1. Title page for the state's substance use disorder (SUD) demonstration or the SUD component of the broader demonstration

The state should complete this title page at the beginning of a demonstration and submit as the title page for all monitoring reports. The content of this table should stay consistent over time. Definitions for certain rows are below the table.

State	Commonwealth of Pennsylvania (Commonwealth or Pennsylvania)
Demonstration name	Medicaid Coverage for Former Foster Care Youth from a Different State and Substance Use Disorder (SUD) Demonstration
Approval period for section 1115 demonstration	09/30/2022
SUD demonstration start date[1]	10/1/2017
Implementation date of SUD demonstration, if different from SUD demonstration start date[2]	07/01/2018

[1] **SUD demonstration start date:** For monitoring purposes, CMS defines the start date of the demonstration as the *effective date* listed in the state's STCs at time of SUD demonstration approval. For example, if the state's STCs at the time of SUD demonstration approval note that the SUD demonstration is effective January 1, 2020–December 31, 2025, the state should consider January 1, 2020 to be the start date of the SUD demonstration. Note that the effective date is considered to be the first day the state may begin its SUD demonstration. In many cases, the effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example, CMS may approve an extension request on 12/15/2020, with an effective date of 1/1/2021 for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

[2] **Implementation date of SUD demonstration:** The date the state began claiming federal financial participation for services provided to individuals in institutions for mental disease.

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 (ED) 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.
SUD demonstration year and quarter	*Demonstration Year 4 Quarter 1 (DY4Q1)*
Reporting period	*July 1, 2021-September 30, 2021 Annual Report*

2. Executive summary

The executive summary should be reported in the fillable box below. It is intended for summary-level information only. The recommended word count is 500 words or less.

Annual grievance and appeal reporting and post award forum summaries are included in this report.

Data:

- This quarter, the Commonwealth began reporting data with a six-month lag to address data completeness issues consistent with the revised monitoring protocol.
- The Commonwealth discovered and addressed reporting issues in the pregnant women and children subpopulation metrics this quarter.
- *The Commonwealth plans to complete programming of metric #15 in the DY4Q2 (Quarter Ending [QE] 12/31/2021) report.*

Metric #3: The number of individuals with SUD has continued to decline through March 2021. This result may be affected by the PHE.

- Metrics #6–#12: The number of unduplicated individuals receiving any services increased since the beginning of the Demonstration with much variation each month. Dual eligible's and older adult's utilization of SUD services decreased through March 2021.
- Metric #23: ED utilization for SUD per 1,000 beneficiaries dipped with the inception of the PHE and continued to decline.
- Metric #24: Inpatient hospitalizations dropped with the inception of the PHE.
- The Health Information Technology (HIT) Metrics #S1, S2, and S3 demonstrate that information technology is being used to effectively treat individuals identified with SUD. The number of queries continue to increase and opioid prescriptions continue to decrease. The number of clinical alerts for multiple prescribers and pharmacies as well as the number of high dosage alerts continues to decrease over time.
- The HIT metrics (Q3 and S4) demonstrate that information technology is being used to effectively monitor recovery supports and services for individuals identified with SUD. The number of corrections facilities and EDs with the Health Information Exchange (HIE) integrated with the Prescription Drug Monitoring Program (PDMP) continue to increase. The number of hospitals and emergency rooms connected with the PDMP through the HIE continues to increase. There was one hospital and one corrections facility that closed during the PHE.
- **Alignment of service definitions with the American Society of Addiction Medicine (ASAM):** The expectation is that providers will be substantially aligned by July 1, 2021 and have full compliance by July 1, 2022, in order to have contractual relationships for receipt of public funds. On June 29, 2021, Pennsylvania released additional guidance for providers to request six-month waivers of the implementation timeline if they will have difficulty meeting the July 1, 2021 deadline. Under the new guidance, the Department of Drug and Alcohol Programs (DDAP) may grant a specific provider an extension to December 31, 2021 for substantial compliance; however, there are no changes to the expectation of full compliance by July 1, 2022. Over 300 facilities requested extensions.
- The Office of Mental Health and Substance Abuse Services (OMHSAS) has announced that it will request approval from the Centers for Medicare & Medicaid Services (CMS) to have a directed payment for Primary Contractors and Behavioral Health Managed Care Organizations (BH-MCOs) to ensure that providers are paid a sufficient rate to support ASAM alignment. The directed payment will have requested effective date of January 2022. This will be approved through the Calendar Year (CY) 2022 capitated rates.

3. Narrative information on implementation, by milestone and reporting topic

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
1. Assessment of need and qualification for SUD services			
1.1 Metric trends			
1.1.1. The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to assessment of need and qualification for SUD services		Metric #3 Medicaid Beneficiaries with SUD Diagnosis (monthly) Metric #4: Medicaid Beneficiaries with SUD Diagnosis (annually) Metric #5: Medicaid Beneficiaries Treated in an Institution for Mental Diseases (IMD) for SUD	The following trends are seen in the data: **Analysis DY3Q3 (QE 3/31/2020):** **Note: graphs of this metric can be found in the separate Appendix for this quarter.** • Metric #3 reports the number of members by month with a SUD diagnosis through DY3Q3 (**QE 3/31/2020**). Metric #3: The number of individuals with SUD diagnoses has continued to decline through March 2021 including a large decrease in January 2021. This result may be affected by the PHE. Subpopulations: • There is a decrease in pregnant women with diagnoses after March 2020 through January 2021 when a data reporting error was corrected. • The number of older adults and children and dual eligible individuals with a SUD diagnosis increased up through the PHE. After the PHE, the number of dual eligibles has remained relatively stable through March 2021 Calendar Year 2020 report for Metrics #32. The annual rate related to Access to Preventive/ Ambulatory Health Services for Adult Medicaid Beneficiaries with

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
		#32 Access to Preventive/ Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD [Adjusted HEDIS measure]	SUD fell from 77.98 to 66.61. This drop is related to reduced utilization of primary care during the PHE.
1.2 Implementation update			
1.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes to: 1.2.1.i. The target population(s) of the demonstration	X		
1.2.1.ii. The clinical criteria (e.g., SUD diagnoses) that qualify a	X		

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
beneficiary for the demonstration			
1.2.2 The state expects to make other program changes that may affect metrics related to assessment of need and qualification for SUD services			**DY4Q1 (July 1, 2021-September 30, 2021)** During this reporting period, DDAP continues to provide technical assistance to treatment providers for all levels of care. The initial alignment for level 2.5 and 3.7 was completed by the end of June 30, 2021. The alignment of providers is an ongoing process; therefore, the list of 2.5 and 3.7 providers is reviewed and updated monthly. In addition, providers may continue to request alignment for these two levels of care through DDAP. To date, there are 56 Level 2.5 providers and eight Level 3.7 providers aligned. In addition to the continued efforts of the Department of Drug and Alcohol Programs (DDAP), the PA State legislature amended the Admin Code and passed Act 70. Act 70 indicated substantial compliance with alignment of service delivery conditions under The American Society of Addiction Medication Criteria, 3rd Edition, 2013 shall be required by July 1, 2021. The act allowed drug and alcohol treatment providers to file an application requesting an extension in substantially aligning with service delivery conditions by July 9, 2021. Treatment providers who submitted an application with the reasons for needing the extension for substantial compliance were granted extensions until December 31, 2021. DDAP continues to provide assistance to providers through Frequently Asked Questions (FAQs), technical assistance calls, and written correspondence for all levels of care. **DY3Q4**

