

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	<i>Oklahoma</i>
Demonstration name	<i>Institutions for Mental Diseases Waiver for Serious Mental Illness/Substance Use Disorder</i>
Approval period for section 1115 demonstration	<i>12/22/2020-12/31/2025</i>
SUD demonstration start date^a	<i>12/22/2020</i>
Implementation date of SUD demonstration, if different from SUD demonstration start date^b	<i>01/18/2021</i>
SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives	<i>Increased rates of identification, initiation and engagement in treatment for SUD/OD; Increased adherence to and retention in treatment for SUD/OD; Reduced utilization of emergency department and inpatient hospital settings where utilization is preventable or medically inappropriate; Improved access to care for physical health conditions; Fewer preventable/medically inappropriate readmissions to the same or higher level of care; Reduction in overdose death, particularly those due to opioids.</i>
SUD demonstration year and quarter	<i>SUD DY4 Q4</i>
Reporting period	<i>10/01/2024-12/31/2024</i>

^a **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.

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

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.

With the approval of the demonstration on December 22, 2020, the State began implementation of the SUD portion of the demonstration on January 18, 2021.

Medicaid expansion was implemented in the state on July 1, 2021. This change allows newly eligible adults access to Medicaid physical and mental health services and providers previously unavailable to them.

SB 1337 was signed into state law on May 26, 2022. This bill requires implementation of managed care for most Medicaid populations by October 1, 2023, or upon CMS approval. The State implemented managed care on February 1, 2024, for prepaid ambulatory health plans (PAHP) dental program and on April 1, 2024, for managed care organization (MCO) Medical and Children's Specialty programs in partnership with CMS.

The State continues to work with providers and partners to expand access to vital behavioral health services and strengthen and improve coordination of the statewide network. The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) is leading a statewide planning effort to support a comprehensive, statewide crisis response system in coordination with the new national 988 crisis number that was launched in July 2022. During this reporting period, the State experience a 30-day average call volume of approximately 6,100 calls during this reporting quarter. Part of this effort also includes expansion of crisis services within Urgent Recovery Clinics (URCs) in strategic areas of the state.

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	X		
1.2 Implementation update			
1.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
1.2.1.i. The target population(s) of the demonstration			
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 qualification for SUD services	X		

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
Oklahoma Institutions for Mental Diseases Waiver for Serious Mental Illness/Substance Use Disorder

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		<i>Monthly Metric 3, 6, 8, 10, 11, 12</i> <i>Monthly Metric 7, 9</i>	<i>Increase of greater than 2 percent: Medicaid Beneficiaries with SUD Diagnosis (monthly); Any SUD Treatment; Outpatient Services; Residential and Inpatient Services; Withdrawal Management; Medication Assisted Treatment</i> <i>Decreases of greater than 2 percent: Early Intervention; Intensive Outpatient and Partial Hospitalization</i> <i>The State is encouraged to see increases in beneficiaries with SUD diagnosis accompanied by increases in many types of service utilization across levels of care. The State will continue to monitor changes in these metrics.</i>
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-assisted treatment, services in intensive residential and inpatient settings, medically supervised withdrawal management)	X		

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
 Oklahoma Institutions for Mental Diseases Waiver for Serious Mental Illness/Substance Use Disorder

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	X		
2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1	X		

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
Oklahoma Institutions for Mental Diseases Waiver for Serious Mental Illness/Substance Use Disorder

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	X		
3.2.1.ii. Implementation of a utilization management approach to ensure (a) beneficiaries have access to SUD services at the appropriate level of care, (b) interventions are appropriate for the diagnosis and level of care, or (c) use of independent process for reviewing placement in residential treatment settings	X		
3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2	X		

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
Oklahoma Institutions for Mental Diseases Waiver for Serious Mental Illness/Substance Use Disorder

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 <i>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.</i>	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: 4.2.1.i. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards	X		
4.2.1.ii. Review process for residential treatment providers' compliance with qualifications.	X		
4.2.1.iii. Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site	X		
4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3	X		

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
Oklahoma Institutions for Mental Diseases Waiver for Serious Mental Illness/Substance Use Disorder

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	X		
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			

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
Oklahoma Institutions for Mental Diseases Waiver for Serious Mental Illness/Substance Use Disorder

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5		<i>Annual Metric 18, 21</i> <i>Monthly Metric 23</i>	<i>Decreases of greater than 2 percent: Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD); Concurrent Use of Opioids and Benzodiazepines (COB-AD)</i> <i>Decreases of greater than 2 percent: Emergency Department Utilization for SUD per 1,000 Medicaid beneficiaries</i> <i>We anticipate ED utilization fluctuations are due to normal variations in service utilization and will continue to monitor, though the State is encouraged to see a decrease in this measure, and notes decreases in annual measures related to opioid use.</i>
6.2 Implementation update			
6.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
6.2.1.i. Implementation of opioid prescribing guidelines and other 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			

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
Oklahoma Institutions for Mental Diseases Waiver for Serious Mental Illness/Substance Use Disorder

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
7.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6		<i>Annual Metric 15, 17(1), 17(2)</i>	<i>Increase of greater than 2 percent: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD), all measures; Percentage of ED visits for which the beneficiary received follow-up within 7 days; Percentage of ED visits for mental illness for which the beneficiary received follow-up within 30 days; 7 days</i> <i>The State is encouraged by increases in these annual measures, with notable increases in initiation/engagement for opioid use disorder.</i>
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 community-based services and supports	X		
7.2.2 The state expects to make other program changes that may affect metrics related to Milestone 6	X		
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	X		
8.2 Implementation update			

