1. Title Page for Ohio's 1115 SUD Demonstration Waiver

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

State	**Ohio**
Demonstration Name	**Ohio Section 1115 Substance Use Disorder Demonstration**
Approval Date	**September 24, 2019**
Approval Period	**October 1, 2019 – September 30, 2024**
SUD (or if broader demonstration, then SUD Related) Demonstration Goals and Objectives	During the 1115 SUD Demonstration waiver period Ohio expects to achieve the following goals: 1. Increased rates of identification, initiation, and engagement in treatment for SUD; 2. Increased adherence to and retention in treatment; 3. Reductions in overdose deaths, particularly those due to opioids; 4. Reduced utilization of emergency departments and inpatient hospital settings for treatment where the utilization is preventable or medically inappropriate through improved access to other continuum of care services; 5. Fewer readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate; and 6. Improved access to care for physical health conditions among beneficiaries with SUD.

2. Executive Summary

During the third quarter of the first year of the 1115 Substance Use Disorder Demonstration Ohio continues to work on requirements found in the waiver Special Terms and Condition as agreed upon by CMS and the Ohio Medicaid.
Highlights of this work are as follows:

1115 SUD waiver documents due during the Quarter
The Draft 1115 SUD Evaluation Design was submitted to CMS on March 21, 2020 for review. In addition, ODM's responses to CMS Comments on the1115 Monitoring Protocol and Monitoring Metrics Workbook were submitted along with the updates and corrections to the Protocol and Workbook on April 30, 2020.

Waiver updates for the Quarter
Ohio has continued to review our behavioral health benefit package to assure it can meet the behavioral health treatment needs of Ohioans during the COVID-19 health emergency. As the COVID-19 health emergency progressed during this quarter, ODM continued modifying emergency policy changes to assure Medicaid consumers continued to have access to services via telehealth. ODM, in partnership with our colleagues at the Ohio Department of Mental Health and Addiction Services (OhioMHAS) offered webinar training for behavioral health providers regarding the policy, billing and clinical aspects of the recent telehealth policy changes. ODM also offered ongoing technical assistance to providers via a dedicated email box monitored by ODM staff.

The prior authorization of certain services (e.g. SUD residential treatment) was lifted while collection and analysis began of utilization management data from Ohio's contracted managed care plans. Surveys were sent to each MCP requesting data on the number of prior authorizations requested, fully and conditionally approved, and denied. Once this data was collected and analyzed ODM, in partnership with OhioMHAS, reviewed the data with members of our Stakeholder Advisory Committee at their June 26th meeting to get their input and suggestions for how

utilization management (UM) processes and policy might be improved in the future. This work is expected to inform changes to Ohio Administrative rules and process as well as guidance to Medicaid managed care plans to ensure compliance with the ASAM treatment criteria. Because of the significant importance of UM policy and processes, ODM will be forming a targeted work group comprised of state staff as well as members of our Stakeholder Advisory Committee to meet and develop recommendations for possible change in current utilization management policy and processes. More detail on this work will be forthcoming in the future monitoring reports.

ODM and OhioMHAS continue to review both department's Ohio Administrative Code rules and processes to coordinate possible changes in order to assure greater compliance with the ASAM criteria and standards for SUD residential treatment.
Discussions specific to ASAM standards for each level of residential care began at the February 28th meeting of the Stakeholder Advisory Committee and continued at the May and June meetings. Throughout these discussions, ODM, OhioMHAS, and committee members walked through the ASAM standards for every ASAM level of residential treatment. Specific areas of focus included the qualifications of staff needed for each of the ASAM SUD residential levels of care, and identifying special considerations for adolescent and adult special populations.

Ohio's SUD 1115 Post Implementation Public Forum which was originally scheduled for March 27 was postponed due to the COVID-19 health emergency. The public forum was rescheduled as a webinar for Friday July 16th.

ODM continues to maintain and update our public web site https://bh.medicaid.ohio.gov/Providers/SUD-1115 dedicated to sharing information about Ohio's SUD 1115 waiver. A special subsection of this web site is dedicated to sharing information regarding every meeting of the SUD 1115 Stakeholder Advisory Committee. ODM has also created and monitors an email box MCD_SUD1115@medicaid.ohio.gov dedicated to stakeholder questions or input regarding the waiver.

