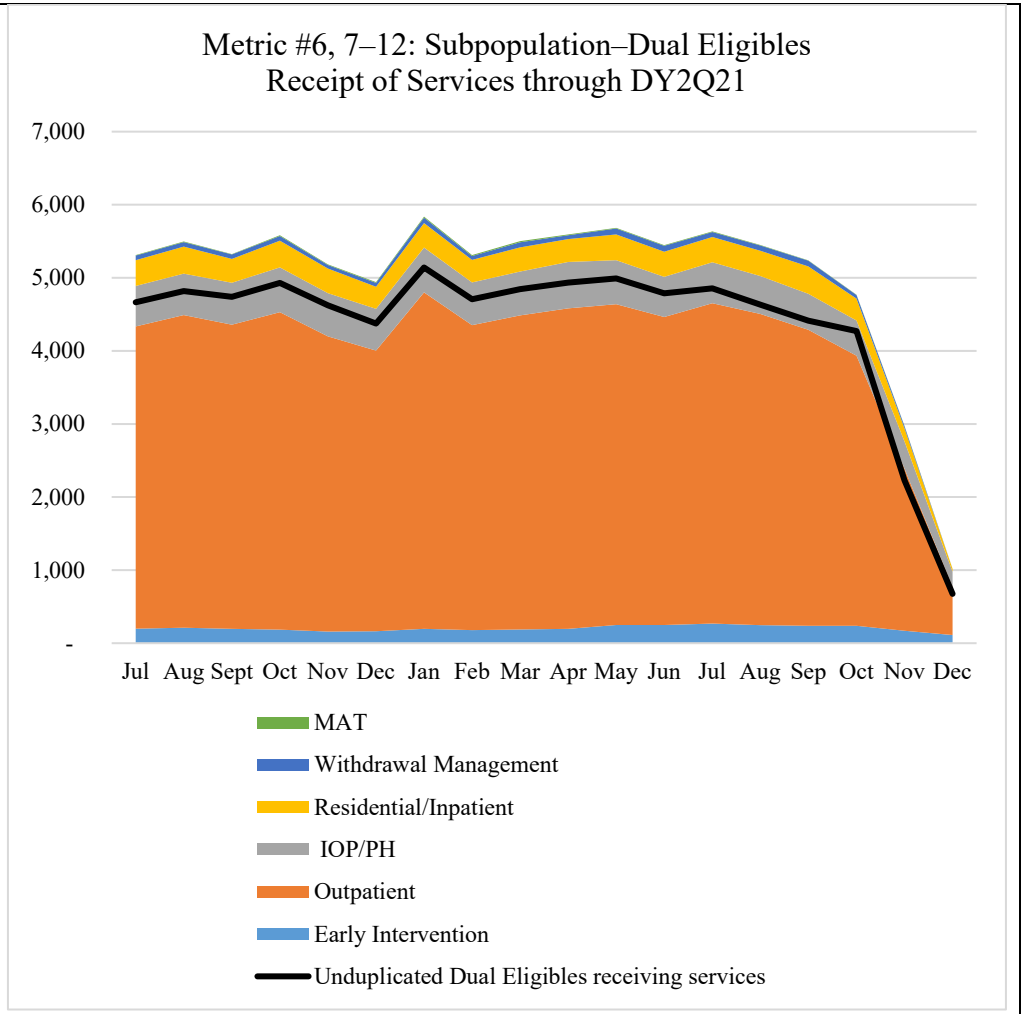


Below, the number of older adults receiving SUD services is increasing (the last quarter of data is not complete).

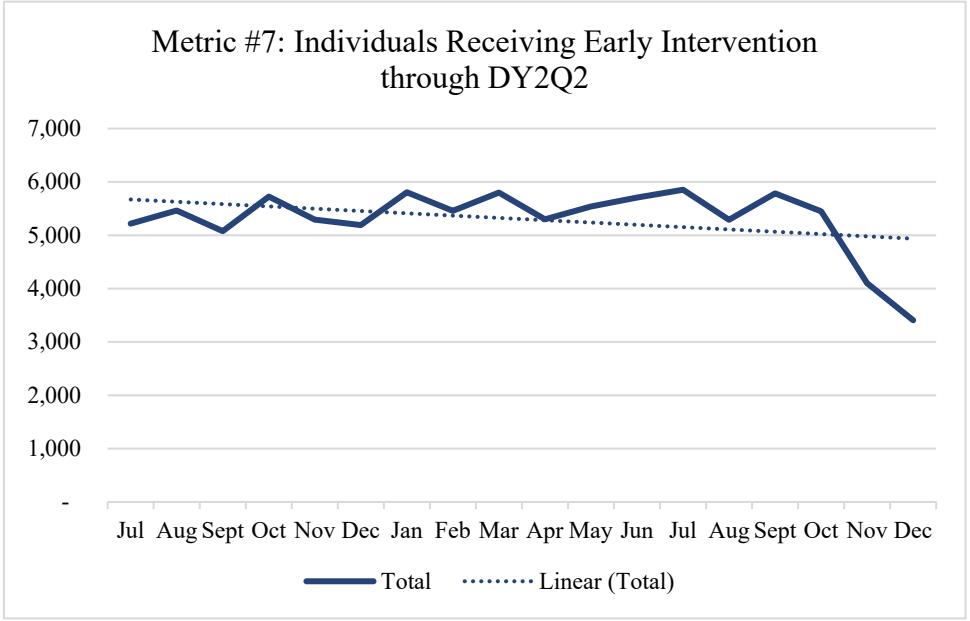

Metric #6, 7–12: Subpopulation–Older Adults
Receipt of Services through DY2Q21
1,200
1,000
800
600
400
200
-
Jul Aug Sept Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
MAT
Withdrawal Management
Residential/Inpatient
IOP/PH Older Adults
Outpatient
Early Intervention
Unduplicated Older Adults receiving services

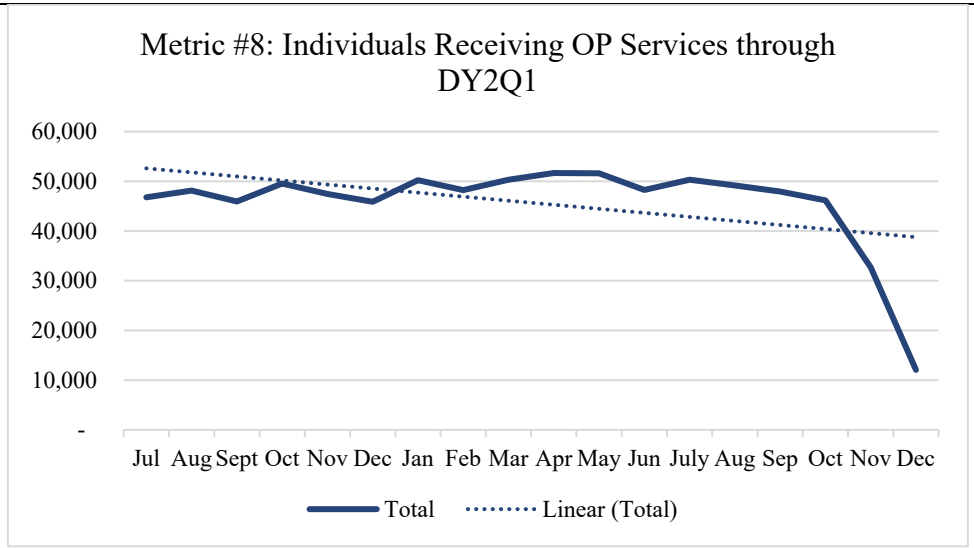
			Below, the number of children receiving SUD services is increasing (the last quarter of data is not complete). 