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
			DDAP completed the alignment for Level 2.5 partial hospitalization (PHP) services for the providers under contract with the Single County Authorities (SCA). DDAP will continue to review requests of providers who want to contract with the SCA and align with PHP services. DDAP has also completed the Level 3.7 alignment for contracted providers. DDAP continues to respond to questions from the providers on all levels of care and works with them by offering technical assistance through conference calls, email correspondence and FAQs **DY3 Q3** DDAP continues to work with providers in aligning to ASAM and the delivery of services. DDAP has reviewed policies and procedures for Level 2.5 Partial Hospitalization Services and is conducting technical assistance calls with the providers of level 2.5. DDAP is also providing technical assistance to the other levels of care and answering follow-up questions to the service descriptions and information posted to the DDAP Website. **DY3 Q1 and Q2** DDAP has assisted the provider network by providing the service descriptions for 1.0, 2.0, 3.0 and 4.0 levels of care through written documentation, webinars, FAQs and technical assistance. Providers are now in the process of aligning services to the expectations set forth and determining their capacity to do so. The expectation is that providers will be substantially aligned by July 1, 2021 in order to have contractual relationships for receipt of public funds.

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
2. Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)			
2.1 Metric trends			
2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1		Metric #6 Any SUD Treatment Metric #7 Early Intervention Metric #8: Outpatient Services Metric #9: Intensive Outpatient and Partial Hospitalization Services Metric #10: Residential and Inpatient Services	Metrics #6–#12 report the number of members by month receiving services through DY3Q2. See the Appendix for graphs associated with these metrics. Metrics #6–#12: The number of unduplicated individuals receiving any services has increased in general since the beginning of the Demonstration. There are many swings each month in the unduplicated number of individuals. • Dual eligibles and older adult's utilization of SUD services decreased through March 2021. • An error in reporting was corrected for Pregnant Women and Children subpopulations in January 2021. This resulted in an apparent drop in utilization for these subpopulations. However, the data is now more accurate. • *Note: we expected that the Medication-Assisted Treatment (MAT) for dual eligibles would drop starting January 1, 2020 because of Medicare's new coverage of MAT.* These trends are relatively consistent for all of the services received by members under the demonstration up through the end of CY 2020. **Analysis by service:** Metric #7 reports the number of individuals receiving Early Intervention (EI). The number of individuals receiving EI was fairly steady over time up until the PHE in spring 2020 when there was a drop. Utilization increased again in

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
		Metric #11 – Withdrawal Management Metric #12 – Medication Assisted Treatment Metric #22-Continuity of Pharmacotherapy for Opioid Use Disorder [USC; NQF #3175]	through March 2021. The Pregnant women and children subpopulation metrics are affected by the data reporting correction. Metric #8 reports the number of individuals receiving outpatient (OP) services. The number of individuals receiving OP care was fairly steady over time up until the PHE when there was a drop from January 2020 to May 2020. Utilization for dual eligibles and older members utilization continues to decrease. The Pregnant women and children subpopulation metrics are affected by the data reporting correction. Metric #9 reports the number of individuals receiving intensive outpatient (IOP) and PHP services. The number of individuals receiving IOP and Physical Health (PH) has decreased fairly steadily since the beginning of the demonstration with a dip for the PHE in May 2020. Note that the Commonwealth's standards for IOP and PHP have been clarified to better align with ASAM standards and this could account for fewer programs reporting that they provide PHP, which is substantially different under ASAM from the historic Commonwealth service description. Because these services are in congregate settings, utilization decreased after the beginning of the PHE in March 2020. While there has been some increase as the PHE has gone on, the overall utilization of IOP/PHP has continued to decrease due to ASAM alignment. The Pregnant women and children subpopulation metrics are affected by the data reporting correction. Metric #10 reports the number of individuals receiving residential and inpatient services. The number of individuals receiving residential and inpatient services was fairly steady over time up until the beginning of the PHE when there was a

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
			drop in Spring 2020. Utilization increased again in the fall of 2020 through March 2021. The Pregnant women and children subpopulation metrics are affected by the data reporting correction. Metric #11 reports the number of individuals receiving Withdrawal Management (WM) services. The number of individuals receiving WM services was fairly steady over time up until the beginning of the PHE when there was a drop in utilization. Beginning in June 2020, there was a large increase in WM utilization, with utilization consistent with the linear trend by the end of the CY. The PHE has led to volatility in the utilization of WM. The Pregnant women and children subpopulation metrics are affected by the data reporting correction. Metric #12 reports the number of individuals receiving MAT services. About 50% of the increase in mid-2019 was due to the implementation of Centers of Excellence and initiatives in the Commonwealth to increase MAT usage. MAT for dual eligibles dropped starting January 1, 2020 because of Medicare's new coverage of MAT. There is another dip associated with the PHE in May 2020. The Commonwealth has been exploring additional guidance to provide to providers on how to bill Medicaid for MAT, which could improve reporting data in this area. Except for February 2021, the Commonwealth has seen an increase in the overall utilization of MAT since November 2020. The Pregnant women and children subpopulation metrics are affected by the data reporting correction. Calendar Year 2020 Report on Metric #22 Continuity of Pharmacotherapy for Opioid Use Disorder [USC; NQF #3175]. From CY20199 to CY2020 the rate

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
			dropped from 47.51 to 43.30. The Commonwealth notes that while the rate dropped the overall size of both the numerator and the denominator grew. The number of individuals receiving pharmacotherapy increased from 11,307 to 12,511 annual
2.2 Implementation update			
2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 2.2.1.i. Planned activities to improve access to SUD treatment services across the continuum of care for Medicaid beneficiaries (e.g. outpatient services, intensive outpatient services, medication-			**DY4Q1 (July 1, 2021-September 30, 2021)** DDAP, in partnership with DHS is in the beginning stages of providing monthly technical assistance calls with Single County Authorities, Managed Care Organizations, and treatment providers across the commonwealth. Topics for upcoming webinars include Medication Assisted Therapies, provider monitoring, and adolescents. DDAP continues to review documents posted to the DDAP website and ensure SUD providers have the most up to date information regarding the ASAM alignment. Documents posted to the DDAP website include FAQs, Services Characteristics by level of care, and webinar presentations. To date, approximately 12,864 individuals have been trained in The ASAM Criteria through either a 2-day classroom offering through Train for Change or on-demand modules through The Change Companies. **DY3Q4** To date, approximately 12,750 individuals have been trained in The ASAM Criteria through either a 2-day classroom offering through Train for Change or on-demand modules through The Change Companies. **DY3 Q3** To date, approximately 12,350 individuals have been trained. DDAP has two options to complete required ASAM training; a 2-day live classroom offering

