

Medicaid Section 1115 Substance Use Disorder Demonstrations Monitoring Report Template

The Centers for Medicare & Medicaid Services (CMS) customized the Monitoring Report Template (Version 5.0) to support Oregon’s retrospective reporting of monitoring data for the 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 (pg. 15-17 of Version 5.0). 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.

State	Oregon
Demonstration name	Oregon Health Plan Substance Use Disorder 1115 Demonstration
Approval period for section 1115 demonstration	04/08/2021 – 03/31/2026
SUD demonstration start date^a	04/01/2021
Implementation date of SUD demonstration, if different from SUD demonstration start date^b	n.a.
SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives	<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.
SUD demonstration year and quarter^c	SUD DY1Q1–DY2Q3
Reporting period^c	04/01/2021–12/31/2022

^a **SUD demonstration start date:** For monitoring purposes, CMS defines the start date of the demonstration as the *effective date* listed in the state’s STCs at time of SUD demonstration approval. For example, if the state’s STCs at the time of SUD demonstration approval note that the SUD demonstration is effective January 1, 2020 – December

31, 2025, the state should consider January 1, 2020 to be the start date of the SUD demonstration. Note that the effective date is considered to be the first day the state may begin its SUD demonstration. In many cases, the effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example, CMS may approve an extension request on 12/15/2020, with an effective date of 1/1/2021 for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

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

^c 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 DY2Q4 Monitoring Report, the retrospective reporting period is considered SUD DY1Q2 through SUD DY2Q3. 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.

From April 2021 through December 2022, the Oregon Health Authority made the following progress on the SUD 1115 Demonstration Waiver:

- *Modifications and updates to the MMIS were implemented to support the demonstration implementation.*
- *Created policies and procedures for Community Integration Services, IMD facilities, and ASAM Assessment Criteria.*
- *Updated Prioritized List of covered services to include new services being implemented by waiver.*
- *Contracted with ASAM for support, training and technical assistance to providers in preparation for Licensing and Certification to ASAM levels of care.*
- *Rulemaking began for ASAM Level of Care certification, as well as for Community Transition Services.*
- *Worked to identify and began to build necessary infrastructure for delivery of Community Transition Services.*

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
1. Assessment of need and qualification for SUD services			
1.1 Metric trends			
1.1.1. The state reports the following metric trends related to assessment of need and qualification for SUD services		#3 Medicaid Beneficiaries with SUD Diagnosis	<p><i>The State of Oregon has seen an increase in SUD Diagnosis across all populations, except for pregnant individuals who have shown a decrease. Increasing numbers of individuals with a SUD Diagnosis is expected as the State continues to work to expand access and reduce stigma associated with engaging SUD related treatment services.</i></p> <p><i>Medicaid Beneficiaries w/SUD Diagnosis</i> <i>All Populations: +2.71%</i> <i><18: 7.2%</i> <i>65+: +17.85%</i> <i>Medicaid Only: +2.02%</i> <i>Dual Medicaid/Medicare: +8.92%</i> <i>Pregnant: -27.99%</i> <i>Not Pregnant: +3.20%</i></p>
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 related to Milestone 1</p>		<p>#6 Any SUD Treatment; #7 Early Intervention; #8 Outpatient Services; #9 Intensive Outpatient and Partial Hospitalization Services; #10 Residential and Inpatient Services; #11 Withdrawal Management; #12 Medication-Assisted Treatment</p>	<p>The State of Oregon is largely seeing increased numbers of individuals accessing SUD services across all levels of care, with a particularly large growth in Early Intervention Services. The State of Oregon has been working on reducing barriers to access, including identifying ways to support rapid access to treatment to engage with individuals when they come to engage in services. Additionally, the State of Oregon has worked on creating a Mobile MAT team that can support access to this level of care in more rural and frontier areas where the remote nature of their location can be a barrier to engaging in treatment. Additionally, the State of Oregon provided a rate increase for SUD Treatment services to more fairly compensate for services being offered and to increase capacity within providers.</p> <p>#6 Any SUD Treatment All Populations: +4.45%</p> <p>#7 Early Intervention: All Populations: +75% <18: -50% 18 to 64: +76.79% 65+: +135.29% Medicaid Only: +69.64% Dual Medicaid/Medicare: +91.49% Pregnant: -100% Not Pregnant: +76.27%</p> <p>#8 Outpatient Services: <18: +15.14% 65+: +3.86%</p>
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			<p><i>Pregnant: -20.42%</i></p> <p><i>#9 Intensive Outpatient and Partial Hospitalization Services:</i> <i>All Populations: +15.39%</i> <i><18: +166.67%</i> <i>18 to 64: +15.28%</i> <i>65+: +20%</i> <i>Medicaid Only: +15.43%</i> <i>Dual Medicaid/Medicare: +19.40%</i> <i>Pregnant: +60%</i> <i>Not Pregnant: +15.52</i></p> <p><i>#10 Residential and Inpatient Services:</i> <i>All Populations: -2.79%</i> <i><18: -54.17%</i> <i>18 to 64: -2.10%%</i> <i>65+: +7.14%</i> <i>Medicaid Only: -2.95%</i> <i>Dual Medicaid/Medicare: -3.03%</i> <i>Pregnant: -26.1%</i></p> <p><i>#11 Withdrawal Management:</i> <i>All Populations: +18.1%</i></p> <p><i>#12 Medication Assisted Treatment:</i> <i>All Populations: +7.89%</i> <i><18: +122.73%</i> <i>18 to 64: +7.82%</i> <i>Medicaid only: +8.81%</i></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
			<i>Dual Medicaid/Medicare: -34.81%</i> <i>Pregnant: -15.1%</i> <i>Not Pregnant: +8.29%</i>
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 related to Milestone 2			State of Oregon contracted with ASAM to provide training and technical assistance to SUD providers as Oregon formally adopts the ASAM criteria model for SUD assessment and placement in treatment.