			Below, the number of dual eligibles receiving services is steady (the last quarter of data is not complete). *Note: we expect that the MAT for dual eligibles will drop starting January 1, 2020, because of Medicare's new coverage of MAT. The Commonwealth believes that the Center of Excellence code for MAT was inadvertently omitted from metric programming and is investigating.*

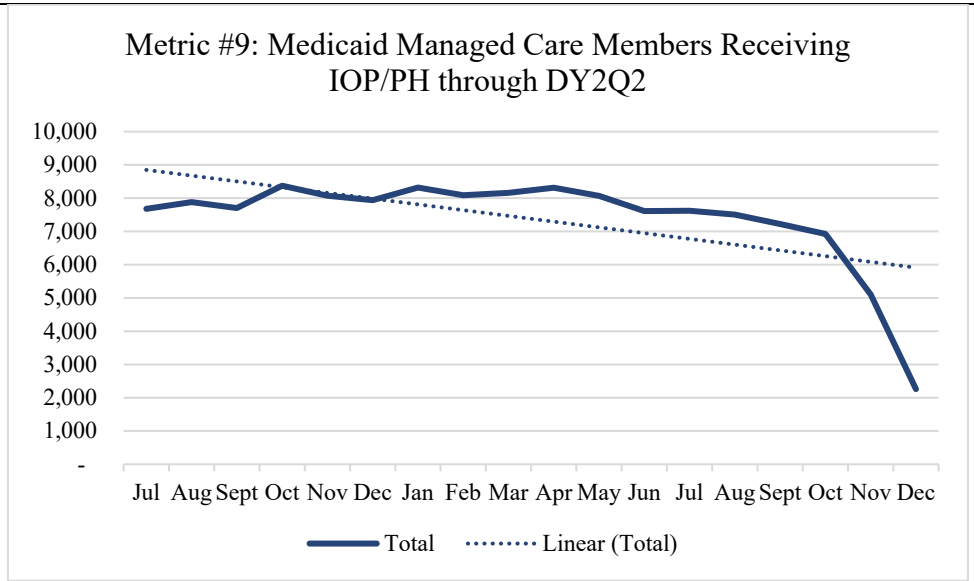


Analysis DY2Q2 by service:

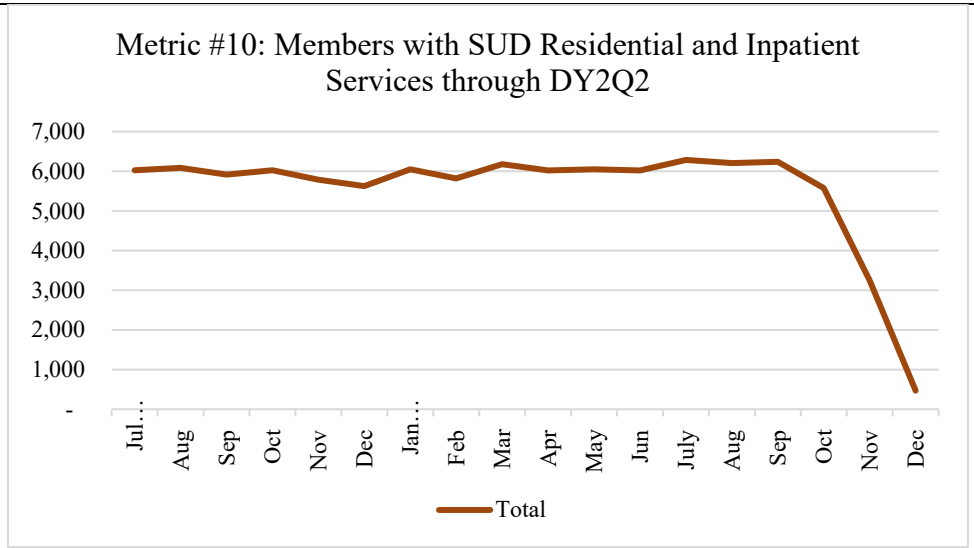
			Metric #7 reports the number of individuals receiving EI. The number of individuals receiving EI is fairly steady over time if the last quarter of incomplete data is ignored.  Metric #8 reports the number of individuals receiving OP services. The number of individuals receiving OP care is fairly steady over time if the last quarter of incomplete data is ignored.



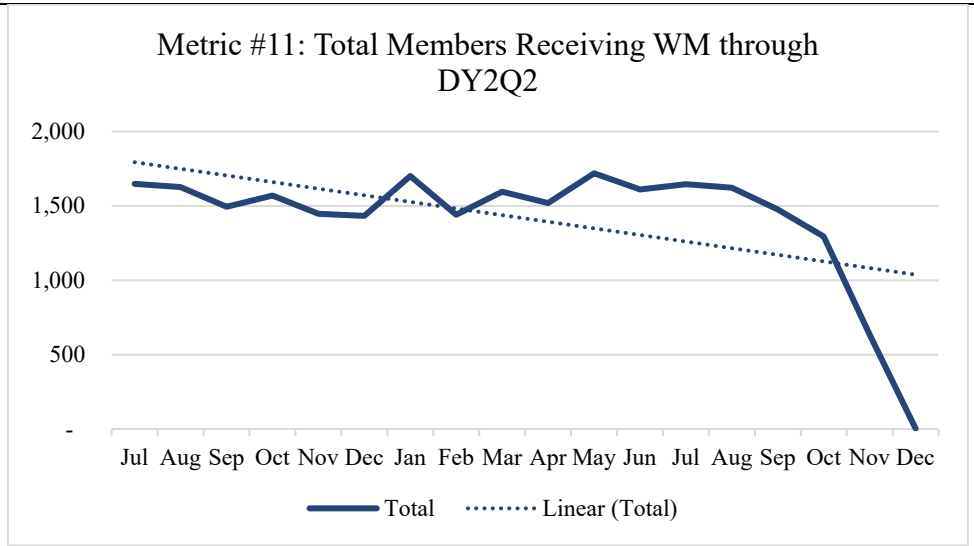
Metric #9 reports the number of individuals receiving IOP and PHP services. The number of individuals receiving IOP and PHP was fairly steady through April 2019 but has decreased since that time.



Metric #10 reports the number of individuals receiving residential and inpatient services. The number of individuals receiving residential and inpatient services is fairly steady over time if the last quarter of incomplete data is ignored.



Metric #11 reports the number of individuals receiving withdrawal management (WM) services. The number of individuals receiving WM services is fairly steady over time if the last quarter of incomplete data is ignored.



Metric #12 reports the number of individuals receiving MAT services. The number of individuals receiving MAT is increasing. About 50% of the increase in 2019 was due to the implementation of COE and initiatives in the Commonwealth to increase MAT usage. *Note: we expect that the MAT for dual eligibles will drop starting January 1, 2020, because of Medicare's new coverage of MAT. The Commonwealth believes that the COE code for MAT was inadvertently omitted from metric programming and is investigating.*

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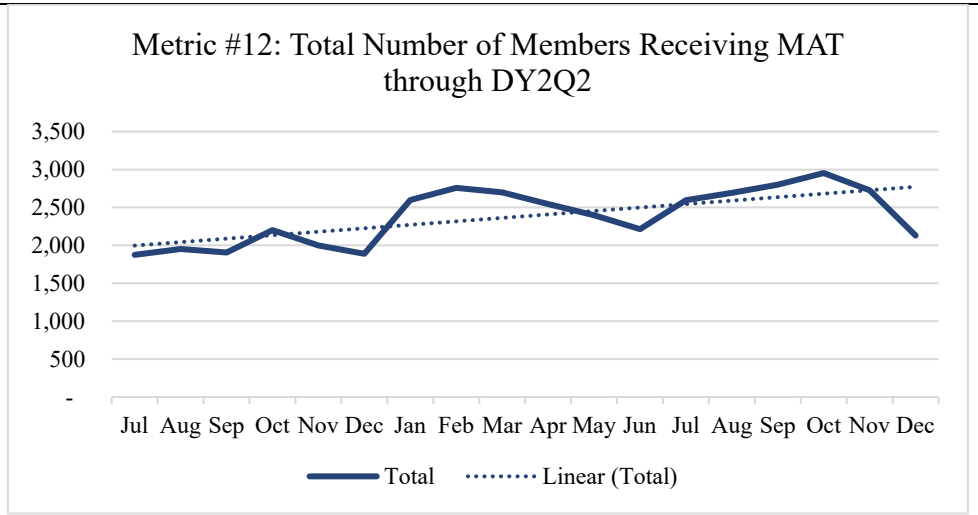
<tr><td></td><td></td><td></td><td> 
</td></tr>
<tr><td colspan="4">☐ The Commonwealth has no metrics trends to report for this reporting topic.</td></tr>
<tr><td colspan="4">2.2.2 Implementation Update</td></tr>
<tr><td>Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the Commonwealth 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. OP services, IOP services, MAT, services in intensive residential and inpatient</td><td>DY2Q2</td><td></td><td>DY2Q2 Summary:
• DDAP has completed provider assessments based on historical requirements (e.g., PHP required 10 hours of clinical care historically instead of 20 hours required in ASAM), so the assessment results may not align with ASAM standards and could impact self-assessment results; DDAP reported 8-12 months is needed to update provider qualifications and hopes to be done within a year. Programming requirements have not yet been determined as the ASAM descriptions compared to licensing requirements is still on-going.