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
assisted treatment, services in intensive residential and inpatient settings, medically supervised withdrawal management)			and a series of on-demand modules. The live classroom course was reformatted for a virtual experience. Approximately 400 students have attended virtual ASAM Criteria training in 2020. Since the inception of The ASAM Criteria, approximately 9800 PA provider staff have been trained in the 2-day classroom course. 972 PA based organizations have also ordered subscriptions to the on-demand, online modules for approximately 2,150 potential users. **DY3 Q1 and Q2** To date, about 9,800 individuals have been trained in use of ASAM skill training and use of the LOC tool and placement determinations. During the PHE in-person training moved to a virtual platform in order to accommodate the ongoing need for instruction.
2.2.1.ii. SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential treatment, medically supervised withdrawal management, and			**DY4Q1 (July 1, 2021-September 30, 2021)** DDAP continues to move forward aligning Level 2.5 and 3.7 providers who submit requests to the department. The initial alignment of the providers was completed by June 30, 2021 and a list of substantially aligned providers was posted to the DDAP website. There are currently 56 Level 2.5 providers and eight Level 3.7 providers in the commonwealth. In addition, the list of providers is reviewed and updated monthly. During this reporting period, the PA State legislature amended the Admin Code and passed Act 70. Act 70 indicated substantial compliance with alignment of service delivery conditions under The American Society of Addiction Medication Criteria, 3rd Edition, 2013 shall be required by July 1, 2021. The act allowed drug and alcohol treatment providers to file an application requesting an extension in substantially aligning with service delivery conditions by July 9, 2021. Treatment providers who submitted an application with the reasons for needing the extension for substantial compliance were granted extensions until December 31, 2021.

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
medication-assisted treatment services provided to individual IMDs			DDAP received extension requests from 335 licensed providers for a variety of alignment conditions in all levels of care. The Department approved 49 of these requests in whole and 212 in part and denied 23 in whole and 126 in part. There were 35 extension requests that were not needed in whole and 175 not needed in part. Service descriptions have been posted to the DDAP website. DDAP continues to provide technical assistance regarding withdrawal management and MAT to the SUD providers and stakeholders through roundtable discussions, FAQs, conference calls, and meeting presentations. **DY3Q4** DDAP has completed the first steps in the alignment process for the contracted providers at Level 2.5 and Level 3.7. DDAP continues to participate in roundtable discussions for Level 3.5 and Level 2.1. In addition, DDAP is providing technical assistance to the Single County Authorities and providers through phone, email, and written correspondence. DDAP is also working on updating the FAQs for ASAM. **DY3 Q3** Providers continue to work towards aligning their programs with ASAM level of care. Information posted to the DDAP website includes Levels 1.0, 2.0, 3.0, and 4.0 self-assessment checklists, service characteristics, webinars and FAQs. In addition, DDAP participated in roundtable discussions for level 3.5 in collaboration with the Managed Care providers, single county authorities, and treatment providers to discuss ASAM alignment. DDAP is in the beginning stages of assisting the providers aligning with level 3.7.

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
			DY3 Q1 and Q2 DDAP has assisted the provider network by providing the service descriptions for 1.0, 2.0, 3.0 and 4.0 levels of care through written documentation, webinars, FAQs and technical assistance. Providers are now in the process of aligning services to the expectations set forth and in so doing, services are becoming aligned with the described placement criteria. Providers are expected to be substantially aligned by July 1, 2021, but given the magnitude of the changes involved, it is anticipated that providers will require the full course of 2021 for alignment to come into full compliance. Technical assistance will be provided DDAP as well as through the payer oversight/contracting partners in order to ensure a full alignment with the ASAM Criteria by July 1, 2022 and ongoing.
2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1			**DY4Q1 (July 1, 2021-September 30, 2021)** DDAP is reviewing all documents posted to the DDAP website and providing clarification when more detail is needed around the ASAM text. The review ensures providers have a clear understanding of the requirements to the ASAM text and PA regulations. DDAP continues to participate in roundtable discussion, update FAQs with recent questions, and is in the process of developing monthly webinars on topics related to ASAM alignment. **DY3Q4** DDAP has issued a clarification and flexibility document on the ASAM alignment process on various aspects of the ASAM alignment. The clarification documents addressed staffing, training, and substantially aligned programs levels of care. DDAP continues to collaborate with other departments and stakeholders on the ASAM Alignment process. **DY3 Q3**

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
			DDAP continues to work with the treatment providers, managed care organizations and single county authorities to provide information on the various levels of care for aligning with ASAM. This has been done through multiple avenues including webinars, service descriptions, FAQ, and meetings. DDAP continues to work in collaboration with DHS regarding co-occurring services to replace the 2006 DHS bulletin. **DY3 Q1 and Q2** Service Delivery alignment has begun, including hours, service description and staff qualifications with the expectation that providers will be significantly aligned by July 1, 2021 and fully aligned by July 1, 2022. DDAP has been working on guidance for aligning ambulatory and residential withdrawal management services to the ASAM Criteria and is currently working with physician advisors to ensure that the guidance for alignment to the criteria is sufficient and appropriate. With the exception of OUD medication induction, ambulatory WM has not been widely utilized across the state and therefore, this service has warranted added study and consideration. DDAP anticipates releasing direction and guidance about WM services in Spring 2021 with alignment to begin immediately, with continued implementation throughout the year and into 2022. DDAP and DHS has established draft criteria for alignment of co-occurring enhanced services that will replace a 2006 edition is nearing executive and legal review.

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
3. Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)			
3.1 Metric trends			
3.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2	X		
3.2. Implementation update			
3.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 3.2.1.i. Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria			**DY4Q1 (July 1, 2021-September 30, 2021)** To date, approximately 12,864 individuals have been trained in The ASAM Criteria through either a 2-day classroom offering through Train for Change or on-demand modules through The Change Companies. **DY3Q4** To date, approximately 12,864 individuals have been trained in The ASAM Criteria through either a 2-day classroom offering through Train for Change or on-demand modules through The Change Companies. **DY3 Q3** To date, approximately 12,350 individuals have been trained. DDAP has two options to complete required ASAM training; a 2-day live classroom offering and a series of on-demand modules. The live classroom course was reformatted for a virtual experience. Approximately 400 students have attended virtual ASAM Criteria training in 2020. Since the inception of The ASAM Criteria, approximately 9800 PA provider staff have been trained in the 2-day classroom

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
			course. 972 PA based organizations have also ordered subscriptions to the on-demand, online modules for approximately 2,150 potential users. **DY3 Q1 and Q2** • To date, nearly 9,800 Pennsylvania professionals have been trained in the use of The ASAM Criteria, 2013 via two-day, in-person, virtual and online training events.
3.2.1.ii. Implementation of a utilization management approach to ensure (a) beneficiaries have access to SUD services at the appropriate LOC, (b) interventions are appropriate for the diagnosis and LOC, or (c) use of independent	X		

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
process for reviewing placement in residential treatment settings			
3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2	X		

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
4. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)			
4.1 Metric trends			
4.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3 *Note: There are no CMS-provided metrics related to Milestone 3. If the state did not identify any metrics for reporting this milestone, the state should indicate it has no update to report.*	X		
4.2 Implementation update			
4.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:			**DY4Q1 (July 1, 2021-September 30, 2021)** To date there are 56 Level 2.5 providers and eight Level 3.7 providers aligned through the DDAP process to provide services at this level of care. Information reviewed to ensure alignment with the ASAM text included policy and procedures submitted by the provider and participation in technical assistance calls between DDAP and the SUD treatment provider.

