

*The Centers for Medicare & Medicaid Services (CMS) customized the Monitoring Report Template (Version 3.0) to support Ohio’s retrospective reporting of monitoring data for its section 1115 substance use disorder (SUD) demonstration. The state should use this customized template to report on retrospective metric trends as requested in the Monitoring Report Instructions (p. 12 of Version 3.0). This template was customized for retrospective reporting in the following ways:*

- *Added footnote C to the title page in section 1*
- *The table in section 3 (Narrative information on implementation, by milestone and reporting topics) has been modified to ask the state to report general trends for each Milestone, rather than changes (+ or -) greater than 2 percent for each metric.*
- *The prompts in section 3 that requested implementation updates were removed.*
- *Section 4 (Narrative information on other reporting topics) has been removed entirely.*

**1. Title page for the state’s SUD demonstration or the SUD component of the broader demonstration**

*CMS has pre-populated the title page for the state (see blue text). The state should review the pre-populated text and confirm that it is accurate. Definitions for certain rows are below the table.*

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| <b>State</b>  | <i>Ohio</i>   |
| <b>Demonstration name</b>   | <i>Ohio Section 1115 Substance Use Disorder Waiver Demonstration</i>  |
| <b>Approval period for section 1115 demonstration</b>   | <i>10/01/2019 – 09/30/2024</i>  |
| <b>SUD demonstration start date<sup>a</sup></b>   | <i>10/01/2019</i>   |
| <b>Implementation date of SUD demonstration, if different from SUD demonstration start date<sup>b</sup></b> | <i>n.a.</i>   |
| <b>SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives</b>              | <p><i>During the 1115 SUD Demonstration waiver period Ohio expects to achieve the following goals:</i></p> <ol style="list-style-type: none"> <li><i>1. Increased rates of identification, initiation, and engagement in treatment for SUD;</i></li> <li><i>2. Increased adherence to and retention in treatment;</i></li> <li><i>3. Reductions in overdose deaths, particularly those due to opioids;</i></li> <li><i>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;</i></li> <li><i>5. Fewer readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate; and</i></li> <li><i>6. Improved access to care for physical health conditions among beneficiaries with SUD.</i></li> </ol> |
| <b>SUD demonstration year and quarter<sup>c</sup></b>   | <i>SUD DY1Q2 - SUD DY2Q1</i>  |
| <b>Reporting period<sup>c</sup></b>   | <i>01/01/2020 – 12/31/2020</i>  |

<sup>a</sup> **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.

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

<sup>c</sup> **SUD demonstration year and quarter, and reporting period.** The demonstration year, quarter, and calendar dates associated with the monitoring reports in which the metric trends would have been reported according to the reporting schedule in the state’s approved monitoring protocol. For example, if the state’s first monitoring report after monitoring protocol approval is its SUD DY2Q2 monitoring report, the retrospective reporting period is considered SUD DY1Q2 through SUD DY2Q1. The SUD DY1Q1 reporting period is not listed because metrics data are reported with a one-quarter lag.

## 2. Executive summary

*The executive summary should be reported in the fillable box below. It is intended for summary-level information of metrics trends from the retrospective reporting period. The recommended word count is 500 words or less.*

The state reports the following summary-level information for monthly metrics during the retrospective reporting period (first demonstration year, October 1, 2019 – September 30, 2020).

Overall, the state notes trends related to seasonal patterns in service utilization and changes due to the novel coronavirus pandemic during the reporting period. Complementary subpopulations (e.g., non-duals, adults 18-64, etc.) tend to trend with the general Medicaid population because the subpopulations are a relatively small proportion of the overall population.

Metric #3: The number of Medicaid beneficiaries with an SUD diagnosis has increased steadily over the retrospective reporting period for the overall population and most subpopulations.

Metrics #6 - #11: Several short-term changes were observed across multiple populations for these metrics. Specifically, there is a seasonal decline in DY1Q1 (November-December 2019) followed by an increase early in DY1Q2 (January 2020). The state attributes this change to reduced service utilization during the end-of-year holiday season. Then late in DY1Q2 and early in DY1Q3, effects of the novel coronavirus pandemic became apparent. Service utilization tended to drop in March-April 2020 before recovering over the next few months for most populations. Overall, beneficiary counts had generally returned to or slightly exceeded pre-pandemic counts for most metrics and subpopulations. The exceptions are Metric #7 and the Youth subpopulation (discussed in the Milestone 1 section). In general, Metric #7 services are rarely utilized among the specified subpopulations, and are not frequently observed even among the general Medicaid population.