• DDAP has hired a consultant to assist with all ongoing implementation items and to coordinate activities between DDAP and DHS necessary to meet milestones and timelines.</td></tr>
</table>

settings, medically supervised WM)? b. SUD benefit coverage under the Commonwealth Medicaid plan or the Expenditure Authority, particularly for residential treatment, medically supervised WM, and MAT services provided to individuals in Institutes for Mental Disease (IMDs)?			• Both DHS/DDAP are in the process of conducting an impact analysis which will also assist in this determination. The Transition Workgroup and an internal DDAP workgroup have reviewed all service descriptions. The impact analysis compares current service delivery and licensing regulations. This analysis will be utilized to guide implementation of types of services, hours of clinical care, credentials of staff and implementation of requirements. • DDAP continues to draft guidance on the delivery of WM, specifically the ambulatory LOC 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. • At the advisement of the ASAM Transition Workgroup, a subcommittee has formed to develop best practices 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 LOC 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 were postponed until the consultant was on board and could provide input to the process. • The guidelines will be 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. • Simultaneously, the ASAM Transition Workgroup is exploring the service definitions as described in ASAM. In addition, there is a comparison to the Commonwealth's regulations to determine if the descriptions can be adopted as written, or if any modifications are required for implementation in the Commonwealth.

			• The provider self-assessment surveys have been completed. Preliminary designations by self-report have been issued to providers and payers 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. 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 LOC 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. • The guidelines will essentially serve as a provider manual. The guidelines will 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. The Office of Mental Health and Substance Abuse Services (OMHSAS) shared this information with primary contractors/Behavioral Health – Managed Care Organizations (BH-MCOs). The May 2018 guidance and the continued stay information issued in March 2019 went out to all providers on the DDAP listserv regardless of whether they are contracted with SCAs/BH-MCOs. However, while all licensed providers have been encouraged to use the ASAM Criteria as best practice, the requirement to use ASAM Criteria only applies to contracted providers. DDAP and the ASAM Transition Workgroup has 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. 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.
Are there any other anticipated program changes that may impact metrics related to access to critical LOC for OUD and other SUDs? If so, please describe these changes.			**SERVICE ALIGNMENT TO ASAM CRITERIA:** An ASAM update was released in January 2020 to the provider community. • In 2020, DDAP and DHS will be aligning service delivery (hours, service descriptions, staff qualifications) to *The ASAM Criteria, 2013*. • A systematic "roll out" of service delivery descriptions and expectations will occur during the first half of 2020, beginning with residential services (3.0). DDAP and DHS will be communicating details through in-person discussions, listserv communications, web postings, etc. • DDAP will continue to align with the ASAM Criteria by no longer delineating 2 types of 3.5 LOC, e.g. 3.5 Rehabilitative and 3.5 Habilitative. Services including length of stay within a 3.5 LOC should be determined based on the identified needs of the individual within those programs. • This change will not result in any loss of capacity or changes in licensing. The focus on providing services that meet the needs of each individual and not the length of stay should support overall quality and continuity of service efforts. • Those *specialized* 3.5 programs which have been longer in length and more intense in service, specifically PWWWC services and those programs that have a criminal justice component still have the capacity to offer the services that are necessary, requesting the amount of time needed to address needs identified in the 6-dimensional assessment/reassessment. Client need should always drive length of stay and not be program-driven. • DDAP/DHS expects to be fully aligned with service delivery in 2021.
☐ The Commonwealth 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.			None.
☐ The Commonwealth is reporting metrics related to Milestone 2, but has no metrics trends to report for this reporting topic.			
☒ The Commonwealth 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 Commonwealth 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 LOC? ii. Interventions are appropriate for the diagnosis and LOC? iii. Use of independent process for reviewing placement in residential treatment settings?	DY2Q2		**DY2Q2 Summary:** 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. **TRAINING UPDATES:** • To date, nearly 8,700 Pennsylvania professionals have been trained in the use of *The ASAM Criteria, 2013* via 2-day, in-person training events. • As of January 1, 2020, DDAP has added an online option to its approved *ASAM Criteria, 2013* trainings. Online modules 1 and 2 offered by The Change Companies or the in-person trainings offered by Train for Change can now satisfy the training requirement. Details about online *ASAM Criteria, 2013* training is on DDAP's website: https://www.ddap.pa.gov/Professionals/Documents/ASAM%20Page/ASAM%20Training%20Notice%207.10.pdf • In-person trainings will be scheduled at the discretion of DDAP and other sponsoring entities or as arranged independently with Train for Change.

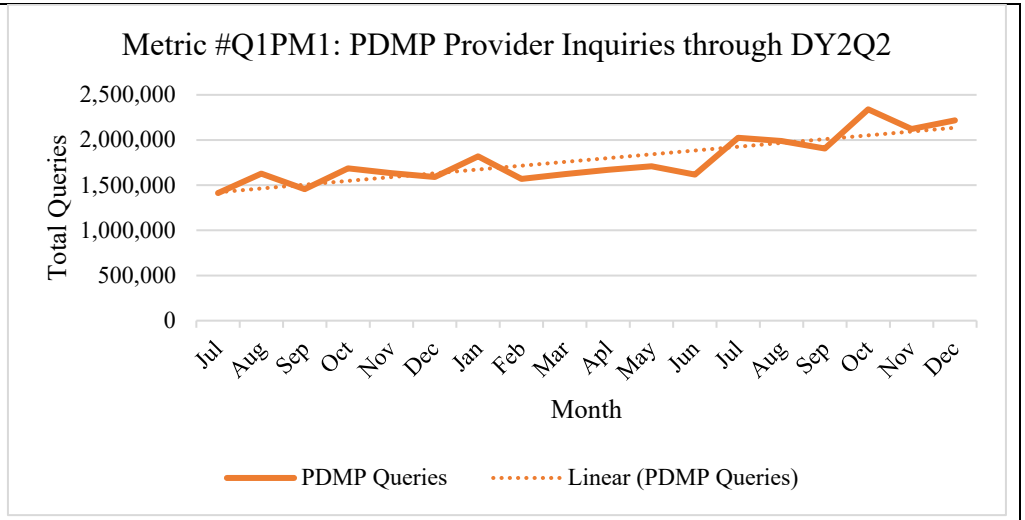
Are there any other anticipated program changes that may impact metrics related to the use of evidence-based, SUD-specific patient placement criteria (if the Commonwealth is reporting such metrics)? If so, please describe these changes.	DY2Q2		No update DY2Q2.
☐ The Commonwealth has no implementation 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 Commonwealth is reporting metrics related to Milestone 3, but has no metrics trends to report for this reporting topic.			
☒ The Commonwealth 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 Commonwealth expect to make any changes to: a. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other	DY2Q2		**DY2Q2 Summary:** **SERVICE ALIGNMENT TO ASAM CRITERIA:** • In 2020, DDAP and DHS will be aligning service delivery (hours, service descriptions, staff qualifications) to *The ASAM Criteria, 2013*. • Preliminary designations for residential services were issued based on provider reported staffing. However, staffing alone does not assure that the services described by the criteria is being delivered in residential or ambulatory treatment settings. • Newly licensed residential providers or those who did not complete the designation survey may do so at

