

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

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
 Oregon, Oregon Health Plan Substance Use Disorder 1115 Demonstration

State	Oregon
Demonstration name	Oregon Health Plan Substance Use Disorder 1115 Demonstration
Approval period for section 1115 demonstration	04/8/2021- 03/31/2026
SUD demonstration start date^a	04/08/2021
Implementation date of SUD demonstration, if different from SUD demonstration start date^b	04/08/2021
SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives	<p>This demonstration provides Oregon with the opportunity to provide a fuller continuum of care to OHP members with substance use disorder (SUD). A key part of this will be the state’s ability to receive FFP for members who are short-term residents in residential and inpatient treatment settings that qualify as Institutions for Mental Diseases (IMDs). It will also support Oregon’s efforts to implement models of care focused on increasing support for individuals in the community and home, outside of institutions, and improve access to a continuum of SUD evidence-based services at varied levels of intensity. This continuum of care is based on the American Society of Addiction Medicine (ASAM) criteria, nationally recognized assessment and placement criteria that reflect evidence-based clinical treatment guidelines. This demonstration will also allow Oregon to provide community integration services which consists of housing and employment supports to individuals transitioning back into the community from an IMD or other residential setting.</p> <ol style="list-style-type: none"> 1. Assist Oregon in increasing identification, initiation, and engagement of Medicaid beneficiaries diagnosed with SUD; 2. Assist the state in increasing beneficiary adherence to, and retention in, SUD treatment programs; 3. Assist Oregon in reducing inappropriate or preventable utilization of emergency departments and inpatient hospital settings through improved access to a continuum of care services; and 4. Provide a continuum of care to increase the chances of Medicaid beneficiaries of having a successful recovery process.

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SUD demonstration year and quarter	<i>SUD DY5Q1 Report Health Systems Division OHA</i>
Reporting period	<i>01/01/25-03/31/25</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 January 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

This report summarizes the Oregon Health Authority’s (OHA) activities for Demonstration Year 5, Quarter 1 covering the period from January 1, 2025, to March 31, 2025. Technically because of quarter data lags Part A workbook & Part B contains all data for SUD service utilization between January 1-March 31, 2025, IE: All data for DY4Q4. It also contains all demonstration year four in 2024 metrics.

During this period, the newly appointed Behavioral Health Manager and the SUD Operations and Policy Analyst continued to evaluate program needs while navigating the process of requesting an extension for the SUD 1115 Waiver. The team successfully submitted the application on March 27, 2025, and it was deemed complete on April 10, 2025.

In January, a new SUD Program Analyst was hired to support fee schedule management, billing, and coding processes, as well as to assist providers with technical issues. The team also initiated the development of both short-term and long-term priorities aimed at addressing system goals and challenges, with a focus on strengthening the continuum of care and expanding access to services.

Efforts have been ongoing to establish the necessary infrastructure for implementing Community Transition Services. Discussions have considered alternatives to MMIS, including the possibility of contracting with a third-party provider to better meet accounting needs. Although a formal request to MMIS has been submitted, it remains pending due to the prioritization of other initiatives. In the meantime, we plan to further explore alternative options and engage external partners for strategic input.

Budget neutrality reporting continues to present challenges. However, with recent adjustments, OHA anticipates submitting the Budget Neutrality Workbook by December 2025.

Support for the External Evaluation being conducted by OHSU’s Center for Health Systems Effectiveness (CHSE) has continued, including collaboration on the Summative Report. Guides are being developed for partner conversations, and key relevant internal and external teams are being identified to participate in this dialogue.

This demonstration year marked the successful completion of the ASAM certification process. Despite challenges related to staff turnover, which impacted continuity in planning and focus, progress continued. Planning and implementation of the transition from ASAM 3rd Edition to the 4th Edition is now underway, including the development of updated rules and processes to support the shift.