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
4.2.1.i. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards			Service descriptions for each level of care remain posted to the DDAP website and include a checklist for alignment with the ASAM Criteria, 2013. DDAP and DHS are working together to develop a standardized monitoring tool for the SCAs and MCOs to use for monitoring alignment with the ASAM Criteria. Treatment providers will be reviewed during the monitoring process to determine their progress and technical assistance will be provided on an ongoing basis. **DY3Q4** DDAP has completed the initial phase of aligning Level 3.7 contracted providers based on individual conversations with the treatment providers, and a review of policy and procedures related to the ASAM Criteria, 2013. DDAP has also completed the initial alignment for Level 2.5 contracted providers. This The alignment process will continue for additional providers who wish to be considered for contracting with an SCA. **DY3 Q3** DDAP is in the beginning stages of aligning the 3.7 providers. Information and preliminary designations were provided during previous quarterly reports and DDAP is in the process of taking the next steps in the alignment process to ensure 3.7 providers are substantially aligned by July 1. DDAP continues to provide technical assistance to level 3.0 and 4.0 providers regarding the ASAM alignment. **DY3 Q1 and Q2** DDAP has assisted the provider network by providing the service descriptions for 1.0, 2.0, 3.0 and 4.0 levels of care through written documentation, webinars, FAQs and technical assistance. This has given providers who received preliminary designations for 3.7 based solely on staffing the parameters for

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
			assessing their capability to provide engage in service provision based upon other expectations. Providers are now in the process of aligning services to these expectations. DDAP will be engaged in a process to ensure for substantial alignment of those providers who elect to move forward and become fully aligned as a 3.7 provider by July 1, 2021. The number of providers who meet this designation will not be determined until this process has been completed closer to the July 1, 2021 timeline. In the meantime, technical assistance will continue to be provided by DDAP as well as through the payer oversight/contracting partners in order to ensure a full alignment with the ASAM Criteria by July 1, 2022 and ongoing.
4.2.1.ii. Review process for residential treatment providers' compliance with qualifications.			**DY4Q1 (July 1, 2021-September 30, 2021)** DDAP continues to provide technical assistance on the ASAM Criteria, 2013 through individual TA calls with providers, roundtable discussions, and stakeholder meetings. In addition to the ASAM Facility Characteristics and Service Descriptions for each level of care posted to the DDAP website, DDAP is reviewing and updating FAQs and documents as avenues to provide information on the ASAM Criteria. **DY3Q4** DDAP continues to provide technical assistance on the ASAM Criteria, 2013 through individual TA calls with providers, roundtable discussions, and stakeholder meetings. DDAP is reviewing and updating FAQs and documents to provide clarifications. **DY3 Q3** Technical assistance continues to be provided through stakeholder meetings, FAQs, and conference calls with individual providers and groups. **DY3 Q1 and Q2** Technical assistance is being provided on an ongoing basis.

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
4.2.1.iii. Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site			**DY4Q1 (July 1, 2021-September 30, 2021)** DDAP continues to educate providers and the SCAs regarding MAT across the continuum. The Case Management & Clinical Services Manual addresses the requirements around MAT. In addition, the ASAM Criteria, 2013 also addresses MAT for all levels of care. DDAP is in the process of beginning monthly webinars for SUD treatment providers, single county authorities and managed care organizations and MAT will be a topic within the series. DDAP continues to provide information to the field regarding MAT through FAQs, provider meetings, and roundtable discussions. **DY3Q4** DDAP continues to educate providers and the SCAs regarding MAT across the continuum. The Case Management & Clinical Services Manual addresses the requirements around MAT. In addition, the ASAM Criteria, 2013 also addresses MAT for all levels of care. **DY3 Q3** DDAP continues to provide education to providers regarding MAT across the continuum of care. DDAP's Case Management & Clinical Services Manual includes the requirement for treatment providers to not exclude individuals on MAT from being admitted into services and for contracted providers to admit and provide services to individuals who use MAT for SUD. **DY3 Q1 and Q2** The Commonwealth has seen improvement in provider resistance to the provision of MAT across the continuum and while some philosophical barriers and stigma remain, availability of and access to MAT is significantly increasing.

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3			**DY4Q1 (July 1, 2021-September 30, 2021)** During this time period, the Pennsylvania legislature passed Act 70 which provides an opportunity for treatment providers to request an extension to aligning with the ASAM Criteria, 2013 through December 31, 2021. DDAP continues to move forward with the ASAM alignment and use of evidence-based criteria. DDAP is engaged in conversations with single county authorities, treatment providers, and managed care organizations. Efforts to provide information on the alignment has been done through one on one technical assistance calls, provider meetings, stakeholder discussions, webinars and roundtable discussions. Information regarding the alignment process, FAQs and service descriptions are located on the DDAP website. **DY3Q4** No Update at this time. DDAP continues to move forward with ASAM alignment. **DY3 Q3** DDAP continues to move forward with alignment of services for 2021.

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
5. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)			
5.1 Metric trends			
5.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4	X		
5.2 Implementation update			
5.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care			**DY4Q1 (July 1, 2021-September 30, 2021)** DDAP has aligned providers for Levels 2.5 and 3.7. To date, there are 56 Level 2.5 providers and eight Level 3.7 providers. As an ongoing process, providers who have not initially aligned and are interested in Level 2.5 or 3.7 can contact DDAP to determine alignment. Other levels of care at 1.0, 2.1, 3.1, 3.5 and 4.0 are considered substantially aligned with meeting the ASAM Criteria, 2013. DDAP has engaged in conversations around the various levels of care and provided technical assistance to the ASAM Criteria. DDAP continues to participate in meetings with DHS and roundtable discussions with managed care organizations to discuss and provide to the ASAM alignment and SUD service delivery system. DDAP is in the process of beginning monthly webinars for SUD treatment providers, single county authorities and managed care organizations and MAT will be a topic within the series. DDAP continues to provide information to the field regarding MAT through FAQs, provider meetings, and roundtable discussions.