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
Oklahoma Institutions for Mental Diseases Waiver for Serious Mental Illness/Substance Use Disorder

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	X		<i>This is not an objective in the State's approved implementation plan for SUD.</i>
How health IT is being used to treat effectively individuals identified with SUD			
8.2.1.ii. How health IT is being used to effectively monitor "recovery" supports and services for individuals identified with SUD	X		<i>This is not an objective in the State's approved implementation plan for SUD.</i>
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			<i>The State is implementing an eCQM dashboard, this project is currently in a pilot phase and still projected to be operational Q4 of 2024. Initially, this will be based on claims data only with the future plans to incorporate clinical data from the HIE. Operations include performance reporting, and eCQM support. OHCA has required its MCOs to participate with the HIE to assist with their ability to provide quality care.</i>
8.2.1.iv. Other aspects of the state's health IT implementation milestones			<i>See response to 8.2.1.iii</i>
8.2.1.v. The timeline for achieving health IT implementation milestones			<i>See response to 8.2.1.iii</i>
8.2.1.vi. Planned activities to increase use and functionality of the state's prescription drug monitoring program			<i>Due to a change in vendors, the PDMP integration to the HIE portal is on hold, but is planned to be integrated in the future.</i>
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			

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
 Oklahoma Institutions for Mental Diseases Waiver for Serious Mental Illness/Substance Use Disorder

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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		<i>Metric 24</i>	<i>Increases of greater than 2 percent: Inpatient Stays for SUD per 1,000 Medicaid beneficiaries</i> <i>We anticipate these fluctuations are due to normal variations in service utilization and will continue to monitor.</i>
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

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
Oklahoma Institutions for Mental Diseases Waiver for Serious Mental Illness/Substance Use Disorder

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.		<i>State staff worked with its third-party/independent evaluator (PHPG) on the budget neutrality design for the separate 1115 SMI/SUD waiver. The budget neutrality design for this 1115 waiver demonstration was submitted on November 25, 2024, for the upcoming budget neutrality quarterly report.</i> <i>Additionally, the State requested technical assistance from CMS on November 7, 2024, to clarify whether SoonerSelect 1915b enrollees who receive IMD services should be included in the 1115 IMD Demonstration population for purposes of budget neutrality reporting. If so, how should these costs be reported?</i> <i>We have identified three options for review with CMS, the first of which seems most appropriate, as it represents actual State expenditures:</i> <i>1. State MCE capitation payments in the months when a SoonerSelect member received treatment in an IMD);</i> <i>2. The portion of MCE capitation payments specific to IMD services, multiplied by all SoonerSelect member months; or</i> <i>3. Actual MCE expenditures, as derived from encounter data (which may be incomplete and subject to later revision).</i>
10.2 Implementation update		
10.2.1 The state expects to make other program changes that may affect budget neutrality		<i>The State implemented Medicaid expansion on July 1, 2021.</i>
11. SUD-related demonstration operations and policy		

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
Oklahoma Institutions for Mental Diseases Waiver for Serious Mental Illness/Substance Use Disorder

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 approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail.		<i>The State implemented Medicaid expansion on July 1, 2021.</i>
11.2 Implementation update		
11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:		<i>The State implemented Medicaid expansion on July 1, 2021.</i>
11.2.1.i. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)		
11.2.1.ii. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)	<i>X</i>	
11.2.1.iii. Partners involved in service delivery	<i>X</i>	
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	<i>X</i>	
11.2.3 The state is working on other initiatives related to SUD or OUD		<i>With the launch of the national 988 crisis number, the ODMHSAS is serving as the central organizing body for the comprehensive, statewide crisis response system in Oklahoma. The project integrates the national 988 number with the statewide crisis call center system, which provides triage and referral for all callers and mobile crisis response when appropriate. The system also assists law enforcement to appropriately refer and manage crisis situations.</i>

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
Oklahoma Institutions for Mental Diseases Waiver for Serious Mental Illness/Substance Use Disorder

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)		<i>The initiative above supports the State's efforts related to Milestone 6: Improved Care Coordination and Transitions between Levels of Care.</i>
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.		<i>During this reporting period, the State's independent evaluator, Pacific Health Policy Group (PHPG, completed the mid-point assessment. The State submitted the mid-point assessment to CMS on December 18, 2024.</i>
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		<i>During this reporting period, the State's independent evaluator, Pacific Health Policy Group (PHPG, completed the mid-point assessment. The State submitted the mid-point assessment to CMS on December 18, 2024.</i>
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates		<i>The interim evaluation report was due on December 31, 2024, or with the renewal application due June 30, 2025.</i> <i>The summative evaluation report is due on June 30, 2027.</i>
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	X	
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	X	

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
Oklahoma Institutions for Mental Diseases Waiver for Serious Mental Illness/Substance Use Disorder

13.1.3 Compared to the demonstration design and operational details, the state expects to make the following changes to:	<i>X</i>	
13.1.3.i. The schedule for completing and submitting monitoring reports		
13.1.3.ii. The content or completeness of submitted reports and/or future reports	<i>X</i>	
13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation	<i>X</i>	
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.	<i>X</i>	
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.	<i>X</i>	

*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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