Historical Overview for Annual Reporting Purposes

- Oregon Administrative Rules (OAR) related to Continuum of Care ASAM finalized, OAR’s related to Community Transition Services (CTS) completed through temporary rule making. Began working to make CTS rules permanent by completing a Rules Advisory Committee and engaging in community discussion and feedback as related to the CTS rules.
- On-going technical assistance and support to providers related to implementing ASAM for their organizations, including starting specialized work groups focused on Residential, Outpatient, Youth and Tribal practices to offer individualized support based on unique needs.
- Finalized contract with OHSU-CHSE to complete an external evaluation of SUD 1115 Waiver Demonstration with providers, supported work in creation of questions by providing review and feedback, and giving contact information for all providers. OHSU’s CHSE team completed interviews with providers and Coordination Care Organizations (CCOs), and the team completed the qualitative and quantitative analysis of the collected information. A rough draft was provided to OHA for review and feedback at the end of March 2024, to prepare for meeting submission deadline of May 30, 2024.
- Continue to support and provide technical assistance for MAT as needed.
- Finalized Oregon Administrative Rule for Community Transition Services, made permanent in September 2023.
- End of September 2023, OHA received a letter of concern from a small group of providers regarding use of ASAM level of care for licensure of outpatient substance use disorder programs. Providers expressed concerns that certification of outpatient programs was administratively burdensome and unnecessary. OHA engaged in listening sessions with providers, during which providers expressed that they believed certifying outpatient services would not have positive benefits for the State of Oregon’s work towards a full SUD treatment continuum of care. OHA listened to providers concerns and reviewed communication from CMS related to expectations of the use of ASAM, as well as reviewed the Special Terms and Conditions to the most appropriate course of action moving forward. Ultimately the Oregon Health Authority determined that certification of all levels of care, including outpatient treatment services, supported the goal of having a complete continuum of care for Medicaid Beneficiaries. This information was message to providers at the end of January 2024, and providers were given 30 days to submit their completed ASAM certification applications. OHA began

reviewing and certifying providers to their demonstrated ASAM level of care at the end of February and finalized the certification process in April 2024.

- Continued to work to find path to stand up of CTS services, identified infrastructure needed and began work related to contracting and determining necessary changes in Medicaid Management System to provide these services while abiding by State and Federal laws related to Medicaid Funds and Oregon taxpayer funds. A change request for the Medication Management Information System (MMIS) was submitted March 2024 to complete necessary updates to provide reimbursement to SUD providers offering CTS supports to Medicaid Beneficiaries, with an expected roll out in late 2024. – Updated: Infrastructure is ongoing, date of launch pending. Considering alternatives to MMIS, including third-party provider options for tracking/management.
- Began offering targeted live technical assistance sessions for SUD providers in January 2024 to support quality outcomes related to billing, coding, and service delivery.

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		<p><u>MP Metric #3:</u> Medicaid Beneficiaries with a SUD (Quarterly)</p> <p><u>MP Metric #4:</u> Medicaid Beneficiaries with SUD Diagnosis (Annually)</p>	<p><u>MP Metric #3:</u> Medicaid Beneficiaries with SUD Diagnosis:</p> <ul style="list-style-type: none"> • Age 65 or older. -8.21% • Dual Status. -9.81% • Pregnant. 4.93%
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		

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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			

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<p>2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1</p>	<p><u>MP Metric #6:</u> Any SUD Treatment (Quarterly)</p> <p><u>MP Metric #7:</u> Early Intervention (Quarterly)</p> <p><u>MP Metric #8:</u> Outpatient Services (Quarterly)</p> <p><u>MP Metric #9:</u> Intensive Outpatient and Partial Hospitalization Services (Quarterly)</p> <p><u>MP Metric #10:</u> Residential and Inpatient Services (Quarterly)</p> <p><u>MP Metric #11:</u> Withdrawal Management (Quarterly)</p> <p><u>MP Metric #12:</u> Medication-Assisted Treatment (Quarterly)</p> <p><u>MP Metric #22</u> Continuity of Pharmacotherapy for Opioid Use Disorder</p>	<p><u>MP Metric #6:</u> Any SUD Treatment. 2.03%</p> <p>Metric 7 is based on a small sample size, which may distort changes and give the appearance of more significant fluctuations.</p> <p><u>MP Metric #7:</u> Early Intervention:</p> <ul style="list-style-type: none"> • Age 18 to 64. 11.75% • Age 65 or older. -100.00% • Dual Status. 23.08% • Medicaid Only. 10.15% • Not Pregnant. 11.37% • Pregnant. -40.00% • Criminally Involved 46.15% • Not Criminally Involved. 7.76% • Total. 10.63% <p><u>MP Metric #8:</u> Outpatient Services</p> <ul style="list-style-type: none"> • Age 17 or less. 5.65% • Age 65 or older. -3.76% • Dual Status. -4.34% • Pregnant. 4.55% • Criminally Involved. 5.77% <p><u>MP Metric #9:</u> Intensive Outpatient and Partial Hospitalization Services</p> <ul style="list-style-type: none"> • Age 17 or less. -52.17% • Age 18 to 64. 5.46% • Age 65 or Older. -3.03%
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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
		<p><i>(Calendar Year Annual)</i> <i>(NQF#3175)</i></p>	<ul style="list-style-type: none"> • Dual Status. -2.13% • Medicaid Only. 5.11% • Not Pregnant. 5.24% • Pregnant. -11.48% • Criminally Involved. 7.05% • Not Criminally Involved. 4.41% • Total. 4.85% <p><i>MP Metric #10: Residential and Inpatient Services</i></p> <ul style="list-style-type: none"> • Age 17 or less. -14.04% • Age 65 or older. -29.90% • Dual Status. -28.06% • Pregnant. 2.97% • Criminally Involved. 4.37% <p><i>MP Metric #12: Medication-Assisted Treatment</i></p> <ul style="list-style-type: none"> • Age 17 or less. 2.70% • Age 18 to 64. 3.90% • Age 65 or older. -3.98% • Dual Status. -9.44% • Medicaid Only. 3.96% • Not Pregnant. 3.84% • Criminally Involved. 6.31% • Not Criminally Involved. 3.63% • Total. 3.80%

