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 3 Quarter 4 (DY3Q4)*
Reporting period	*April 1, 2021–June 30, 2021 Quarterly 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.

- Metric #3: The number of individuals with SUD diagnoses has continued to decline through March 2021. This result may be affected by the pandemic.
- Metrics #6–#12: The number of unduplicated individuals receiving any services increased in general since the beginning of the Demonstration. There are many swings each month in the unduplicated number of individuals. Dual eligible's and older adult's utilization of SUD services decreased through March 2021. Pregnant Women and Children's utilization of increased through March 2021.
- Metric #23: ED utilization for SUD per 1,000 beneficiaries dipped with the inception of the pandemic and then continued the trend of declining utilization. Children's utilization of EDs for SUD has been constant since the beginning of the pandemic.
- Metric #24: Inpatient hospitalizations dropped with the inception of the pandemic. Children's hospitalizations due to SUD increased during the pandemic and continue to be higher than before the pandemic.

- 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. Improvements in the overall integration of HIT continue as the number of corrections facilities and EDs with the Health Information Exchange (HIE) integrated with the Prescription Drug Monitoring Program (PDMP) are increasing. 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 pandemic.
- *The Commonwealth plans to complete programming of metric #15, in the DY4Q1 (Quarter Ending [QE] 9/30/2021) report.*
- **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. This result may be affected by the pandemic. Subpopulations: • There is a decrease in pregnant women with diagnoses after March 2020 through March 2021. • The number of older adults and children and dual eligible individuals with a SUD diagnosis increased up through the pandemic. After the pandemic, the number of dual eligibles has declined.

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
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 beneficiary for the demonstration	X		
1.2.2 The state expects to make other program changes that may affect metrics related to assessment of need and			**DY3Q4** DDAP completed the alignment for Level 2.5 Partial Hospitalization Program (PHP) services for the providers under contract with the Single County Authorities (SCAs). 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 LOCs and works with them by

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
qualification for SUD services			offering technical assistance through conference calls, email correspondence and FAQs. A list of aligned facilities may be found at http://www.ddap.pa.gov/Professionals/Pages/ASAM-Transition.aspx.

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. • Pregnant Women and Children's utilization of increased through March 2021. • *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 pandemic in spring 2020 when there was a drop. Utilization increased again in through March 2021. The utilization of children increased again beginning in January 2021 as children went back to in-person school.

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 #36 Average Length of Stay in IMDs	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 pandemic when there was a drop from January 2020 to May 2020. Utilization increased again through March 2021 especially among pregnant women and children with dual eligibles and older members utilization dropping. 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 pandemic 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 pandemic in March 2020. While there has been some increase as the pandemic has gone on, the overall utilization of IOP/PHP has continued to decrease due to ASAM alignment. 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 pandemic when there was a drop in Spring 2020. Utilization increased again in the fall of 2020 through March 2021. Pregnant women and children have both had slight increases in residential and inpatient utilization.

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
			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 pandemic 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. Children in particular had a dramatic increase in WM usage in fall 2020 through March 2021. The pandemic has led to volatility in the utilization of WM. 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 pandemic 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 October 2020.
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			**DY3Q4** To date, approximately 12,750 individuals have been trained in The ASAM Criteria through either a two-day classroom offering through Train for Change or on-demand modules through The Change Companies.

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
improve access to SUD treatment services across the continuum of care for Medicaid beneficiaries (e.g. outpatient services, intensive outpatient services, medication-assisted treatment, services in intensive residential and inpatient settings, medically supervised withdrawal management)			

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
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 medication-assisted treatment services provided to individual IMDs			**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 SCAs and providers through phone, email, and written correspondence. DDAP is also working on updating the FAQs for ASAM.
2.2.2 The state expects to make other program changes that may affect			**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

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
metrics related to Milestone 1			LOCs. DDAP continues to collaborate with other departments and stakeholders on the ASAM alignment process.

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			**DY3Q4** To date, approximately 12,750 individuals have been trained in The ASAM Criteria through either a two-day classroom offering through Train for Change or on-demand modules through The Change Companies.