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
			DDAP continues to educate providers and the SCAs regarding MAT across the continuum. The Case Management & Clinical Services Manual addresses the requirements around MAT. In addition, the ASAM Criteria, 2013 also addresses MAT for all levels of care. **DY3Q4** DDAP has aligned the contracted providers for Level 2.5 and Level 3.7. Providers have participated in information gathering sessions, technical assistance calls, and submitted policies and procedures for the DDAP alignment process with the ASAM Criteria. The providers continue to submit questions via roundtable discussions, resource accounts and email. Common challenges for the SUD providers are aligning with the ASAM Criteria for daily clinical services, staffing, and training. DDAP continues to offer support through technical assistance and clarification documents. **DY3 Q3** DDAP is in the process of reviewing policies and providing technical assistance to the level 2.5 partial hospitalization providers. DDAP is on target to complete the PHP reviews and then move to a review of the 3.7 providers to assist with the alignment to ASAM. Psychiatric service hours continues to be a challenge for providers in meeting the timeframe. Technical assistance continues to be providers for all levels of care and access to FAQs, webinars, and service descriptions for levels 1.0, 2.0, 3.0, and 4.0 is posted on the DDAP Website. **DY3 Q1 and Q2** DDAP has assisted the provider network by providing the service descriptions for 1.0, 2.0, 3.0 and 4.0 levels of care through written documentation, webinars, FAQs and technical assistance and providers are working diligently on the alignment process. DDAP has undertaken an initiative to ensure for substantial

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
			alignment of those providers who elect to move forward with PH alignment, and this is targeted to be completed by May, 2021. Until this this alignment process has been completed, DDAP will not have a clear indication of the number/capacity of PH providers statewide who will be aligned to the ASAM Criteria and what work will be needed to build capacity for this LoC. Availability of psychiatric services, especially on an outpatient basis present as a particular challenge for this LoC.
5.2.2 The state expects to make other program changes that may affect metrics related to Milestone 4	X		
6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			
6.1 Metric trends			
6.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5		Metric #15: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment Metric #18 Use of Opioids at High Dosage in	The Commonwealth plans to complete programming of metric #15, in the DY4Q2 (QE 12/31/2021) report. Calendar Year 2020 report for Metrics #18, 21 and 22. • #18 Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD): The annual rate related to Use of Opioids at High Dosage in Persons Without Cancer rose from 189.66 in CY2019 to 193.40 in CY2020. However the overall numerator of individuals dropped from 8,731 to 5,736. • #21 Concurrent Use of Opioids and Benzodiazepines (COB-AD): The annual rate related to Concurrent Use of Opioids and Benzodiazepines

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
		Persons Without Cancer Metric #21 Concurrent Use of Opioids and Benzodiazepine Metric #22: Continuity of Pharmacotherapy for Opioid Use Disorder	dropped from 23.49 in CY2019 to 16.54 in CY2020. The numerator decreased from 10,816 to 4,305. Metric #22: Continuity of Pharmacotherapy for Opioid Use Disorder: The annual rate related to Continuity of Pharmacotherapy for Opioid Use Disorder increased from 47.51 in CY2019 to 43.30 in CY2020. The number of individuals receiving pharmacotherapy increased from 11,307 to 12,511 annually.
6.2 Implementation update			
6.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 6.2.1.i. Implementation of opioid prescribing guidelines and other			The expectation is that providers will be substantially aligned by July 1, 2021 and have full compliance by July 1, 2022, in order to have contractual relationships for receipt of public funds. On June 29, 2021, Pennsylvania released additional guidance for providers to request six-month waivers of the implementation timeline if they will have difficulty meeting the July 1, 2021 deadline. Under the new guidance, DDAP may grant a specific provider an extension to December 31, 2021 for substantial compliance; however, there are no changes to the expectation of full compliance by July 1, 2022.

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
interventions related to prevention of OUD			
6.2.1.ii. Expansion of coverage for and access to naloxone	X		
6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5	X		
7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)			
7.1 Metric trends			
7.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6		Metric #17 Follow-up after Emergency Department	The annual rate related to Follow-up after Emergency Department Visit for Alcohol or Other Drug Dependence had mixed results and Follow-up after Emergency Department Visit for Mental Illness decreased from 2019 to 2020. Metric 17(1) Follow-up after Emergency Department Visit for Alcohol or Other Drug Dependence (FUA-AD) reflects the percentage of ED visits for beneficiaries age 18 and older with a principal diagnosis of AOD abuse or dependence who had a follow-up visit for AOD abuse or dependence. Two rates are reported:

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
			• Percentage of ED visits for which the beneficiary received follow-up within 30 days of the ED visit (31 total days) decreased from CY2019 to CY2020 (84.30 to 84.09). • Percentage of ED visits for which the beneficiary received follow-up within 7 days of the ED visit (8 total days) increased from CY2019 to CY2020 (29.01 to 30.53). #17(2) Follow-up after Emergency Department Visit for Mental Illness (FUM-AD) reflects the percentage of ED visits for beneficiaries age 18 and older with a principal diagnosis of mental illness or intentional self-harm and who had a follow-up visit for mental illness. Two rates are reported: • Percentage of ED visits for mental illness for which the beneficiary received follow-up within 30 days of the ED visit (31 total days) decreased from CY2019 to CY2020 (47.33 to 43.06) • Percentage of ED visits for mental illness for which the beneficiary received follow-up within 7 days of the ED visit (8 total days). decreased from CY2019 to CY2020 (26.48 to 23.04)
7.2 Implementation update			
7.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: Implementation of policies supporting beneficiaries' transition from residential and			**DY4Q1 (July 1, 2021-September 30, 2021)** Case Management and Care coordination are part of the ASAM text and the Case Management and Clinical Services Manual. DDAP continues to provide technical assistance according to the ASAM Criteria which includes information including, but limited to, assessments, staffing, support systems, therapies and individualized person-centered care. **DY3 Q4** No update at this time **DY3 Q3**

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
inpatient facilities to community-based services and supports			No update to report. **DY3 Q1 and Q2** No update to report.
7.2.2 The state expects to make other program changes that may affect metrics related to Milestone 6			**DY4Q1 (July 1, 2021-September 30, 2021)** DDAP has emphasized the separation of clinical services from case management services within the Case Management and Clinical Services Manual. In addition, DDAP continues to place an emphasis around the importance of care coordination, and integrated care according the ASAM Criteria, 2013. **DY3Q4** DDAP continues to emphasize a separation of clinical services from care coordination. DDAP's Case Management and Clinical Services Manual discusses the requirements around case management services and clinical services being separate and distinct services. **DY3 Q3** No update to report. Efforts to separate care coordination activities from clinical services continues. **DY3 Q1 and Q2** No update to report; efforts continue.
8. SUD health information technology (health IT)			
8.1 Metric trends			
8.1.1 The state reports the following metric trends, including all		Q1. PDMP checking by provider types	Question Area A: The metrics from this quarter demonstrate that information technology is being used to slow down the rate of growth of individuals

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
changes (+ or -) greater than 2 percent related to its health IT metrics		(prescribers, dispensers). S1. Opioid prescriptions submitted to the PDMP Q2. SSO Connections live. S2. PDMP MME/D threshold exceeded alerts generated S3. PDMP Multiple Provider Alerts generated Q3. Corrections Facilities on-boarded to ADT S4. EDs connected to ADT	identified with SUD by increasing the number of providers registered with and using the PDMP. See the graphs in the Appendix. Q1 (HIT1) PDMP checking by providers (prescribers, dispensers) PDMP Provider Inquiries continued to increase through March 31, 2021. Q2 (HIT3) Single Sign On (SSO) Connections live. The number of PDMP connections/users continued to increase through March 2021. **Question Area B:** How is information technology being used to treat effectively individuals identified with SUD? **Question Area B:** The HIT Metrics #S1, S2, and S3 demonstrate that the information technology is being used to treat effectively individuals identified with SUD. Actions tracked: Opioid prescriptions dispensed and alerts for high dosage. *Note: Alerts began in October 2018.* **S1 (HIT2):** Number of Opioid Prescriptions being dispensed continued to decrease as the number of PDMP queries continued to increase. There were significantly more opioids reported dispensed beginning in January 1, 2019, but the overall trend was still a decrease in dispensed opioids. Since October 2019, the number of opioid prescriptions dispensed has remained under 600,000 with January and February 2021, falling below 500,000.