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

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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	<u>MP Metric #5</u> Medicaid Beneficiaries Treated in an IMD for SUD (Demonstration Year Annual Report), <u>MP Metric #36:</u> Average Length of Stay in IMDs (Demonstration Year Annual Report)	<u>MP Metric #5:</u> <ul style="list-style-type: none"> Medicaid Beneficiaries Treated in an IMD for SUD. 22.9% <u>MP Metric #36:</u> <ul style="list-style-type: none"> Average Length of Stay in IMDs (Demonstration Year Annual Report). -10.5%
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		

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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		

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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	No MP Metric	
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		

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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	<u>MP Metric #13</u> SUD Provider Availability (Demonstration Year Annual Report) (NQF#2940) <u>MP Metric #14</u> SUD Provider Availability - MAT (Demonstration Year Annual Report) (NQF#2950)	<u>MP Metric #13:</u> <ul style="list-style-type: none"> SUD Provider Availability. 5.2% <u>MP Metric #14:</u> <ul style="list-style-type: none"> SUD Provider Availability. MAT. 15.4%
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			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<p>6.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5</p>	<p>X</p>	<p><u>MP Metric #18</u> Use of opioids at High Dosage in persons wo/cancer (Calendar Year Report) (NQF#2940) <u>MP Metric #21</u> concurrent use of Opioids and Benzodiazepines (Calendar Year Report) (NQF#3389) <u>MP Metric #23</u> <i>Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries (Calendar Year Report)</i> <u>MP Metric #27</u> Overdose Deaths (rate) (Calendar Year Report)</p>	<p><u>MP Metric #18:</u></p> <ul style="list-style-type: none"> Percentage of beneficiaries aged 18 and older who received prescriptions for opioids with an average daily dosage greater than or equal to 90 morphine milligram equivalents (MME) over a period of 90 days or more. Beneficiaries with a cancer diagnosis, sickle cell disease diagnosis, or in hospice or palliative care are excluded. 5.7% <p><u>MP Metric #21:</u></p> <ul style="list-style-type: none"> Percentage of beneficiaries aged 18 and older with concurrent use of prescription opioids and benzodiazepines. Beneficiaries with a cancer diagnosis, sickle cell disease diagnosis, or in hospice or palliative care are excluded. -17.0% <p><u>MP Metric #23:</u> Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries</p> <ul style="list-style-type: none"> Age 17 or less. -10.07% Age 18 to 64. -5.72% Age 65 or older. 6.30% Total. -4.52% <p><u>MP Metric #27:</u></p> <ul style="list-style-type: none"> Overdose death (rate per 1,000 beneficiaries). -17.9%
<p>6.2 Implementation update</p>			

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

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<p>7.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6</p>	<p>X</p>	<p><u>MP Metric #15</u> IET (NQF#0004) (Calendar Year Report)</p> <p><u>MP Metric #17(1)</u> follow up after ED visit for AOD (Calendar Year Report) (NQF#3488)</p> <p><u>MP Metric #17(2)</u> follow up after ED visits for Mental Illness (Calendar Year Report) (NQF#0576)</p> <p><u>MP Metric #25</u> Readmissions Among Beneficiaries with SUD (Demonstration Year Annual Report)</p>	<p><u>MP Metric #15:</u></p> <ul style="list-style-type: none"> Engagement of AOD Treatment - Alcohol abuse or dependence (rate 2, cohort 1). 3.9% Engagement of AOD Treatment – Other drug abuse or dependence (rate 2, cohort 3). 5.6% Engagement of AOD Treatment - Total AOD abuse of dependence (rate 2, cohort 4). 5.4% <p><u>MP Metric #17(1)</u></p> <ul style="list-style-type: none"> Percentage of ED visits for mental illness for which the beneficiary received follow-up within 30 days of the ED visit (31 total days). 5.1% Percentage of ED visits for which the beneficiary received follow-up within 7 days of the ED visit (8 total days). 5.0% <p><u>MP Metric #17(2)</u></p> <ul style="list-style-type: none"> Percentage of ED visits for which the beneficiary received follow-up within 7 days of the ED visit (8 total days). 2.3% <p><u>MP Metric #25</u></p> <ul style="list-style-type: none"> Readmissions Among Beneficiaries with SUD. 4.6%