3. Narrative Information on Implementation, by Reporting Topic

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
1.2 Assessment of Need and Qualification for SUD Services			
1.2.1 Metric Trends			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.	*DY-1, Q3*		Ohio Medicaid will report trends in future monthly and annual Monitoring Reports.
☒ The state has no metrics trends to report for this reporting topic.			
1.2.2 Implementation Update			
Compared to the demonstration design details outlined in the STCs and implementation plan, have there been any	*DY-1, Q3*		(A) Ohio Medicaid continues to consider an amendment to the 1115 SUD Waiver Demonstration to permit the extension of eligibility up to 12 additional months for pregnant women with SUD/OUD whose eligibility would terminate at the end of the month after 60 days postpartum.

changes or does the state expect to make any changes to: A) the target population(s) of the demonstration? B) the clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration?			(B) There are no planned changes waiver demonstration clinical criteria.
Are there any other anticipated program changes that may impact metrics related to assessment of need and qualification for SUD services? If so, please describe these changes.	*DY-1, Q3*		There are no anticipated changes at this time. However, ODM anticipates COVID-19 may impact metrics.

☒ The state has no implementation update to report for this reporting topic.

2.2 Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)

2.2.1 Metric Trends

Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a	*DY-1, Q3*		Ohio Medicaid will report trends in future monthly and annual monitoring reports.

minimum, changes (+ or -) greater than two percent should be described.			
☒ The state has no metrics trends to report for this reporting topic.			
2.2.2 Implementation Update			
Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to: a. Planned activities to improve access to SUD treatment services across the continuum of care for Medicaid beneficiaries (e.g. outpatient services, intensive outpatient services, medication assisted treatment, services in intensive	*DY-1, Q3*		a. As the COVID-19 health emergency progressed during this quarter, ODM continued modifying emergency policy changes to assure Medicaid consumers continued to have access to services via telehealth. ODM, in partnership with our colleagues at the Ohio Department of Mental Health and Addiction Services (OhioMHAS) offered webinar training for behavioral health providers regarding the policy, billing and clinical aspects of the recent telehealth policy changes. ODM also offered ongoing technical assistance to providers via a dedicated email box monitored by ODM staff. b. There are no changes expected at this time

residential and inpatient settings, medically supervised withdrawal management)? b. SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential treatment, medically supervised withdrawal management, and medication assisted treatment services provided to individuals in IMDs?			
Are there any other anticipated program changes that may impact metrics related to access to critical levels of care for OUD and other SUDs? If	*DY-1, Q3*		There are no anticipated changes at this time. However, ODM anticipates COVID-19 may impact metrics.

so, please describe these changes.			
☒ The state has no implementation updates to report for this reporting topic.			
3.2 Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)			
3.2.1 Metric Trends			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. Changes (+ or -) greater than two percent should be described.	*DY-1, Q3*		Ohio will be reporting in future monitoring reports on metrics related to assessment of need and qualification for SUD services.
☒ The state is reporting metrics related to Milestone 2 but has no metrics trends to report for this reporting topic at this time.			
☐ The state is not reporting any metrics related to this reporting topic.			
3.2.2 Implementation Update			
Compared to the demonstration design and operational details outlined the	*DY-1, Q3*		a) There are no changes to planned activities to improve providers' use of evidence-based, SUD-specific placement criteria.

implementation plan, have there been any changes or does the state expect to make any changes to: a. Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria? b. Implementation of a utilization management approach to ensure: i. Beneficiaries have access to SUD services at the appropriate level of care? ii. Interventions are appropriate for the diagnosis and level of care? iii. Use of independent process for reviewing			b) Prior authorization of certain services (e.g. SUD residential treatment) was lifted during COVID-19 in an effort to support provider agencies by relieving administrative burden. Also, during quarter three ODM and OhioMHAS began the review of utilization management processes. Working with Ohio's contracted managed care plans, surveys were sent to each MCP requesting data on the number of prior authorizations requested, fully and conditionally approved, and denied. In addition to collecting data to help inform stakeholder discussion about future utilization management policy decisions, ODM worked with the Managed Care plans to collect and review qualitative data including an inventory of MCP policies and procedures for utilization management. Once this data was collected and analyzed, ODM, in partnership with OhioMHAS, reviewed the data with members of our Stakeholder Advisory Committee at their June 26th meeting to get their input and suggestions for how utilization management (UM) processes and policy might be improved in the future. This work will inform changes to Ohio Administrative rules and process as well as guidance to Medicaid managed care plans to ensure compliance with the ASAM treatment criteria. Because of the significant importance of UM policy and processes, ODM will be forming a targeted work group comprised of state staff as well as members of our Stakeholder Advisory Committee to meet and develop recommendations for possible change in current utilization management policy and processes. More detail on this work will be forthcoming in the fourth quarter report.