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
			S2 (HIT4): The number of individuals who receive a dosage of greater than or equal to 90 morphine milligram equivalents (MMEs) per day continued to decrease as measured by number of "Patient Exceeds Opioid Dosage (MME/D) Threshold" alerts generated. The Centers for Disease Control and Prevention (CDC) recommends that prescribers should reassess evidence of the benefits and risks to the individual when increasing dosage to ≥ 50 MME/day (e.g., ≥ 50 mg hydrocodone; ≥ 33 mg oxycodone) and avoid increasing to ≥ 90 MME/day (≥ 90 mg hydrocodone; ≥ 60 mg oxycodone) when possible due to an increased risk of complications. The PDMP has reported fewer than 54,000 alerts since February 2020, dropping to 45,000 in March 2021. **S3 (HIT5):** The number of patients received controlled substance prescriptions from three or more prescribers, and three or more pharmacists in a three-month period continued to decrease as measured by the PDMP Multiple Provider Alerts generated. The metric has stayed below 27,000 since February 2020, and has even dropped to 18,000 in March 2021. **Question Area C:** How is information technology being used to effectively monitor "recovery" supports and services for individuals identified with SUD? The HIT metrics (Q3 and S4) 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 EDs with the HIE and PDMP and the increase in alerts sent.

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
			Q3 (HIT6): The number of corrections connections live has increased over the demonstration. Pennsylvania eHealth is working on establishing connections between all prisons and the gateway, to be able to see information about inmates. This is about using the PDMP through a portal and integration with medical records. Twenty-five corrections facilities have been on-boarded with the HIE. This represents all Commonwealth corrections facilities (there are only 24 Commonwealth correctional facilities, one corrections facility was closed in 2020) and they are all on-boarded now to the Pennsylvania Patient & Provider Network (P3N), which is the HIE in the Commonwealth. The Commonwealth will now begin working with county facilities to begin on boarding those facilities. *Note: one corrections facility was closed in 2020.* **S4 (HIT7):** Tracking MAT to treat SUDs and prevent opioid overdose using the metric for the number of EDs connected to the HIE (HIT PM 7). This is the Hospital Quality Improvement Program which tracks the number of EDs that are connected to the HIE and sends Automated Admission, Discharge, and Transfer (ADT) Alerts. The Commonwealth-wide alerting system tracks the volume of alerting messages over time. Actions Tracked: Individuals connected to alternative therapies from other community-based resources for pain management or general therapy/treatment and number of alerts sent. *Note: one hospital with an ED closed in DY2Q2. This resulted in a slight drop in the number of EDs on-boarded with the HIE. Two hospitals began sending inpatient alerts in November 2019. The Health Information Organizations are working to get more hospitals to send inpatient alerts.*
8.2 Implementation update			

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
8.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 8.2.1.i. How health IT is being used to slow down the rate of growth of individuals identified with SUD			**Question Area A:** The metrics from this quarter 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 with and using the PDMP.
8.2.1.ii.How health IT is being used to treat effectively individuals identified with SUD			**Question Area B:** How is information technology being used to treat effectively individuals identified with SUD? **Question Area B:** The HIT Metrics #S1, S2, and S3 demonstrate that the information technology is being used to treat effectively individuals identified with SUD. Actions tracked: Opioid prescriptions dispensed and alerts for high dosage. *Note: Alerts began in October 2018.*
8.2.1.ii. How health IT is being used to effectively monitor "recovery"			**Question Area C:** The HIT metrics (Q3 and S4) 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

Prompt		State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
	supports and services for individuals identified with SUD			the overall integration of corrections facilities and EDs with the HIE and PDMP, and the increase in alerts sent.
8.2.1.iii.	Other aspects of the state's plan to develop the health IT infrastructure/ capabilities at the state, delivery system, health plan/MCO, and individual provider levels	X		
8.2.1.iv.	Other aspects of the state's health IT implementation milestones	X		
8.2.1.v.	The timeline for achieving health IT	X		

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
implementation milestones			
8.2.1.vi. Planned activities to increase use and functionality of the state's prescription drug monitoring program	X		
8.2.2 The state expects to make other program changes that may affect metrics related to health IT	X		
9. Other SUD-related metrics			
9.1 Metric trends			
9.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to		Metric #23: ED Utilization for SUD per 1,000 Medicaid Beneficiaries	• Metric #23: ED utilization for SUD per 1,000 beneficiaries dipped with the inception of the PHE and then continued the trend of declining utilization. The Child subpopulation metric is affected by the data reporting correction. • Metric #24: Inpatient hospitalizations dropped with the inception of the PHE. Children's hospitalizations due to SUD increased during the PHE and

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
other SUD-related metrics		Metric #24: Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries Metric #25: Readmissions Among Beneficiaries with SUD Metric #26: Drug Overdose Deaths (count) Metric #27: Drug Overdose Deaths (rate) Metric #32: Access to Preventive/Ambulatory Health Services for Adult Medicaid	continue to be higher than before the PHE. The Child subpopulation metric is affected by the data reporting correction.

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
		Beneficiaries with SUD	
9.2 Implementation update			
9.2.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics	X		

4. Narrative information on other reporting topics

Prompts	State has no update to report (Place an X)	State response
10. Budget neutrality		
10.1 Current status and analysis		

<table>
<tr><th>Prompts</th><th>State has no update to report (Place an X)</th><th>State response</th></tr>
<tr><td>10.1.1 If the SUD component is part of a broader demonstration, the state should provide an analysis of the SUD-related budget neutrality and an analysis of budget neutrality as a whole. Describe the current status of budget neutrality and an analysis of the budget neutrality to date.</td><td></td><td>The Commonwealth is using the correct budget neutrality (BN) forms for the SUD 1115 quarterly report and is now correctly reporting by demonstration year.

The Commonwealth is budget neutral as illustrated in the state’s submission.</td></tr>
<tr><td colspan="3">10.2 Implementation update</td></tr>
<tr><td>10.2.1 The state expects to make other program changes that may affect budget neutrality</td><td>X</td><td></td></tr>
<tr><td colspan="3">11. SUD-related demonstration operations and policy</td></tr>
<tr><td colspan="3">11.1 Considerations</td></tr>
<tr><td>11.1.1 The state should highlight significant SUD (or if broader demonstration, then SUD-related) demonstration operations or policy considerations that could positively or negatively affect beneficiary enrollment, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also, note any activity that may accelerate or create delays or impediments in achieving the SUD demonstration’s approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail.</td><td></td><td>Annual report of SUD Complaints and Grievances (Grievances and Appeals in Federal language)

In looking at SFY 2020/2021 compared to SFY 2019/2020, there was an decrease in the SUD complaints filed (numerators) and a decrease in the MH/SUD complaints filed (denominators). There was a decreased trend in quarterly percentages with one break over the four quarters.