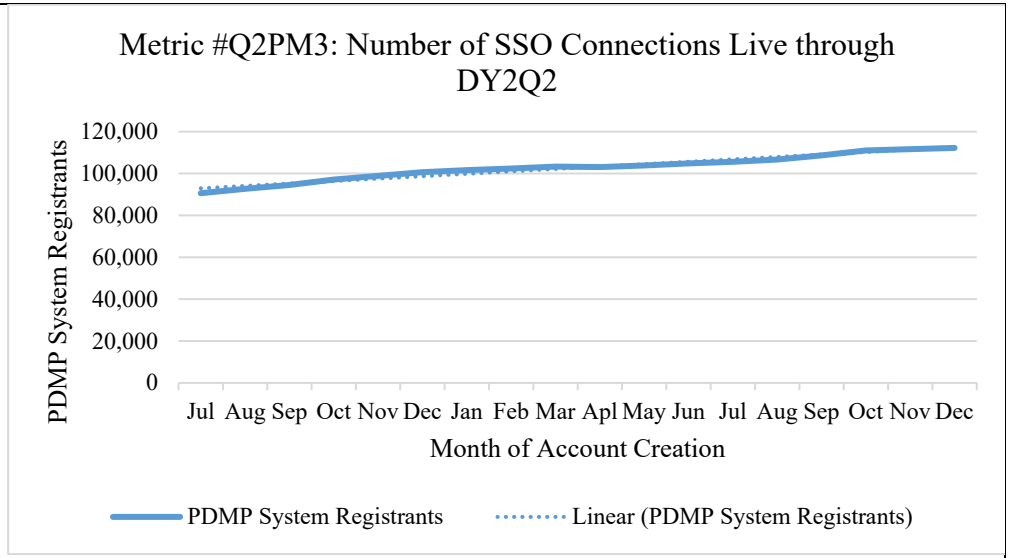
nationally recognized, SUD-specific program standards? b. Commonwealth review process for residential treatment providers' compliance with qualifications standards? c. Availability of MAT at residential treatment facilities, either on-site or through facilitated access to services off site?			https://survey123.arcgis.com/share/e493be90d4714530a7ade2cf8084edf4. DDAP will issue preliminary designation letters periodically upon survey completion. • A systematic "roll out" of service delivery descriptions and expectations will occur during the first half of 2020, beginning with residential services (3.0). DDAP and DHS will be communicating details through in-person discussions, listserv communications, web postings, etc. All the latest ASAM-related announcements are posted at the following url: https://www.ddap.pa.gov/Pages/Announcements.aspx. • DDAP will continue to align with the ASAM Criteria by no longer delineating 2 types of 3.5 LOC, e.g. 3.5 Rehabilitative and 3.5 Habilitative. Services including length of stay within a 3.5 LOC should be determined based on the identified needs of the individual within those programs. This change will not result in any loss of capacity or changes in licensing. The focus on providing services that meet the needs of each individual and not the length of stay should support overall quality and continuity of service efforts. • Those *specialized* 3.5 programs which have been longer in length and more intense in service, specifically PWWWC services and those programs that have a criminal justice component still have the capacity to offer the services that are necessary, requesting the amount of time needed to address needs identified in the 6-dimensional assessment/reassessment. Client need should always drive length of stay and not be program-driven. • DDAP/DHS expects to be fully aligned with service delivery in 2021.
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 Commonwealth is reporting such metrics)? If so, please describe these changes.			None.

☐ The Commonwealth has no implementation updates to report for this reporting topic.			
5.2 Sufficient Provider Capacity at Critical LOC including for MAT 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.		Metric 13 and 14	None.
☒ The Commonwealth 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 Commonwealth 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?	DY2Q2		No update DY2Q2.
Are there any other anticipated program changes that may impact metrics related to provider capacity at critical LOC, including for MAT for OUD? If so, please describe these changes.			None.
☒ The Commonwealth 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.	DY2Q2	Metric 18 and 21	None.
☐ The Commonwealth 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 Commonwealth 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?	DY2Q2		• On October 28, 2019, Governor Wolf announced that health care providers prescribing controlled substances are required to do so electronically, unless they meet certain exceptions. Act 96 requires the electronic prescribing of controlled substances, which is a deterrent against prescription fraud.
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.	DY2Q2	Metrics 15, 22	These metrics are continuing to be programmed.
☒ The Commonwealth has no implementation updates to report for this reporting topic.			
7.2 Improved Care Coordination and Transitions between LOC (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 has no metrics trends to report for this reporting topic.			
7.2.2 Implementation Update			
Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports?	DY2Q2		No update DY2Q2.
Are there any other anticipated program changes that may impact metrics related to care coordination and transitions between LOC? If so, please describe these changes.	DY2Q2	Metric 17	This metric is continuing to be programmed.
☐ The Commonwealth has no implementation updates to report for this reporting topic.			
8.2 SUD HIT			
8.2.1 Metric Trends			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services.	DY2Q2	HIT PMs 1–7	**DY2Q1 Summary:** • HIT Performance Measure (PM) 1: PDMP Provider Inquiries continue to increase through DY2Q2

Changes (+ or -) greater than two percent should be described.			 • HIT PM 3: Number of PDMP connections/users continue to increase through DY2Q2.

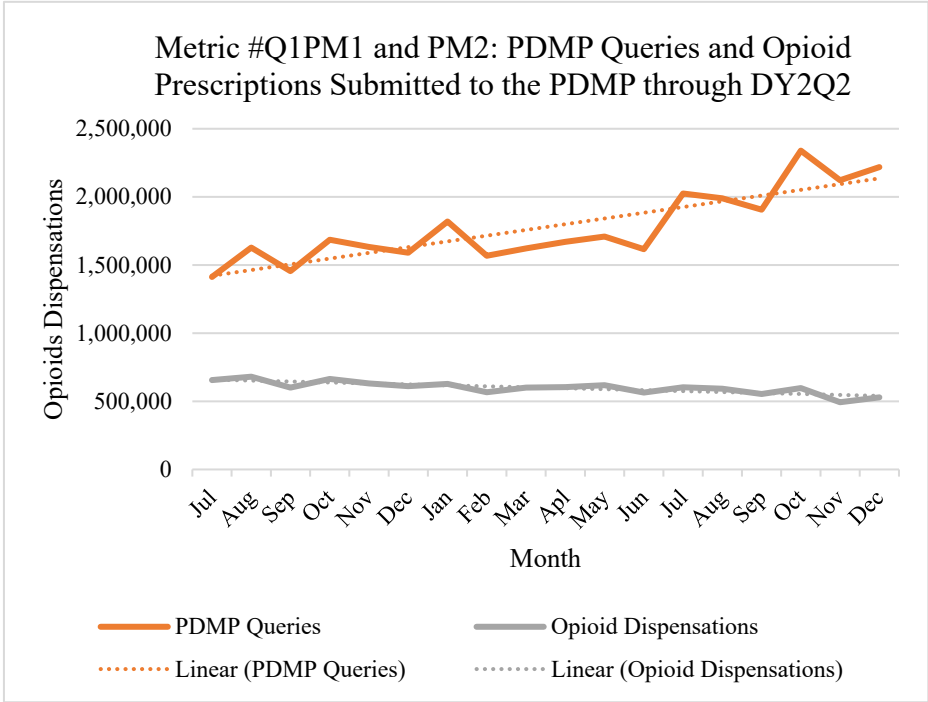


Question Area A: The HIT metrics #1 and 3 demonstrate that information technology is being used to slow down the rate of growth of individuals identified with SUD by increasing the number of providers registered and the use of the PDMP checking by prescribers and dispensers.