placement in residential treatment settings?			Based on the significance of these specialized topics, plus the need for more analysis of utilization management policy and process, ODM and OhioMHAS formed five working groups including representatives of the Stakeholder Advisory Committee and representatives of Ohio's Medicaid managed care plans to meet over the next several months to develop recommendations for change. More detail will be provided on these topics in future quarterly reports.
Are there any other anticipated program changes that may impact metrics related to the use of evidence-based, SUD-specific patient placement criteria (if the state is reporting such metrics)? If so, please describe these changes.	*DY-1, Q3*		There are no anticipated changes at this time. However, going forward ODM anticipates COVID-19 may impact metrics.
☐ The state has no implementation updates to report for this reporting topic.			
4.2 Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)			
4.2.1 Metric Trends			
Discuss any relevant trends that the data shows related to assessment of	*DY-1, Q3*		Ohio will be reporting in future monitoring reports on metrics related to assessment of need and qualification for SUD services.

need and qualification for SUD services. Changes (+ or -) greater than two percent should be described.			
☒ The state is reporting metrics related to Milestone 3 but has no metrics trends to report for this reporting topic at this time.			
☐ The state is not reporting any metrics related to this reporting topic.			

4.2.2 Implementation Update

Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to: a. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards?	*DY-1, Q3*		a) Work continues with ODM and OhioMHAS reviewing both department's Ohio Administrative Code rules and processes to coordinate possible changes to assure greater compliance with the ASAM criteria and standards for SUD residential treatment. Discussions specific to ASAM standards for each level of residential care began at the February 28th meeting of the Stakeholder Advisory Committee and continued at the May and June meetings. Throughout these discussions, ODM, OhioMHAS, and committee members walked through the ASAM standards for every ASAM level of residential treatment. Specific areas of focus included: • What are the qualifications of staff needed for each of the ASAM SUD residential levels of care? • What are special considerations for adolescent and adult special populations? • How will programs provide on-site or facilitate off-site access to medications to assist in the treatment of SUDs?

b. State review process for residential treatment providers' compliance with qualifications standards? c. Availability of medication assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site?			• What are the distinguishing differences and the similarities of ASAM residential level 3.1 and "recovery housing"? Based on the significance of these specialized topics, plus the need for more debate on utilization management policy and process, ODM and OhioMHAS formed five working groups including representatives of the Stakeholder Advisory Committee and representatives of Ohio's Medicaid managed care plans to meet over the next several months to develop recommendations for change. More detail will be provided on these topics in future quarterly reports. b) There are no anticipated changes at this this time. Work is continuing to establish the process Ohio will use to perform compliance reviews of residential treatment facilities. c) There are no anticipated changes at this time. Ohio is continuing to work with the Stakeholder Advisory Committee to gather input regarding availability of MAT for individuals in residential treatment.
Are there any other anticipated program changes that may impact metrics related to the use of nationally recognized SUD-specific program standards to set provider	*DY-1, Q3*		There are no anticipated changes at this time. However, ODM anticipates COVID-19 may impact metrics.

qualifications for residential treatment facilities (if the state is reporting such metrics)? If so, please describe these changes.			

The state has no implementation updates to report for this reporting topic.

5.2 Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)

5.2.1 Metric Trends

Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.	*DY-1, Q3*		Ohio Medicaid will report trends in future monthly and annual Monitoring Reports.

☒ The state has no metrics trends to report for this reporting topic at this time.