Complaints (Federal Grievances)
<table>
<tr><th>Quarterly</th><th>Total Numbers of SUD Grievances Denominator</th><th>Total Numbers of SUD Grievances-Numerator</th></tr>
</table>
</td></tr>
</table>

Prompts	State has no update to report (Place an X)	State response

1st	520	158
2nd	518	154
3rd	487	135
4th	643	181
Total Grievances SFY 20-21	**2168**	**628**

Grievances (Federal Appeals)

Quarterly	Total Numbers of SUD Appeals-Denominator	Total Numbers of SUD Appeals-Numerator
1st	61	0
2nd	77	2
3rd	64	0
4th	66	3
Total Appeals SFY 20-21	**268**	**5**

Complaints (Federally known as Grievances)

	SFY 2018/ 2019	SFY 2019/ 2020	SFY 2020/ 2021	Rate (18/19 to 19/20)	Description (18/19 to 19/20)	Rate (19/20 to 20/21)	Description (19/20 to 20/21)
N	975	879	628	9.85%	DECREASE in Numerator	-29%	Almost 30% DECREASE in Numerator
D	2,968	3,595	2,168	1.21%	21% INCREASE in Denominator	-40%	40% DECREASE in Denominator

<table>
<tr><th>Prompts</th><th>State has no update to report (Place an X)</th><th>State response</th></tr>
<tr><td></td><td></td><td>
Grievances (Federally known as Appeals)
<table>
<tr><th></th><th>SFY 2018/ 2019</th><th>SFY 2019/ 2020</th><th>SFY 2020/ 2021</th><th>Rate (18/19 to 19/20)</th><th>Description (18/19 to 19/20)</th><th>Rate (19/20 to 20/21)</th><th>Description (19/20 to 20/21)</th></tr>
<tr><td>N</td><td>117</td><td>343</td><td>5</td><td>2.93%</td><td>Almost a threefold INCREASE in SUD Grievances filed</td><td>-99%</td><td>Appeals filed are a fraction of previous years</td></tr>
<tr><td>D</td><td>975</td><td>2,052</td><td>268</td><td>2.10%</td><td>A two fold INCREASE in Grievances</td><td>-87%</td><td>Appeals filed are a fraction of previous years</td></tr>
</table>

The expectation is that providers will be substantially aligned by July 1, 2021 and have full compliance by July 1, 2022, in order to have contractual relationships for receipt of public funds. On June 29, 2021, Pennsylvania released additional guidance for providers to request six-month waivers of the implementation timeline if they will have difficulty meeting the July 1, 2021 deadline. Under the new guidance, DDAP may grant a specific provider an extension to December 31, 2021 for substantial compliance; however, there are no changes to the expectation of full compliance by July 1, 2022.
</td></tr>
</table>

Prompts	State has no update to report (Place an X)	State response
11.2 Implementation update		

11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 11.2.1.i. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)		**DY4Q1 (July 1, 2021-September 30, 2021)** DDAP and DHS have collaborated on the 1115 Waiver and ASAM alignment throughout this reporting period. During this time, the legislature passed Act 70, which provided treatment providers an opportunity to request an extension to aligning with the ASAM Criteria to December 31, 2021. DDAP continues to move forward with efforts to improve SUD treatment and provide individualized, person-centered quality care throughout the treatment system in PA by aligning with the ASAM Criteria 2013. DDAP continues to educate the legislature on the benefits to evidence based practices and addressing concerns. In addition, DDAP continues to hold and participate in meetings with the single county authorities, managed care organizations, and treatment providers to provide technical assistance and address questions around the alignment with ASAM. **DY3 Q4** DDAP continues to collaborate with DHS regarding the 1115 Waiver. In addition, DDAP is also working to educate the field and legislature on individualized and person-centered care and the benefits of evidence-based practices. There continues to be some apprehension from certain stakeholder groups and organizations regarding the ASAM alignment so DDAP is continually meeting with these entities and the legislature to address their concerns. **DY3 Q3** DDAP continues to work to educate the legislature regarding the alignment to ASAM and the benefits to the individualize care and evidence based practices. DDAP

Prompts	State has no update to report (Place an X)	State response
		meets with stakeholder groups and organizations to address the political concerns. **DY3 Q1 and Q2** Despite being three years into this initiative, political pushback continues to occur. Pennsylvania has been able to make significant strides forward with its transition despite the minority opposition; however, it does mean that 100% of the department's effort has not been able to be focused entirely on the transition itself. Additionally, the size of the state and number of providers continues to make the transition a sizeable effort.
11.2.1.ii. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)		**DY4Q1** OMHSAS continues to pursue directed payment authority from CMS. **DY3Q4** OMHSAS has announced that it will request approval from CMS to have a directed payment for primary contractors and BH-MCOs to ensure that providers are paid a sufficient rate to support ASAM alignment. The directed payment will have requested effective date of January 2022. This will be approved through the CY2022 capitated rates.

Prompts	State has no update to report (Place an X)	State response
11.2.1.iii. Partners involved in service delivery		**DY4Q1 (July 1, 2021-September 30, 2021)** No change, DDAP is continuing to work with the various organizations and state agencies in aligning providers with the ASAM Criteria, 2013. **DY3Q4** DDAP is continuing to work with the various organizations and state agencies in aligning providers with the ASAM Criteria, 2013. **DY3 Q3** DDAP continues to work with the identified partners in the alignment to the ASAM Criteria, 2013. **DY3 Q1 and Q2** No update.
11.2.2 The state experienced challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers) and/or noted any performance issues with contracted entities	X	
11.2.3 The state is working on other initiatives related to SUD or OUD	X	
11.2.4 The initiatives described above are related to the SUD or OUD demonstration (The state should note similarities and differences from the SUD demonstration)	X	

Prompts	State has no update to report (Place an X)	State response
12. SUD demonstration evaluation update		
12.1 Narrative information		
12.1.1 Provide updates on SUD evaluation work and timeline. The appropriate content will depend on when this report is due to CMS and the timing for the demonstration. There are specific requirements per Code of Federal Regulations (CFR) for annual reports. See report template instructions for more details.		With the approval of the 1115 renewal pushed back until March 2022, the Commonwealth is continuing to anticipate that its interim evaluation will be submitted with the renewal request. The Commonwealth has begun work on its interim evaluation. The draft interim evaluation report is due with submission of the renewal application and the draft summative evaluation report is due 18 months following the demonstration (March 31, 2024). There are no anticipated barriers to achieving the goals and timeframes related to the demonstration evaluation after the PHE.
12.1.2 Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs		All existing deadlines are anticipated to be met.
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates		The draft interim evaluation report is due with the submittal of the renewal application and the draft summative evaluation report is due 18 months following the demonstration (March 31, 2024). There are no anticipated barriers to achieving the goals and timeframes related to the demonstration evaluation after the PHE.