Question Area B: How is information technology being used to treat effectively, individuals identified with SUD?
Action Tracked: Number of opioid prescriptions dispensed

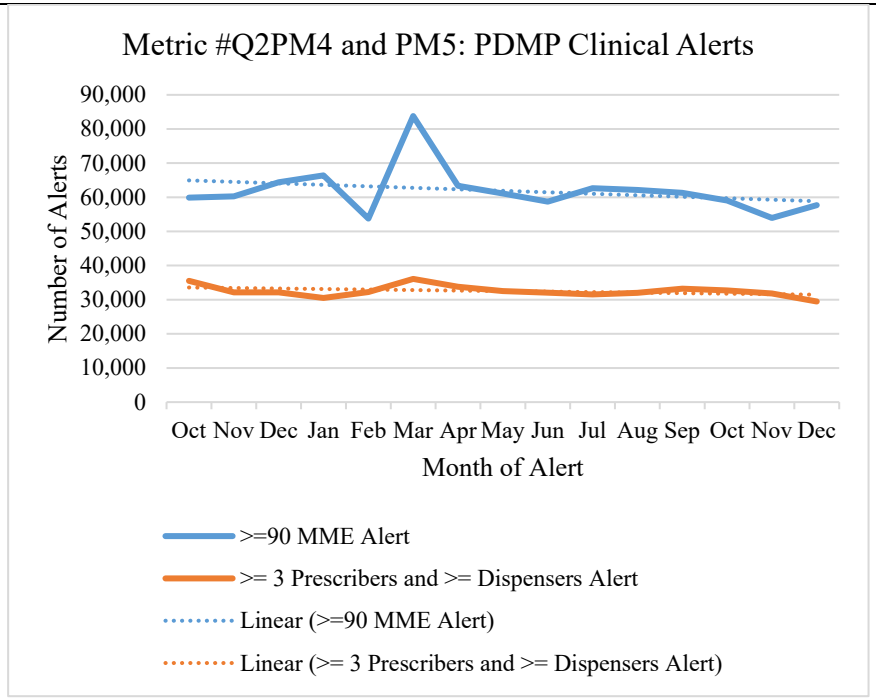
- HIT PM 2: Number of opioid prescriptions being dispensed continues to decrease as the number of PDMP queries continue to increase. Please note: the opioids dispensed data were pulled differently this quarter. To correct for reporting issues, the data was refreshed back to the beginning of the demonstration. There were significantly more opioids reported dispensed beginning in January 1, 2019, but the overall trend is still a decrease in dispensed opioids. *Note: now we have transitioned to getting monthly extracts,*

so the data is more accurate than previous data pulls for the project because late submissions and correction of submission errors have had the time to make it into the extract. In order to have more accurate data moving forward, we received a complete refresh of the opioid dispensation data, then moving forward, we will provide the next quarter, with a refresh of the previous quarter (e.g. in April, we can give you Q1 2020 in addition to a refresh of Q4 2019).



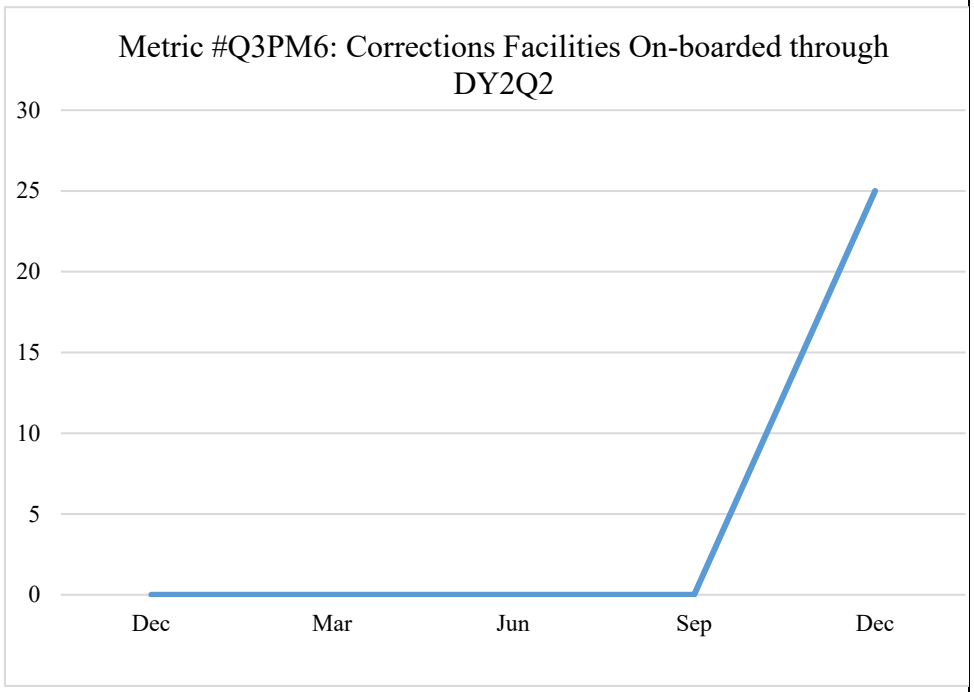
- HIT PM 4: Number of "Patient Exceeds Opioid Dosage (morphine milligram equivalents per day [MME/D]) Threshold" alerts generated. The number of individuals who receive a dosage of greater than or equal to 90 MME/D continues to decrease. The Centers for Disease Control and Prevention

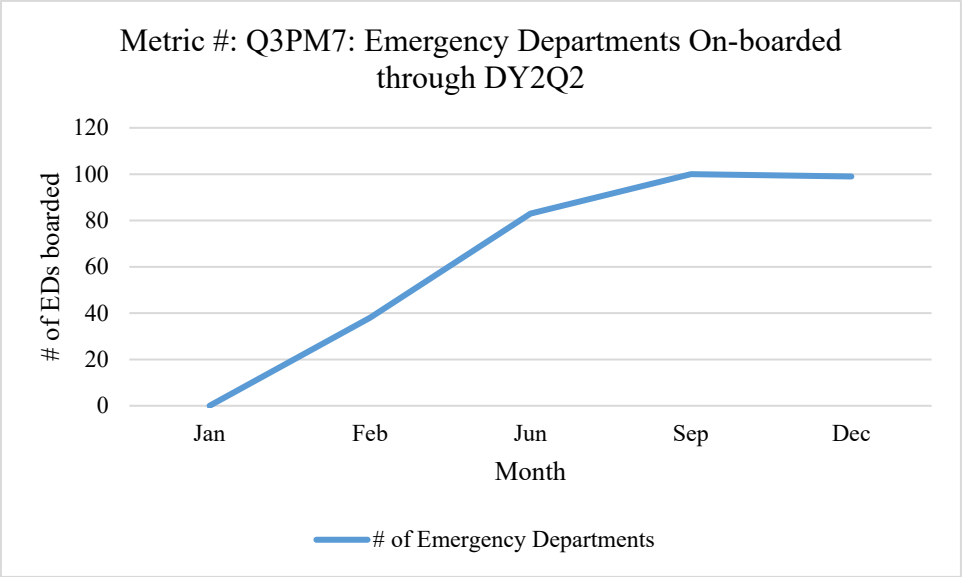
			recommends that prescribers should reassess evidence of the benefits and risks to the individual when increasing dosage to ≥ 50 MME/D (e.g., ≥ 50 mg hydrocodone; ≥ 33 mg oxycodone) and avoid increasing to ≥ 90 MME/D (≥ 90 mg hydrocodone; ≥ 60 mg oxycodone) when possible due to an increased risk of complications. The PDMP reported all three months with fewer than 60,000 alerts this quarter. • HIT PM 5: Number of "Patient Seeing Multiple Providers for Controlled Substances" alerts generated where the patient received controlled substance prescriptions from 3 or more prescribers and 3 or more pharmacists in a three-month period. The number of individuals with 3 or more prescribers and 3 or more dispensers continues to decrease. The metric dropped below 30,000 alerts for the first time this quarter.