5.2.2 Implementation Update

Compared to the demonstration design and operational details	*DY-1, Q3*		There are no anticipated changes at this time.

outlined the implementation plan, have there been any changes or does the state expect to make any changes to planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care?			Ohio is continuing work to assess the availability of providers enrolled in Medicaid and accepting new patients across the continuum of SUD care. Ohio is collecting and analyzing data from several different sources, including: • List of office-based practitioners with DATA2000 waiver from Ohio Department of Mental Health and Addiction Services in order to identify those practitioners offering medication assisted treatment (MAT). • 2017 and 2018 National Survey of Substance Abuse Treatment Services (N-SSATS) survey data. • Ohio Medicaid provider enrollment data. • Ohio MHAS provider certification data. • Ohio Medicaid claims data. During quarter three work continues in developing a statewide assessment of geographic locations and capacity of Medicaid enrolled SUD providers throughout the state. ODM has partnered with OhioMHAS to match Medicaid enrolled providers with the records of OhioMHAS certified providers including home and satellite locations. This will help inform the ongoing statewide environmental scan of behavioral health agencies and efforts to create access standards for SUD levels of care.

Are there any other anticipated program changes that may impact metrics related to provider capacity at critical levels of care, including for medication assisted treatment (MAT) for OUD? If so, please describe these changes.	*DY-1, Q3*		There are no anticipated changes at this time. However, ODM anticipates COVID-19 may impact metrics.

⊠ The state has no implementation updates to report for this reporting topic.

6.2 Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)

6.2.1 Metric Trends

Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.	*DY-1, Q3*		Ohio Medicaid will report trends in future monthly and annual Monitoring Reports.

⊠ The state has no metrics trends to report for this reporting topic at this time.

6.2.2 Implementation Update

Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to: a. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD? b. Expansion of coverage for and access to naloxone?	*DY-1, Q3*		a) There are no anticipated changes. As stated in Ohio's 1115 SUD Waiver Demonstration Implementation Plan, the State of Ohio has implemented five sets of opiate prescribing guidelines since 2012. These include: • The first Emergency and Acute Care Facility Opioid and Other Controlled Substances Prescribing Guideline was released in April 2012 for hospital emergency departments and acute care facilities to address the large proportion of opioids prescribed from these settings, disconnected from routine sources of care for chronic pain conditions. • In October 2013, Opioids Prescribing Guidelines for Treatment of Chronic, Non-terminal Pain for Ohio's opiate prescribers as the risk for overdose became increasingly apparent across the country. • In January 2016, Guidelines for the Management of Acute Pain *Outside* of Emergency Departments and acute care facilities. These guidelines addressed "new starts" and to further encourage non-opioid therapies and pain medications for the management of acute pain expected to resolve within 12 weeks. • In August 2017, Ohio implemented prescribing limits for acute pain (seven days for adults and five days for minors). In order to be able to monitor adherence to these requirements, in December 29, 2017 prescribers were required to include the first four alphanumeric characters of the diagnosis code or full procedure code on opioid prescriptions. The inclusion of a diagnosis/procedure code (CDT)

			was required for all other controlled substance prescriptions on June 1, 2018. The final requirement was a days' supply limit on all controlled substance and gabapentin prescriptions. • A final unifying guideline was rolled out in 2018, emphasizing the need for vigilance and persistence in ensuring safety and screening for misuse and abuse. Medical documentation recommendations were delineated, with a "press pause" at the lower threshold of 50 Morphine Equivalency Dosage (MED) instead of the 80 MED described in prior chronic pain guidelines. b) Ohio Medicaid is working with the Ohio Board of Pharmacy on further refinement of prescribing guidelines and initiatives to expand the availability of Naloxone. On February 6, 2020, Ohio Medicaid received approval for the Medicaid Drug Utilization Review (DUR) provisions included in Section 1004 of the Substance Use-Disorder Prevention that promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act (P.L. 115-271) State Plan Amendment (SPA). Included in this SPA were the following: day supply limits for new starts on short-acting opioids; Morphine Equivalent Dose (MED) limits; early refill thresholds for opioid prescriptions; claims review which monitors for concerning opioid therapy treatment; claims review which monitors for concurrent utilization of opioids and benzodiazepines; and duplicate fill safety edits for opioid prescriptions.