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

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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		
How health IT is being used to treat effectively individuals identified with SUD	X		
8.2.1.ii. How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD	X		
8.2.1.iii. Other aspects of the state’s plan to develop the health IT infrastructure/capabilities at the state, delivery system, health plan/MCO, and individual provider levels	X		
8.2.1.iv. Other aspects of the state’s health IT implementation milestones	X		
8.2.1.v. The timeline for achieving health IT implementation milestones	X		
8.2.1.vi. Planned activities to increase use and functionality of the state’s prescription drug monitoring program	X		
8.2.2 The state expects to make other program changes that may affect metrics related to health IT	X		
9. Other SUD-related metrics			
9.1 Metric trends			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
9.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics		<p><u>MP Metric #24:</u> <i>Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries (Quarterly)</i></p> <p><u>MP Metric #26</u> <i>Overdose Deaths (count) (Demonstration Year Annual Report)</i></p> <p><u>MP Metric #32</u> <i>Access to Preventive/ Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD [Adjusted HEDIS measure] (Calendar Year Report)</i></p>	<p><u>MP Metric #24:</u> <i>Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries</i></p> <ul style="list-style-type: none"> • Age 17 or less: -5.43% • Age 18 to 68: -4.74% • Age 65 or older: 14.85% • Total: -2.89% <p><u>MP Metric #26</u> Overdose death (count): -21.8%</p>
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 Oregon Health Authority is unable to submit the SUD 1115 Waiver Budget Neutrality Workbook.. The issues we are encountering will need be resolved to complete the SUD Waiver Budget Neutrality Report. OHA aims to submit the outstanding Budget Neutrality Workbooks in December 2025 and will continue to make necessary adjustments to the report as we perform our analysis of the data reported under the SUD Waiver.
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 approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail.	X	

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Prompts	State has no update to report (Place an X)	State response
11.2 Implementation update		
11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 11.2.1.i. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)	X	
11.2.1.ii. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)	X	
11.2.1.iii. Partners involved in service delivery	X	
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		Block SAPT Grant, SB755(2020) drug addiction and recovery act, SOR Grants, Opioid Overdose response with Public Health, Drug Treatment and Recovery Funding Grants (formerly Measure 110).
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)		All initiatives are focused on improving access to care and reducing overdose and overdose related deaths. The population covered under the initiatives are different--1115 Waiver Medicaid, other indigent or non-Medicaid covered services and support (such as Harm Reduction, Housing, infrastructure, room and board, etc.)

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Prompts	State has no update to report (Place an X)	State response
12. SUD demonstration evaluation update		
12.1 Narrative information		
12.1.1 Provide updates on SUD evaluation work and timeline. The appropriate content will depend on when this report is due to CMS and the timing for the demonstration. There are specific requirements per Code of Federal Regulations (CFR) for annual reports. See report template instructions for more details.	X	
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	X	

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Prompts	State has no update to report (Place an X)	State response
<p>12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates</p>		<p>The Evaluation was approved by CMS, and our expectation is the Evaluator will deliver Mid-Point Assessment, Interim and Summative Evaluation Reports that are meaningful and accessible to the primary audiences for the evaluation. Given the six-month time lag for maturation of claims/encounters data and the time needed to analyze these data, we anticipate that the reports will cover results for the following time periods:</p> <ul style="list-style-type: none"> • The Mid-Point Assessment Report was provided to CMS in May 2024 and is under review. • The Interim Report interim report draft was submitted to CMS on March 31, 2025, and adjustments are being made to resubmit by from CMS comments received on October 1, 2025. This should be submitted by November 28, 2025. • The Summative Report due to CMS in September 2027 will present results through December 2025. <p>We anticipate that each report will contain a large volume of quantitative results, including descriptive statistics, data trends over time, change associated with the waiver as identified by regression analysis, and results for subgroups. The reports will use visual presentations to convey this information quickly and concisely and enable readers to explore the data. To provide context and help explain results, the reports will draw on information from Oregon’s quarterly monitoring reports to CMS and other background documents as needed.</p>

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Prompts	State has no update to report (Place an X)	State response
13. Other demonstration reporting		
13.1 General reporting requirements		
13.1.1 The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol		Implementation of Community Transition Services has been delayed as the Oregon Health Authority seeks to determine how to reimburse for this service while minimizing administrative burden on our providers and upholding Oregon’s Public Funds laws related to how monies are spent. Efforts have been made to implement the necessary infrastructure to provide Community Transition Services; with the analyst team doing research on contracting with a third-party provider to better support the accounting needs of the offering that MMIS does not currently have. A request to MMIS has been made, however it is pending/on hold as other larger OHP 1115 Waiver requests have been prioritized.
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	
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	

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Prompts	State has no update to report (Place an X)	State response
13.2 Post-award public forum		
13.2.2 If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicating any resulting action items or issues. A summary of the post-award public forum must be included here for the period during which the forum was held and in the annual report.	X	
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.	X	

*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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