Prompts	State has no update to report (Place an X)	State response
13. Other demonstration reporting		
13.1 General reporting requirements		
13.1.1 The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol		**DY4Q1 (July 1, 2021-September 30, 2021)** The services description for all levels of care are posted to the DDAP website. In addition, DDAP continues to participate in meetings and respond to inquiries around WM. DDAP in partnership with DHS is beginning a series of monthly TA calls to address various topics for alignment for ASAM. **DY3 Q4** Service Descriptions are complete for all levels of care. DDAP is working on providing information to the field regarding withdrawal management. DDAP is partnering with DHS regarding COD. **DY3 Q3** No update **DY3 Q1 and Q2** WM and COD are service details that are in process, but that have not yet been released to the provider network. DHS and DDAP have begun working on coding of those services that have been determined. Efforts are underway to establish a joint monitoring tool.

Prompts	State has no update to report (Place an X)	State response
13.1.2 The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes		**DY4Q1** **DY3Q4** The expectation is that providers will be substantially aligned by July 1, 2021 and have full compliance by July 1, 2022, in order to have contractual relationships for receipt of public funds. On June 29, 2021, Pennsylvania released additional guidance for providers to request six-month waivers of the implementation timeline if they will have difficulty meeting the July 1, 2021 deadline. Under the new guidance, DDAP may grant a specific provider an extension to December 31, 2021 for substantial compliance; however, there are no changes to the expectation of full compliance by July 1, 2022. Over 300 providers requested extensions.
13.1.3 Compared to the demonstration design and operational details, the state expects to make the following changes to: 13.1.3.i. The schedule for completing and submitting monitoring reports	X	
13.1.3.ii. The content or completeness of submitted reports and/or future reports	X	
13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation	X	

Prompts	State has no update to report (Place an X)	State response
13.2 Post-award public forum		
13.2.2 If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicating any resulting action items or issues. A summary of the post-award public forum must be included here for the period during which the forum was held and in the annual report.		The Commonwealth completed the post award forum on February 16, 2021. There were 33 attendees including members of the public and State employees. **Summary of Pennsylvania SUD 1115 Demonstration Post Award Forum Comments:** **Commenter 1:** Will the ASAM compliance review process be separate from the licensing survey, or will the two be combined? If a provider is found to out of compliance with ASAM standards, what will be expected by DDAP and/or DHS? **Answer: Licensing is one element, but there will be separate reviews. DDAP/DHS will require alignment when contracted with SCA. Case-by-case basis on Provider's plan to come into compliance.** **Commenter 2:** What is the timing around Medication for Opioid Use Disorder (MOUD)? For example, are all SUD agencies required to offer MOUD rapidly or can agencies offer MOUD upon discharge from a LOC? **Answer: DDAP/DHS is requiring MOUD available at every level by every contractor. We cannot expect**

Prompts	State has no update to report (Place an X)	State response
		every Provider to have MOUD, but must have inside/outside referrals available. **Commenter 3:** ASAM is recommending induction of agonist medications in place of detoxification from opioids as a first line of treatment for opioid use disorder (OUD); has there been any discussion on how to create a 3.7 WM standard that allows funding for WM, while also allowing for induction on agonist medications? **Answer: Short answer is Yes. ASAM 3.7 includes WM that would be considered as treatment going into this LOC.** **Commenter 4:** Measuring continuity of MOUD. In future, there will be more medication down the line. How would we measure that? Variations on dosing and some people are taken off medications. MCOs are struggling due to not being able to share all information with the OP facilities. **Answer: DHS may have access to show how long individuals have taken said medications. Moving forward, this is definitely something we need to look into as we develop and discover more medications that can help individuals. We are just not there with the quality of pieces. Brenda stated that there is a**

Prompts	State has no update to report (Place an X)	State response
		metric being planned alongside Medicaid Management Information System (MMIS). **Commenter 5:** This written comment is concerned with the implementation of ASAM to place patients in treatment for the following reasons: • ASAM is unnecessarily complicated. • ASAM focuses on acute conditions instead of chronic history. • ASAM does not line up with the actual Pennsylvania treatment system. • The Pennsylvania Client Placement Criteria (PCPC) is more appropriate and was based off ASAM. The PCPC is a criteria that was developed as a requirement of Act 152 of 1988 and is specifically for this patient population. The PCPC links the criteria to the treatment system. **Commenter 6:** This written comment supports Pennsylvania's 1115 waiver agreement but believes it does not go far enough in addressing the alcohol and drug addiction. This commenter believes that the real remedy must start with the repeal of the IMD exclusion because it is a violation of the federal Mental Health Parity & Addiction Equity Act of 2008. This commenter supports longer length

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		of time in treatment. Supports the 1115 Waiver, but expressed serious concerns about the replacement of PCPC with ASAM Criteria. The Commonwealth stated that using ASAM Criteria is in violation of Act 152 of 1988 and Pennsylvania constitution and that there concerns in the Pennsylvania House and Senate regarding decision to transition to ASAM Criteria. Finally, as per the prior discussion, length of stay in treatment is the single most important predictor of success and strong recovery. For this reason, we searched the Metrics Workbook and Monitoring Reports for this important measure and could find little information. The Metrics Workbook and reports are quite challenging to review, so perhaps we missed the information on this metric. (Metric #36, length of stay) The absence of this critical information was identified as a problem and a deviation as far back as the DY1Q2 Metrics Workbook and as far as we can tell, this has still not been corrected. This is an area of deep concern. In closing, addiction that is not properly treated moves forward with simple, predictable, and fatal certainty. Once again, overdose death rates are approaching historically high levels in the Commonwealth, even as life-saving Narcan® is in widespread use. **Department's Responses to Comment 5 and 6**

Prompts	State has no update to report (Place an X)	State response
		PCPC to ASAM Transition: The use of ASAM Criteria as the assessment and LOC placement tool aligns with both Centers for Medicare & Medicaid Services (CMS) requirements for a nationally recognized SUD specific program standard for residential treatment facilities as well as with DDAP's decision to transition to the use of ASAM Criteria as the placement standard for Pennsylvania. This decision was announced by DDAP in March of 2017 prior to the decision by DHS to submit an 1115 Demonstration application to CMS. DDAP issued guidance to the counties to use the ASAM admission criteria as of May 1, 2018 and ASAM treatment planning, continuing stay and discharge criteria as of March 1, 2019. The ASAM Transition Workgroup convened by DDAP assists with the transition to ASAM and addresses any issues related to the criteria that would require specific application guidance for providers. The ASAM Transition Workgroup continues to meet and discuss any identified transition needs. **Availability of Various Waiver-related Reports for Public:** The 1115 demonstration requires quarterly and annual reporting on the specific milestones and measures to CMS. Part of the reporting also includes a summary of the public comments received at the post award forum to be

Prompts	State has no update to report (Place an X)	State response
		provided to CMS. DHS posts all the required information on the DHS website, including BN information.
14. Notable state achievements and/or innovations		
14.1 Narrative information		
14.1.1 Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SUD (or if broader demonstration, then SUD related) demonstration or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries.		On August 4, 2021, Governor Tom Wolf signed the fifteenth Opioid Disaster Declaration to help the state fight the Opioid and heroin epidemic. This opioid disaster declaration will last 21 days or until the General Assembly takes action to extend the declaration by August 26.

*The state should remove all example text from the table prior to submission.

Note: Licensee and states must prominently display the following notice on any display of Measure rates:

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