Metric #12: The number of Medicaid beneficiaries receiving medication-assisted treatment rose steadily over the retrospective reporting period, and the seasonal and pandemic-related trends noted in the other Milestone 1 metrics were not apparent in most populations. Exceptions to this pattern occurred for the Youth and Pregnant subpopulations (discussed in Milestone 1).

Metrics #23 - #24: The novel coronavirus pandemic's effects are apparent in the brief and sharp reduction in April 2020 of the rate of ED visits (#23) and hospitalizations (#24) for SUD. However, rates returned rapidly to the pre-pandemic levels, and no substantial trends have been observed in the last six months of the retrospective period.

Metric S2: The novel coronavirus pandemic's effects are apparent in the sharp decline from February 2020 – April 2020 in the rate of Urine Drug Screens per 1,000 beneficiaries with SUD. Although rates have somewhat recovered since April 2020, rates remain below pre-pandemic levels.

Metrics Q1 and S3: The novel coronavirus pandemic's effects are apparent in the brief reduction from April – June 2020 in the number of providers checking OARRS (Q1). By the following quarter, monthly counts had returned to pre-pandemic levels; changes across other quarters were otherwise minimal. The number of providers with an integrated EHR connection to OARRS (S3) steadily increased over the retrospective reporting period.

Annual established and CMS-defined metrics are only available for the first reporting period (CY2019 / DY1) at this time, and therefore the state has no trends to report for these metrics.

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

The state should provide a general summary of metric trends by milestone and reporting topic for the entire retrospective reporting period. In these general summaries, the state should discuss any relevant trends that the data shows related to each milestone or reporting topic, including trends in state-specific metrics.

| Prompt  | State has no trends/update to report (place an X) | Related metric(s) (if any) | State summary of retrospective reporting period  |
|---|---|----------------------------|--|
| <b>1. Assessment of need and qualification for SUD services</b>   |   |                            |  |
| <b>1.1 Metric trends</b>  |   |                            |  |
| 1.1.1. The state reports the following metric trends related to assessment of need and qualification for SUD services |   | #3, #4                     | In Metric #3, counts for youth under 18 increased through DY1Q2, then decreased suddenly between March and April 2020 (onset of major COVID-19 emergency declaration) and remained stable at the pre-pandemic level through DY1Q4. Beneficiaries in the CJI subpopulation trended upwards through July 2020, then declined in August and September 2020. |
| <b>2. Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)</b>                                      |   |                            |  |
| <b>2.1 Metric trends</b>  |   |                            |  |