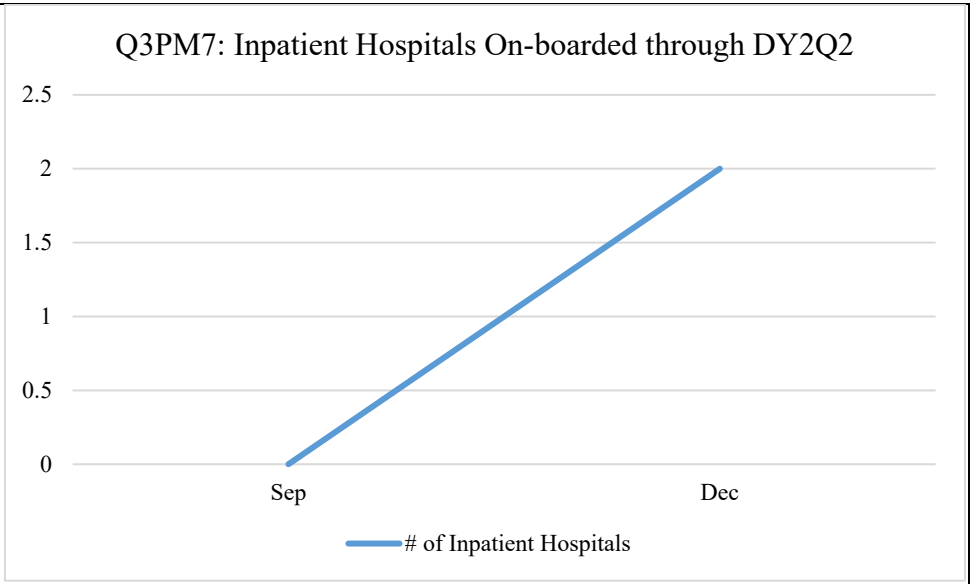


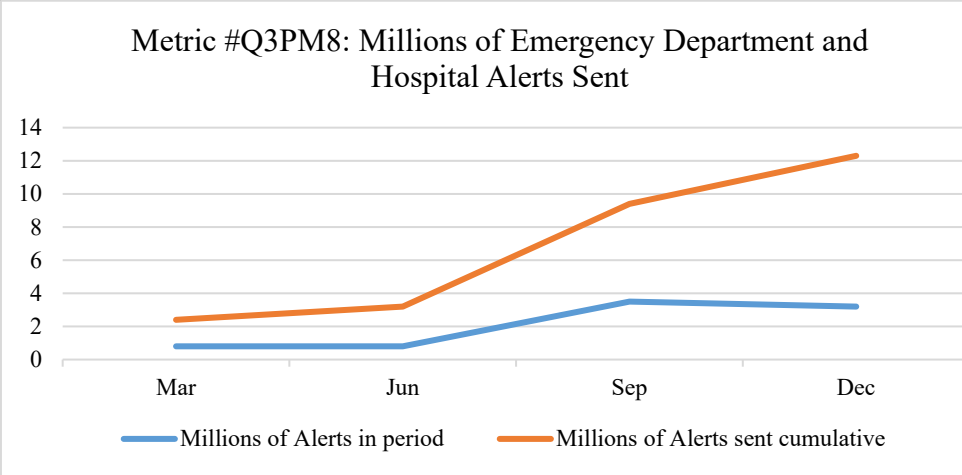
Question Area B: The HIT Metrics # 2, 4 and 5 demonstrate that the information technology is being used to treat effectively individuals identified with SUD.
Action tracked: Alerts for high dosage. *Note: alerts began in October 2018.*

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.

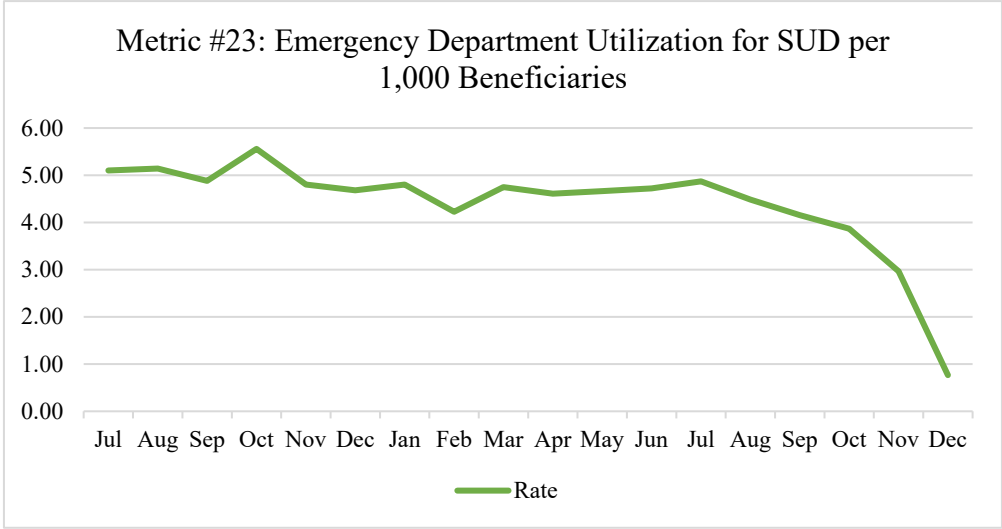
			• HIT PM 6 Number of Corrections connections live:  Twenty-five corrections facilities have been on-boarded with the HIE. This represents all Commonwealth corrections facilities (there are only 25 Commonwealth correctional facilities) and they are all on-boarded now to the P3N. The Commonwealth will now begin working with county facilities to begin on-boarding those facilities. Action Tracked: Individuals connected to alternative therapies from other community-based resources for pain management or general therapy/treatment. • HIT PM 7 and 8: Tracking MAT (use of medications with counseling and behavioral therapies) to treat SUDs and prevent opioid overdose (Number of

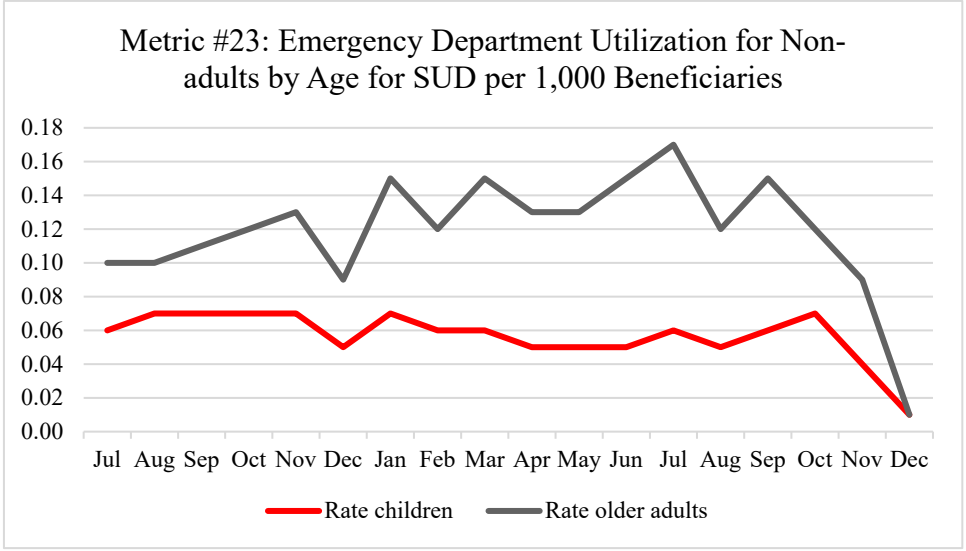
			Emergency Departments connected (HIT PM 7); Number of Alerts sent by Emergency Departments (HIT PM 8).  Note: one hospital with an emergency department closed in Q2. This resulted in a slight drop in the number of emergency departments on-boarded with the HIE. However, 6 emergency departments are currently in the process of being on-boarded and should be connected to the HIE by next quarter. *Note: this is the Hospital Quality Improvement program tracking the number of emergency departments that are connected to the Automated Admission, Discharge and Transfer Alerts project, which is a Commonwealth-wide alerting system, and potentially the volume of alerting messages over time.*