			During waiver quarter three ODM performed the quarterly retrospective Drug Utilization Review interventions for MAT with the combination of opioids as well as MAT with the combination of benzodiazepine use.
Are there any other anticipated program changes that may impact metrics related to the implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD? If so, please describe these changes.	*DY-1, Q3*		There are no anticipated changes at this time. However, ODM anticipates COVID-19 may impact metrics.

☐ The state has no implementation updates to report for this reporting topic.

7.2 Improved Care Coordination and Transitions between Levels of Care (Milestone 6)

7.2.1 Metric Trends

Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -)	*DY-1, Q3*		Ohio Medicaid will report trends in future monthly and annual Monitoring Reports.

greater than two percent should be described.			
[Add rows as needed]			
☒ The state has no metrics trends to report for this reporting topic.			
7.2.2 Implementation Update			
Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports?	*DY-1, Q3*		Ohio Medicaid is currently exploring additional care coordination approaches for beneficiaries with behavioral health diagnoses, including individuals with SUD. Work continues on the development of Ohio's behavioral health care coordination model and the identification of Medicaid consumers with SUD and other co-occurring chronic conditions who could most significantly benefit from intensive care coordination. Among the focus areas under discussion for care coordination are populations who have been identified as needing integrative behavioral and physical health care coordination, such as individuals with SUD and co-occurring chronic conditions. Targeted and integrative care coordination approaches seek to address disparities in utilization patterns, reducing expenditures, and improving treatment/service outcomes. More detail on this work will be provided in subsequent quarterly reports. Ohio's SUD 1115 Post Implementation Public Forum which was originally scheduled for March 27 was postponed due to the COVID-19 health emergency. The Public Forum was rescheduled as a webinar for Friday July 16[th.] More detail on this meeting will be included in the next quarterly report.

			ODM continues to maintain and update our public web site https://bh.medicaid.ohio.gov/Providers/SUD-1115 dedicated to sharing information about Ohio's SUD 1115 waiver. A special subsection of this web site is dedicated to sharing information regarding every meeting of the SUD 1115 Stakeholder Advisory Committee. ODM has also created and monitors an email box: MCD_SUD1115@medicaid.ohio.gov dedicated to stakeholder questions or input regarding the waiver.
Are there any other anticipated program changes that may impact metrics related to care coordination and transitions between levels of care? If so, please describe these changes.	*DY-1, Q3*		There are no anticipated changes at this time. However, ODM anticipates COVID-19 may impact metrics.

☐ The state has no implementation updates to report for this reporting topic.

8.2 SUD Health Information Technology (Health IT)

8.2.1 Metric Trends

Discuss any relevant trends that the data shows	*DY-1, Q3*		Ohio Medicaid will report trends in future monthly and annual Monitoring Reports.

related to assessment of need and qualification for SUD services. Changes (+ or -) greater than two percent should be described.			

⊠ The state has no metrics trends to report for this reporting topic.

8.2.2 Implementation Update

Compared to the demonstration design and operational details outlined in STCs and implementation plan, have there been any changes or does the state expect to make any changes to: a. How health IT is being used to slow down the rate of growth of individuals identified with SUD? b. How health IT is being used to treat effectively	*DY-1, Q3*		ODM continues to collect information regarding SUD provider access to health information technology (HIT) and their utilization of electronic medical record systems in their workflow, as well as exchange of care coordination information via HIT with other providers and health systems, such as CCDA records. ODM plans to collaborate with the two Health Information Exchanges (HIEs) entities operating in Ohio to identify the HIT status of SUD treatment providers who are licensed by the Ohio Department of Mental Health and Addiction Services. Through this collaboration, HIEs will work with the SUD providers to enhance their ability to exchange health information with collaborating providers and meet the needs of their patients. For DY1 Q3, ODM and Ohio MHAS are making efforts to identify gaps in provider access to health information technology. Initial conversations with Ohio's Health Information Exchange vendors are forthcoming. Current plans include working with ODM's Office of Contracts and Procurement to allow access to HIEs and information

individuals identified with SUD? c. How health IT is being used to effectively monitor "recovery" supports and services for individuals identified with SUD? d. Other aspects of the state's plan to develop the health IT infrastructure/capabiliti es at the state, delivery system, health plan/MCO, and individual provider levels? e. Other aspects of the state's health IT implementation milestones? f. The timeline for achieving health IT implementation milestones?			regarding the SUD provider agencies who are collaborating with Ohio's Health Information Exchange vendors. ODM and OhioMHAS understand that not all behavioral health agencies have optimal availability to services offered by the HIEs. These ongoing efforts will help improve access to services that will enhance connectivity among behavioral and physical health practitioners and providers in order to meet the needs of the patients they serve.