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| <p>2.1.1 The state reports the following metric trends related to Milestone 1</p> |  | <p>#6-#12, #22</p> | <p>Specific metric and subpopulation trends for the monthly Milestone 1 metrics are discussed below.</p> <p>Among Youth under 18, utilization across six of the seven monthly Milestone 1 metrics decreased at the onset of the novel coronavirus pandemic emergency orders, and remained suppressed over the last two quarters of the retrospective reporting period. The state is monitoring this trend. The state notes that withdrawal management services (Metric #11) are not covered for beneficiaries younger than 18, and therefore Youth counts for this metric are near zero each month.</p> <p><u>Metric #7:</u> The state notes that Early Intervention utilization dropped substantially across DY1Q1. This trend is discussed further at the end of this section since CMS asked a specific question to the state.</p> <p><u>Metric #8:</u> The state notes that Outpatient utilization increased overall across the retrospective reporting period, with less obvious seasonal and pandemic related changes. Exceptions were the Youth under 18 (discussed earlier) and Older Adult and CJI. Among older adults, the state observed a reduction in service utilization during March – May 2020 in line with the early part of the pandemic emergency orders in Ohio, followed by a gradual return to pre-pandemic levels by the end of DY1Q4. Among beneficiaries identified as CJI, monthly counts remained steady across the retrospective period.</p> <p><u>Metric #9:</u> The state notes that Intensive Outpatient and Partial Hospitalization trends differed across sub-populations. Counts (measured as discharges) among Youth under 18 spiked in March 2020, likely due to the</p> |
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|  |  |  | <p>escalating novel coronavirus pandemic. Counts then stabilized in the following six months at about 100 per month except for a brief decrease in August 2020. Among older adults, counts decreased in DY1Q3 before returning to pre-pandemic levels in DY1Q4. Counts among pregnant beneficiaries declined across the first half of the reporting period before returning to October 2019 levels by September 2020. Finally, Counts among beneficiaries in the CJJ sub-population were steady in the first five months at 200 beneficiaries receiving services. In March 2020 counts decreased abruptly and stabilized at 150 beneficiaries per month receiving IOP/PH services.</p> <p><u>Metric #10:</u> The state notes that two subpopulations differed from the general trends noted earlier. Among older adults, residential discharges remained fairly constant across the retrospective reporting period. Among beneficiaries with CJJ, a spike in discharges occurred in February 2020 followed by a sharp decrease into April 2020. Discharges slowly recovered to near pre-pandemic levels by the end of DY1Q4.</p> <p><u>Metric #11:</u> The state notes two distinct patterns among the various subpopulations for this metric. Discharges among pregnant beneficiaries decreased substantially in April 2020, likely due to the stay at home order in effect in Ohio, and rapidly recovered by June 2020. The last quarter of the retrospective period was actually higher than the first quarter. Among older adults and beneficiaries with CJJ, discharge counts remained fairly steady across the retrospective period and pandemic effects were more subtle.</p> |
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|  |  | <p><u>Metric #12:</u> MAT receipt among pregnant beneficiaries was relatively stable during the first six months of the reporting period, but has appeared to decline slightly during the last six months of the retrospective reporting period, perhaps due to service changes and guidance among pregnant beneficiaries related to the novel coronavirus pandemic. The state continues to watch this subpopulation for Metric #12.</p> <p>CMS asked specific questions related to Metric #7 in the comments to the state dated April 28, 2021. The state’s responses are below.</p> <p><u>#7 DY1Q1 Month 1-2 change:</u> The state has determined that the number of paid claims for G0397 dropped substantially between DY1Q1 Month 1 (October 2019) and Month 2 (November 2019). This reduction drove the change noted by CMS over DY1Q1. The state does not have an explanation at this time for why providers suddenly reduced use of G0397.</p> <p><u>#7 DY1Q1 Month 3 - DY1Q2 Month 1 change:</u> The state typically sees a seasonal decrease in Early Intervention (in fact, across most SUD treatment types) during the end-of-year holidays. The pattern noted by CMS between DY1Q1 Month 3 (December 2019) and DY1Q2 Month 1 (January 2020) is consistent with this seasonal trend.</p> <p><u>#7 DY1Q2 Month 2-3 change:</u> In March 2020, the state declared an emergency related to the novel coronavirus pandemic. The reduction in Metric #7 counts between DY1Q2 Month 2 (February 2020) and DY1Q3 Month 3 (March 2020) is consistent with the rapid drop in service utilization at the onset of the pandemic.</p> |
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| Prompt   | State has no trends/update to report (place an X) | Related metric(s) (if any) | State summary of retrospective reporting period |
|--|---|----------------------------|---|
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| <b>3. Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)</b> |   |                            |   |
| <b>3.1 Metric trends</b>   |   |                            |   |
| 3.1.1 The state reports the following metric trends related to Milestone 2             | X   |                            |   |

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| Prompt   | State has no trends/update to report (place an X) | Related metric(s) (if any) | State summary of retrospective reporting period |
|--|---|----------------------------|---|
| <b>4. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)</b>  |   |                            |   |
| <b>4.1 Metric trends</b>   |   |                            |   |
| 4.1.1 The state reports the following metric trends related to Milestone 3<br><br><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   |                            |   |
| <b>5. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)</b>  |   |                            |   |
| <b>5.1 Metric trends</b>   |   |                            |   |
| 5.1.1 The state reports the following metric trends related to Milestone 4   | X   |                            |   |
| <b>6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)</b>  |   |                            |   |
| <b>6.1 Metric trends</b>   |   |                            |   |