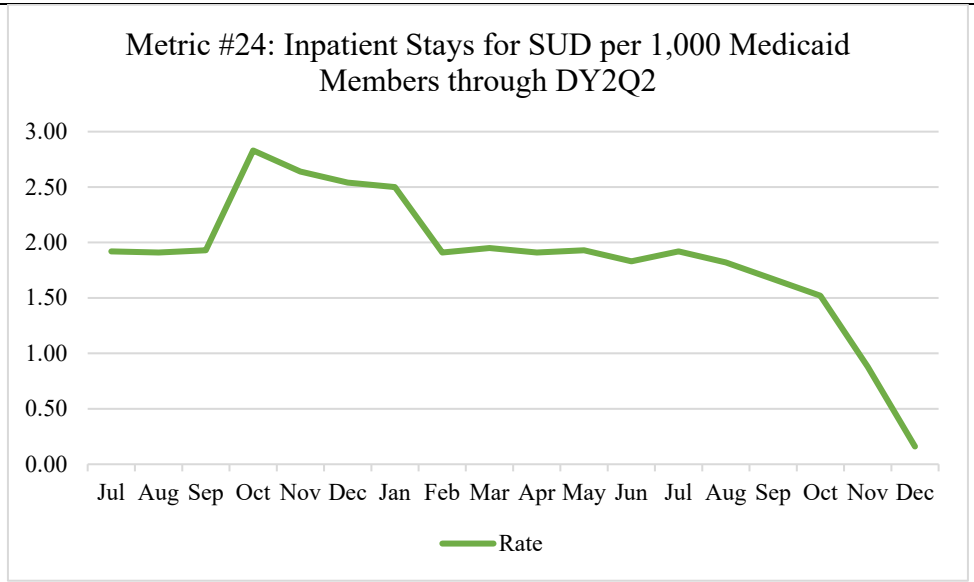
			 Two hospitals are sending inpatient alerts now (beginning in November 2019). The health insurance organizations are working to get more hospitals to send inpatient alerts.

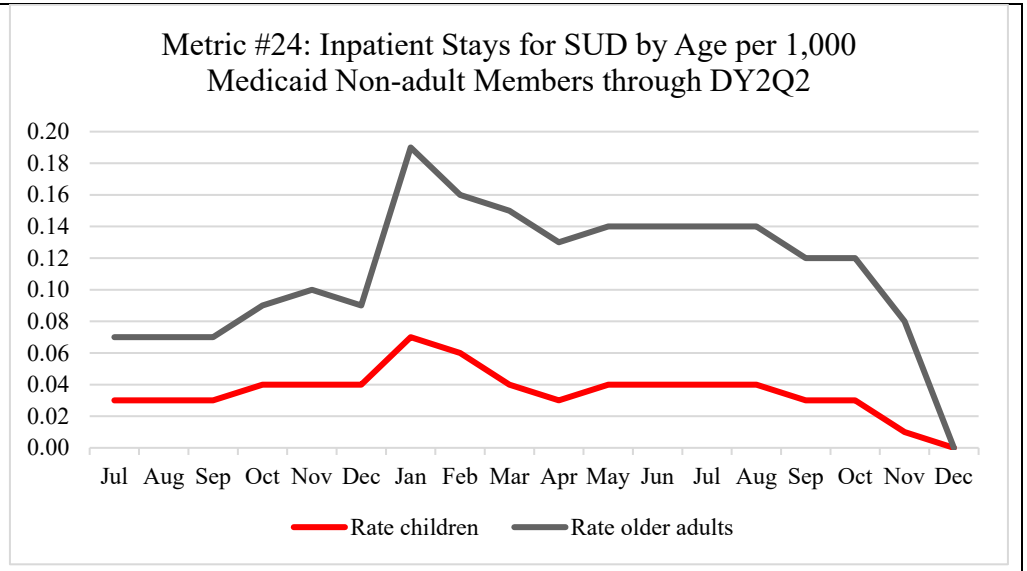
			 The cumulative number of alerts sent continues to rise. The number of alerts also decreased very slightly (this could be a seasonal fluctuation or due to the hospital closure—there is not enough data to attribute the slight decrease to a single reason). When the additional emergency departments are connected to the HIE next quarter, the number of alerts is expected to increase. The HIE is beginning to have inpatient facilities send alerts. It is not possible to distinguish the emergency department alerts from the hospital inpatient alerts so the number above reflects combined total alerts sent.
8.2.2 Implementation Update			
Compared to the demonstration design and operational details outlined in STCs and implementation plan, have there been any changes or does the state expect to make any changes to:	DY2Q2	HIT PMS 1-7	**DY2Q2:** • 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 PDMP checking by prescribers and dispensers. • Question Area B: The HIT Metrics # 2, 4 and 5 demonstrate that the information technology is being used to effectively treat individuals identified with SUD.

a. How HIT is being used to slow down the rate of growth of individuals identified with SUD? b. How HIT is being used to treat effectively, individuals identified with SUD? c. How HIT is being used to effectively monitor "recovery" supports and services for individuals identified with SUD? d. Other aspects of the Commonwealth's plan to develop the HIT infrastructure/capabilities at the state, delivery system, health plan/MCO and individual provider levels? e. Other aspects of the Commonwealth's HIT implementation milestones? f. The timeline for achieving HIT implementation milestones? g. Planned activities to increase use and functionality of the Commonwealth's prescription drug monitoring program?			• 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 HIE and PDMP.
Are there any other anticipated program changes that may impact metrics related to SUD HIT (if			None.

the Commonwealth is reporting such metrics)? If so, please describe these changes.			
☐ The Commonwealth 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.	DY2Q2	*Metrics 23, 24, 26, 27*	**DY2Q2:** Metric #23 reports the rate per 1,000 of emergency department visits for SUD. The number of emergency department visits for SUD per 1,000 beneficiaries continues to decline. 

			Emergency department visits for older adults increased over time while emergency department visits for children was relatively steady.  Metric #24 reported that inpatient stays for Medicaid members continues to decrease since October 2018.

			 Inpatient SUD stays for older adults have increased overall since December 2018. Children's stays have decreased since January 2019.

<table>
<tr><td></td><td></td><td></td><td> 
</td></tr>
<tr><td colspan="4">☐ The Commonwealth has no metrics trends to report for this reporting topic.</td></tr>
<tr><td colspan="4">9.2.2 Implementation Update</td></tr>
<tr><td>Are there any anticipated program changes that may impact the other SUD-related metrics? If so, please describe these changes.</td><td>DY2Q2</td><td>Metrics 25</td><td>The Commonwealth is continuing to program metric #25 under this milestone. DY1 reporting on those metrics is expected in the next quarterly report.

The Commonwealth is currently working on programming the Commonwealth’s reports to calculate these metrics. The Commonwealth 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 the Commonwealth’s specific coding practices were identified, evaluated and documented.</td></tr>
<tr><td colspan="4">☐ The Commonwealth has no implementation updates to report for this reporting topic.</td></tr>
<tr><td colspan="4">10.2 Budget Neutrality</td></tr>
<tr><td colspan="4">10.2.1 Current status and analysis</td></tr>
</table>

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 Commonwealth should provide an analysis of the SUD-related budget neutrality and an analysis of budget neutrality as a whole.	DY2Q2		**DY2Q2 Summary:** 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 budget neutrality calculations of date of service within date of payment. The Commonwealth is using the correct budget neutrality forms for the SUD 1115 quarterly report.
☒ The Commonwealth 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.	DY2Q2		**DY2Q2 Summary:** 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.
☐ The Commonwealth 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	DY2Q2		Relating to item H: Any delays or variance with provisions outlined in STCs DHS and DDAP are working together to develop ASAM service descriptions and delivery standards including admission, continuing stay and discharge criteria, the types of services, hours of clinical care, credentials of staff, and implementation of requirements for each LOC. Admission, continuing stay and discharge criteria are complete. Once the remainder of the ASAM service descriptions and delivery standards are complete, DHS will work to ensure that the coding and rates are consistent with any needed changes. Finally, DHS and DDAP will work to ensure that a cohesive provider monitoring program is in place. Capacity monitoring is anticipated to be embedded in the provider monitoring effort. **SERVICE ALIGNMENT TO ASAM CRITERIA:** An ASAM update was released in January 2020 to the provider community.