g. Planned activities to increase use and functionality of the state's prescription drug monitoring program?			
Are there any other anticipated program changes that may impact metrics related to SUD Health IT (if the state is reporting such metrics)? If so, please describe these changes.	*DY-1, Q3*		There are no anticipated changes at this time. However, Ohio anticipates COVID-19 may impact metrics.

☐ The state has no implementation updates to report for this reporting topic.

9.2 Other SUD-Related Metrics

9.2.1 Metric Trends

Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -)	*DY-1, Q3*		Ohio Medicaid will report trends in future monthly and annual Monitoring Reports.

greater than two percent should be described.			

☒ The state has no metrics trends to report for this reporting topic.

9.2.2 Implementation Update

Are there any anticipated program changes that may impact the other SUD-related metrics? If so, please describe these changes.	*DY-1, Q3*		There are no anticipated changes at this time. However, ODM anticipates COVID-19 may impact metrics.

☒ The state has no implementation updates to report for this reporting topic.

10.2 Budget Neutrality

10.2.1 Current status and analysis

Discuss the current status of budget neutrality and provide an analysis of the budget neutrality to date. If the SUD component is part of a comprehensive demonstration, the state should provide an analysis of the SUD-related budget neutrality and an analysis	*DY-1, Q3*		After calculating the current budget neutrality test through demonstration year one, quarter three of the 1115 SUD Waiver Demonstration, Ohio Medicaid expenditures are below the budget neutrality limit as found in the 1115 SUD Waiver Demonstration Special Terms and Conditions in Section XII. Monitoring Budget Neutrality for the Demonstration.

of budget neutrality as a whole.			

☒ The state has no metrics trends to report for this reporting topic.

10.2.2 Implementation Update

Are there any anticipated program changes that may impact budget neutrality? If so, please describe these changes.	*DY-1, Q3*		There are no anticipated changes at this time.

☒ The state has no implementation updates to report for this reporting topic.

11.1 SUD-Related Demonstration Operations and Policy

11.1.1 Considerations

Highlight significant SUD (or if broader demonstration, than SUD-related) demonstration operations or policy considerations that could positively or negatively impact beneficiary enrollment, access to services, timely provision of services, budget	*DY-1, Q3*		As noted throughout, effects of COVID-19 may have an impact on demonstration metrics and goals. Ohio's response to COVID-19 included expansion of telehealth coverage and relaxing prior authorization for SUD services. Ohio will continue to monitor COVID-19 impacts throughout waiver implementation.

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.			
☒ The state has no related considerations to report for this reporting topic.			
11.1.2 Implementation Update			
Compared to the demonstration design and operational details outlined in STCs and the implementation plan, have there been any changes or	*DY-1, Q3*		There are no planned changes; however, with the onset of the COVID-19 health emergency Ohio implemented policy changes to expand the coverage of Medicaid SUD services to include synchronous and asynchronous telehealth activities.

does the state expect to make any changes to: a. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)? b. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)? c. Partners involved in service delivery?			
Has the state experienced any significant challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing	*DY-1, Q3*		Ohio's contracted managed care plans became responsible for Medicaid behavioral health services (including SUD services) on 7/1/2018. These benefits were previously "carved out" of managed care. The implementation of Ohio's BH carve-in created significant challenges. Addressing these challenges has been a priority since implementation. Significant progress has been made and we expect will continue. Ohio's 1115 SUD demonstration provides an ongoing venue

vendors, private sector providers)? Has the state noted any performance issues with contracted entities?			to improve partnerships between MCPs, Ohio Medicaid, OhioMHAS, and behavioral health providers working together toward the mutual goal of accessible and quality treatment for beneficiaries.
What other initiatives is the state working on related to SUD or OUD? How do these initiatives relate to the SUD demonstration? How are they similar to or different from the SUD demonstration?	*DY-1, Q3*		Upon taking office, Governor DeWine commissioned the RecoveryOhio initiative to coordinate the work of state departments, boards, and commissions by leveraging Ohio's existing resources and seeking new opportunities. While engaging local governments, coalitions, and task forces, RecoveryOhio's goals are to create a system to help make treatment available to Ohioans in need, provide support services for those in recovery and their families, offer direction for the state's prevention and education efforts, and work with local law enforcement to provide resources to fight illicit drugs at the source. In quarter three, through Ohio's SUD 1115 Demonstration Waiver, ODM and OhioMHAS continue to support the work of RecoveryOhio.