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| <p>6.1 The state reports the following metric trends related to Milestone 5</p> |  | <p>#23</p> | <p>All Metric #23 subpopulations showed similar trends to the overall population: suppressed rates during April 2020 due to the suspension of non-essential medical services in Ohio as a result of state pandemic orders, followed by a rapid return to pre-pandemic rates through the end of DY1.</p> <p>CMS asked specific questions related to Metric #23 in the comments to the state dated April 28, 2021. The state’s responses are below.</p> <p><u>Requested comparison between 2018 T-MSIS SUD Data Book and state Metric #23 calculations:</u> The state has reviewed Metric #23 specifications and the available T-MSIS data book measure descriptions, and does not believe the measure definitions are comparable. Metric #23 is the number of ED visits for SUD in the measurement period (a calendar month) per 1,000 beneficiaries in the defined population (in this case, among beneficiaries with OUD). It is not a person-level measure, and the state’s reported rate should be interpreted as 64-89 visits per 1,000 beneficiaries with OUD, not 64%-89%. The T-MSIS measure is an annual person-level measure, and reports the proportion of individuals with OUD (defined as MAT or selected services with an OUD diagnosis) who received emergency services in the measurement period.</p> <p><u>Metric #23 DY1Q3 Month 1-2 change (Child):</u> In March 2020, the state declared an emergency related to the novel coronavirus pandemic. The reduction in Metric #23 counts in DY1Q3 Month 1 (April 2020) compared to Month 2 (May 2020) is consistent with the overall</p> |
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| Prompt  | State has no trends/update to report (place an X) | Related metric(s) (if any) | State summary of retrospective reporting period                             |
|---|---|----------------------------|---|
|   |   |                            | observed reduction in ED visits during the first few weeks of the pandemic. |
| <b>7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)</b> |   |                            |   |
| <b>7.1 Metric trends</b>  |   |                            |   |
| 7.1.1 The state reports the following metric trends related to Milestone 6                | X   |                            |   |

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| Prompt   | State has no trends/update to report (place an X) | Related metric(s) (if any) | State summary of retrospective reporting period   |
|--|---|----------------------------|---|
| <b>8. SUD health information technology (health IT)</b>                              |   |                            |   |
| <b>8.1 Metric trends</b>   |   |                            |   |
| 8.1.1 The state reports the following metric trends related to its health IT metrics |   | Q1, S3                     | <p>For Metric Q1 (number of providers checking OARRS), the novel coronavirus pandemic’s effects are apparent in the brief reduction in counts from April – June 2020. By the following quarter, monthly counts had returned to pre-pandemic levels; changes across other quarters were otherwise minimal.</p> <p>For Metric S3 (the number of providers with an integrated EHR connection to OARRS), counts steadily increased over the retrospective reporting period, and quarter over quarter changes were consistently greater than 2%.</p> |
| <b>9. Other SUD-related metrics</b>  |   |                            |   |
| <b>9.1 Metric trends</b>   |   |                            |   |

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| Prompt   | State has no trends/update to report (place an X) | Related metric(s) (if any) | State summary of retrospective reporting period  |
|--|---|----------------------------|--|
| 9.1.1 The state reports the following metric trends related to other SUD-related metrics |   | #24, S2                    | <p>All Metric #24 subpopulations showed similar trends to the overall population: suppressed rates during April 2020 due to the suspension of non-essential medical services in Ohio as a result of state pandemic orders, followed by a rapid return to pre-pandemic rates.</p> <p>All Metric S2 subpopulations showed similar trends to the overall population: a sharp decline during the early months of the pandemic in Ohio when non-essential medical services were halted, followed by a gradual rise in the last six months of the retrospective period. Rates remain suppressed relative to pre-pandemic levels.</p> <p>CMS asked a specific question related to Metric S2 data in the comments to the state dated April 28, 2021. The state’s response is below.</p> <p><u>Metric S2 DY1Q2 Month 3- DY1Q3 Month 1 change (Child):</u> In March 2020, the WHO declared the novel coronavirus a pandemic. The reduced Metric #S2 counts in DY1Q3 Month 1 (April 2020) compared to DY1Q2 Month 3 (March 2020) is consistent with the temporary halt in non-essential medical services during the state stay-at-home order in effect during the entire month of April 2020.</p> |

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