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
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 process for reviewing placement in residential treatment settings	X		

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
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:			**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. The alignment process will continue for additional providers who wish to be considered for contracting with an SCA.

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			
4.2.1.ii. Review process for residential treatment providers' compliance with qualifications.			**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.
4.2.1.iii. Availability of medication-assisted treatment at			**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 LOCs.

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
residential treatment facilities, either on-site or through facilitated access to services off site			
4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3	X		

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			**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.
5.2.2 The state expects to make other program changes that may affect	X		

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
metrics related to Milestone 4			
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 Persons Without Cancer Metric #21 Concurrent Use of Opioids and Benzodiazepine	The Commonwealth plans to complete programming of metric #15, in the DY4Q1 (QE 9/30/2021) report.

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
		Metric #22: Continuity of Pharmacotherapy for Opioid Use Disorder	
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 interventions related to prevention of OUD			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.
6.2.1.ii. Expansion of coverage for and access to naloxone	X		

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
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	X		
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 inpatient facilities to	X		

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
community-based services and supports			
7.2.2 The state expects to make other program changes that may affect metrics related to Milestone 6			**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.
8. SUD health information technology (health IT)			
8.1 Metric trends			
8.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics		Q1. PDMP checking by provider types (prescribers, dispensers). S1. Opioid prescriptions submitted to the PDMP Q2. SSO Connections live. S2. PDMP MME/D threshold	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. 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?

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
		exceeded alerts generated S3. PDMP Multiple Provider Alerts generated Q3. Corrections Facilities on-boarded to ADT S4. EDs connected to ADT	**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. **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

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
			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. **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.*

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
			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			
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			**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.

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
identified with SUD			
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" supports and services for individuals identified with SUD			**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 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	X		

Prompt		State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
	the state, delivery system, health plan/MCO, and individual provider levels			
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 implementation milestones	X		
8.2.1.vi.	Planned activities to increase use and functionality of the state's prescription drug monitoring program	X		

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
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 other SUD-related metrics		Metric #23: ED Utilization for SUD per 1,000 Medicaid Beneficiaries Metric #24: Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries Metric #25: Readmissions Among Beneficiaries with SUD	• Metric #23: ED utilization for SUD per 1,000 beneficiaries dipped with the inception of the pandemic and then continued the trend of declining utilization. Children's utilization of EDs for SUD has been constant since the beginning of the pandemic. • Metric #24: Inpatient hospitalizations dropped with the inception of the pandemic. Children's hospitalizations due to SUD increased during the pandemic and continue to be higher than before the pandemic.

Prompt	State has no trends/ update to report (place an X)	Related metric(s) (if any)	State response
		Metric #26: Drug Overdose Deaths (count) Metric #27: Drug Overdose Deaths (rate) Metric #32: Access to Preventive/Ambulatory Health Services for Adult Medicaid 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		
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.		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.
10.2 Implementation update		
10.2.1 The state expects to make other program changes that may affect budget neutrality	X	
11. SUD-related demonstration operations and policy		
11.1 Considerations		
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		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

Prompts	State has no update to report (Place an X)	State response
approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail.		compliance; however, there are no changes to the expectation of full compliance by July 1, 2022.
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)		**DY3Q4** DDAP continues to collaborate with the Department of Human Services (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.
11.2.1.ii. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)		**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.
11.2.1.iii. Partners involved in service delivery		**DY3Q4** DDAP is continuing to work with the various organizations and state agencies in aligning providers with the ASAM Criteria, 2013.

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

Prompts	State has no update to report (Place an X)	State response
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 pandemic.
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		**DY3Q4** Service Descriptions are complete for all LOCs. DDAP is working on providing information to the field regarding WM. DDAP is partnering with DHS regarding co-occurring substance use and mental disorders (COD). DHS is preparing updated coding in order to collect encounter data from Medicaid BH-MCOs regarding the updated ASAM LOCs.

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		**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	
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 §	X	

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