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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
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 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>			The State of Oregon began work to add ASAM criteria levels of care into Oregon Administrative Rules detailing the ASAM criteria levels of care, to allow for certification of providers to the level of care they provide. Throughout this process, Oregon engaged in listening sessions with the provider and member community, provided monthly technical assistance to providers, and completed a Rules Advisory Committee to get formalized feedback on impact and concerns to guide our rule making process.
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 related to Milestone 4			State of Oregon implemented a 30% rate increase for SUD treatment billing codes to bring Medicaid reimbursement in closer alignment with other reimbursement rates. The increase in rates was intended to help support the increased cost of hiring and keeping skilled staff at all levels to increase capacity within providers, and to address the behavioral health worker staffing shortage Oregon has been experiencing since the beginning of the COVID 19 pandemic.
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 summary of retrospective reporting period
6.1 The state reports the following metric trends related to Milestone 5		MP Metric #23: Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries	<p><i>Oregon has focused on addressing the rising Opioid crisis in a number of different ways. Oregon has been working to provide technical support and guidance to providers around prescribing of opioids, increasing access to Naloxone through a clearing house and rule making, creating mobility opioid treatment programs to support those in rural communities where their remote nature provides a barrier, and increased education to providers around the effectiveness of Medication Assisted Treatment for Opioid Use Disorder. We have seen an increase in individuals accessing MAT services, and have seen a decrease in individuals access SUD services through the ED.</i></p> <p><i>#23 Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries:</i> <i>All Populations: -38.19%</i> <i><18: +18.18%</i> <i>18 to 64: -42.24%</i> <i>65+: -49.64%</i></p>
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 summary of retrospective reporting period
7.1.1 The state reports the following metric trends related to Milestone 6			<p>State of Oregon wrote and implemented policies to ensure residential and inpatient facilities link beneficiaries with community resource following staying, including opening of codes to support case management specific to housing and employment resources and supports. On-going work to enhance polices that ensure care coordination for co-occurring disorders, including planning for an enhanced rate to incentivize the offering of co-occurring disorder specific services. Worked with CCO’s to enhance capacity and quality of SUD care transitions, including preparation for rule making to provide increased clarity around care coordination requirements.</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
8. SUD health information technology (health IT)			
8.1 Metric trends			
8.1.1 The state reports the following metric trends related to its health IT metrics			Enhanced states Health IT functionality to support the Prescription Drug Monitoring Plan (PDMP), which enhanced interstate data sharing to provide prescribers a more comprehensive prescription history for patients with prescriptions across state lines, and enhanced ease of use for prescribers related to the PDMP.
9. Other SUD-related metrics			
9.1 Metric trends			
9.1.1 The state reports the following metric trends related to other SUD-related metrics		MP Metric #24: Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries	Throughout the COVID 19 pandemic, Oregon saw some of its SUD treatment programs, including residential facilities, close. Oregon is working closely with its provider network to provide support to increase capacity. OHA is working with community partners, the Oregon legislature, other Oregon state agencies to address the on-going need for higher levels of SUD treatment and to determine how to best increase capacity to better meet the needs of Medicaid and Medicare enrolled members. <i>#24 Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries:</i> <18: -33.33% 18 to 64: -6.60% 65+: +10.11%

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