demonstration's approved goals or objectives, if not already reported elsewhere in this document. Such considerations could include the following, either real or anticipated: a. Any changes to SUD populations served, benefits, access, delivery systems or eligibility b. Legislative activities and Commonwealth policy changes c. Fiscal changes that would result in changes in access, benefits, populations, enrollment, etc. d. Related audit or investigation activity, including findings e. Litigation activity f. Status and/or timely milestones for health plan contracts g. Market changes that may impact Medicaid operations h. Any delays or variance with provisions outlined in STCs i. Systems issues or challenges that might impact the demonstration (e.g. eligibility and enrollment, Medicaid			• In 2020, DDAP and DHS will be aligning service delivery (hours, service descriptions, staff qualifications) to *The ASAM Criteria, 2013*. • A systematic "roll out" of service delivery descriptions and expectations will occur during the first half of 2020, beginning with residential services (3.0). DDAP and DHS will be communicating details through in-person discussions, listserv communications, web postings, etc. • DDAP will continue to align with the ASAM Criteria by no longer delineating 2 types of 3.5 LOC, e.g. 3.5 Rehabilitative and 3.5 Habilitative. Services including length of stay within a 3.5 LOC should be determined based on the identified needs of the individual within those programs. • This change will not result in any loss of capacity or changes in licensing. The focus on providing services that meet the needs of each individual and not the length of stay should support overall quality and continuity of service efforts. • Those *specialized* 3.5 programs which have been longer in length and more intense in service, specifically PWWWC services and those programs that have a criminal justice component still have the capacity to offer the services that are necessary, requesting the amount of time needed to address needs identified in the 6-dimensional assessment/re-assessment. Client need should always drive length of stay and not be program-driven. • DDAP/DHS expects to be fully aligned with service delivery in 2021.

management information systems)] j. Changes in key Commonwealth personnel or organizational structure k. Procurement items that will impact demonstration (e.g. enrollment broker, etc.) l. Significant changes in payment rates to providers which will impact demonstration or significant losses for MCOs under the demonstration m. Emergency situation/disaster n. Other			
☐ The Commonwealth 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 Commonwealth 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	DY2Q2		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.

Organizations, Patient Centered Medical Homes)? c. Partners involved in service delivery?			
Has the Commonwealth 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 Commonwealth noted any performance issues with contracted entities?	DY2Q2		None noted
What other initiatives is the Commonwealth 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?	DY2Q2		The Governor's initiative for SUD treatment continues. • On February 11, 2020, the Wolf Administration's announced more than $1.2 million in grants to nine county jails to support the county jail-based MAT Program to increase opioid use disorder (OUD) services to inmates in prisons and jails across the Commonwealth. • On February 4, 2020, Governor Wolf proposed regulations to support MH and SUD coverage and consumer rights. On January 30, 2020, Governor Wolf announced $5 million in grants from DDAP to help individuals in recovery for OUD and their families. The grants are available for entities to deliver employment support services to individuals in recovery from OUD. On January 8, 2020, Governor Wolf announced that nearly $1 million in grants would be given to higher education institutions for opioid prevention among college students and to create naloxone training opportunities for post-secondary institutions. • On December 30, 2019, Governor Wolf announced that the Commonwealth would allocate $5 million in federal funding for loan repayment for health care practitioners providing medical and BH care and treatment for SUD and OUD in areas where there is high opioid-use and a shortage of health care practitioners.

			• On December 3, 2019, Governor Wolf signed the eighth renewal of Pennsylvania's Opioid Disaster Declaration. In January 2018, he signed the first disaster declaration so the Commonwealth could focus resources and break down government siloes to address the burgeoning heroin and opioid epidemic. • On December 2, 2019, Governor Wolf announced that DDAP will award $2.1 million in federal Substance Abuse and Mental Health Services Administration (SAMHSA) grants to enhance community recovery supports for individuals with SUD. On November 7, 2019, Governor Wolf announced that his administration was awarding $3.4 million in federal SAMHSA grants for support services for pregnant and postpartum women with opioid use disorder. • On October 28, 2019, Governor Wolf announced that health care providers prescribing controlled substances are required to do so electronically, unless they meet certain exceptions. Act 96 requires the electronic prescribing which is a deterrent against prescription fraud. • On October 1, 2019, Governor Wolf kicked-off of the first Opioid Command Center Opioid Summit: Think Globally, Act Locally. The summit brought 200 individuals helping their communities fight the opioid crisis, including community organizations, non-profits, schools, health care workers, addiction and recovery specialists, and families affected by the opioid crisis.
☐ The Commonwealth 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.	DY2Q2		**DY2Q2 Summary:** The Commonwealth responded to the second round of CMS questions on the Evaluation Design on February 3, 2020.
Provide status updates on deliverables related to the demonstration evaluation and	DY2Q2		There are no anticipated barriers to achieving the goals and timeframes related to the demonstration evaluation.

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.			
List anticipated evaluation-related deliverables related to this demonstration and their due dates.	DY2Q2		• Draft evaluation design: March 31, 2019. • Revised evaluation design submitted: August 12, 2019. • The Commonwealth responded to the second round of CMS questions on the evaluation design on February 3, 2020. • 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 Commonwealth 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 Commonwealth's implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol?	DY2Q2		As was included in our application and noted in CMS' letter approving the Commonwealth's 1115 demonstration project, DDAP has created "a guidance document on the application of the ASAM Criteria to ensure all services within the person-centered plan of care 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 the Commonwealth'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 Commonwealth foresee the need to make future changes to the STCs, implementation plan,	DY2Q2		The Commonwealth may need to make changes to the implementation timelines.

or monitoring protocol, based on expected or upcoming implementation changes?			DHS and DDAP are working together to develop ASAM service descriptions and delivery standards including admission, continuing stay and discharge criteria, the types of services, hours of clinical care, credentials of staff, and implementation of requirements for each LOC. Admission, continuing stay and discharge criteria are complete. Once the remainder of the ASAM service descriptions and delivery standards are complete, DHS will work to ensure that the coding and rates are consistent with any needed changes. Finally, DHS and DDAP will work to ensure that a cohesive provider monitoring program is in place. Capacity monitoring is anticipated to be embedded in the provider monitoring effort. **SERVICE ALIGNMENT TO ASAM CRITERIA:** An ASAM update was released in January 2020 to the provider community. • In 2020, DDAP and DHS will be aligning service delivery (hours, service descriptions, staff qualifications) to *The ASAM Criteria, 2013*. • A systematic "roll out" of service delivery descriptions and expectations will occur during the first half of 2020, beginning with residential services (3.0). DDAP and DHS will be communicating details through in-person discussions, listserv communications, web postings, etc. • DDAP will continue to align with the ASAM Criteria by no longer delineating 2 types of 3.5 LOC, e.g. 3.5 Rehabilitative and 3.5 Habilitative. Services including length of stay within a 3.5 LOC should be determined based on the identified needs of the individual within those programs. • This change will not result in any loss of capacity or changes in licensing. The focus on providing services that meet the needs of each individual and not the length of stay should support overall quality and continuity of service efforts. • Those *specialized* 3.5 programs which have been longer in length and more intense in service, specifically PWWWC services and those programs that have a criminal justice component still have the capacity to offer the services that are necessary, requesting the amount of time needed to address needs identified in the 6-dimensional assessment/re-assessment. Client need should always drive length of stay and not be program-driven. DDAP/DHS expects to be fully aligned with service delivery in 2021.

Compared to the details outlined in the STCs and the monitoring protocol, has the Commonwealth formally requested any changes or does the Commonwealth 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?	DY2Q2		**DY2Q2 Summary:** The Commonwealth is continuing to program the following annual metrics: 15, 17, 22 and 25. DY1 reporting on those metrics is expected in the next quarterly report.
Has the Commonwealth identified any real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation?	DY2Q2	Metrics 15, 22, 17, 25	The Commonwealth is continuing to program the following annual metrics: 15, 17, 22 and 25. DY1 reporting on those metrics is expected in the next quarterly report.
☐ The state has no updates on general reporting requirements to report for this reporting topic.			
13.1.2 Post Award Public Forum			
If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicating any resulting action items or issues. A summary of the post-award public forum must be included here for the period during which the forum was held and in the annual report.	DY2Q2		The next Public Forum is scheduled for April 1, 2020.

☒ There was not a post-award public forum held during this reporting period and this is not an annual report, so the Commonwealth 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.	DY2Q2		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.
☐ The Commonwealth has no notable achievements or innovations to report for this reporting topic.			