☐ The state has no implementation updates to report for this reporting topic.

12.1 SUD Demonstration Evaluation Update

12.1.1 Narrative Information

Provide updates on SUD evaluation work and timeline. The appropriate content will depend on	*DY-1, Q3*		The draft Evaluation Design was delivered to CMS on March 21, 2020. Ohio is awaiting CMS' review.

when this report is due to CMS and the timing for the demonstration. See report template instructions for more details.			
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.	*DY-1, Q3*		The draft Evaluation Design was delivered to CMS on March 21, 2020. Ohio is awaiting CMS' review of the draft Evaluation Design.
List anticipated evaluation-related deliverables related to this demonstration and their due dates.	*DY-1, Q3*		1. 180 calendar days after approval date: draft Evaluation Design 2. 60 days after receipt of CMS comments: revised draft Evaluation Design 3. 30 calendar days after CMS approval: approved Evaluation Design published on Ohio Medicaid website 4. December 31, 2021: SUD Midpoint Assessment 5. September 30, 2023: draft Interim Evaluation Report 6. 60 days after receipt of CMS comments: final Interim Evaluation Report

			7. Within 18 months after September 30, 2024: draft Summative Evaluation Report 8. 60 calendar days after receipt of CMS comments: final Summative Evaluation Report 9. Quarterly Monitoring Reports due 60 days after the end of the quarter, except for Q4 reports which serve as Annual Reports due 90 calendar days after the end of each 4th quarter.

☒ The state has no SUD demonstration evaluation update to report for this reporting topic.

13.1 Other Demonstration Reporting

13.1.1 General Reporting Requirements

Have there been any changes in the state's implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol?	*DY-1, Q3*		Due to the COVID-19 emergency, Ohio has asked for and received permission from CMS to postpone our previously scheduled Post Award Forum on March 27, 2020.
Does the state foresee the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or			While we do not anticipate any specific changes, Ohio will continue to monitor the impact of the COVID-19 emergency on our SUD 1115 STCs, implementation plan, and monitoring protocol.

upcoming implementation changes?			
Compared to the details outlined in the STCs and the monitoring protocol, has the state formally requested any changes or does the state expect to formally request any changes to: a. The schedule for completing and submitting monitoring reports? b. The content or completeness of submitted reports? Future reports?	*DY-1, Q3*		No changes are requested at this time.
Has the state identified any real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation?	*DY-1, Q3*		Due to the COVID-19 emergency, Ohio asked for and received permission from CMS to postpone our previously schedule Post Award Forum. This will require an extension for this deliverable due date.

☐ The state has no updates on general reporting requirements to report for this reporting topic.			
13.1.2 Post Award Public Forum			
If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicating any resulting action items or issues. A summary of the post-award public forum must be included here for the period during which the forum was held and in the annual report.	*DY-1, Q3*		Due to the COVID-19 emergency, Ohio has scheduled the Post Award Forum on July 16, 2020. The Post Award Forum is scheduled for July 16, 2020. ODM will issue public notice of the forum at least 30 days prior to the scheduled date. The forum will be held via webinar and will allow for interested stakeholders to offer their comments verbally during the webinar or in writing before or after the meeting's conclusion.
☒ The Post-Award Public Forum is rescheduled to be held during the DY1, Q4 reporting period. A summary of the Post Award Public Forum will be provided in the DY1 Q4 Quarterly Monitoring Report.			
14.1 Notable State Achievements and/or Innovations			
14.1 Narrative Information			
Provide any relevant summary of achievements and/or innovations in	*DY-1, Q3*		

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.			

⊠ The state has no notable achievements or innovations to report for this reporting topic at this time.