

- 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
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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	04/08/21
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>D1 Annual Report Health Systems Division OHA</i>
Reporting period	04/08/2021-04/07/2022

^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.

2. Executive summary

This annual report summarizes OHA activities for Demonstration Year 1 April 08, 2021 through April 7, 2022. The first demonstration year focused primarily on planning and implementation, MMIS payment modification for new services and rates, and development of administrative rules for specialty programs to support new services and rate structure.

The program and benefit expansion began 01/01/2022. Annual reporting for DY1 content is sparse as Oregon focused primarily on project implementation and planning, as an approved Monitoring Protocol and Evaluation Design is still under review.

Demonstration Year 1 Accomplishments:

- Despite COVID-19 disruptions, project implementation and planning continued.
- Continued to engage with providers, community members, and other key stakeholders to obtain feedback and guidance around implementation of the new services and supports in alignment with the standard terms and conditions.
- Onboarded dedicated SUD Waiver Policy Analyst in January 2022.
- Partnered with Health Evidence Review Commission (HERC) to incorporate new services within the prioritized list of covered services.

- Engaged with ASAM to outline Oregon’s implementation of ASAM specific tools and technical assistance for providers.
- Began to evaluate SUD providers for IMD status and drafted communication to affected providers.

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

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1. Assessment of need and qualification for SUD services			
1.1 Metric trends			
1.1.1. The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to assessment of need and qualification for SUD services	X		<i>Monitoring protocol has been drafted and not yet approved by CMS. Oregon has received preliminary informal feedback and comments and is working to implement these, due back to CMS 8/2/22.</i>
1.2 Implementation update			
1.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes to: 1.2.1.i. The target population(s) of the demonstration	X		<i>No changes to demonstration design or operation</i>
1.2.1.ii. The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration	X		<i>No changes in clinical criteria</i>
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		<i>No Program Changes Anticipated</i>

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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			
2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1		<u>MP Metric #22</u> Continuity of Pharmacotherapy for Opioid Use Disorder (NQF#3175)	MP not yet approved, no data to report. Individuals ages 18 and older accessing critical levels of care from April 2021 to December 2021: <ul style="list-style-type: none"> • MAT: increased approx. 4.2% • Outpatient: decreased approx. 8.8% • IOP & Day Treatment: decreased approx. 22% • Residential & Inpatient: no change greater than 2% • Withdrawal Management: no change greater than 2% • ED for SUD per 1,000 (ages 18-64): 2.4 to an increase of 4.7 • Inpatient HO for SUD per 1,000 (ages 18-64): 2.24 to an increase of 2.36
2.2 Implementation update			

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<p>2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <p>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)</p>			<p>Many activities under Milestone 1 are 12-24 months out from date of approval for implementation.</p> <p>Development of quarterly reports to monitor internal quality improvement strategies for SUD services is in process; reports delayed due to staffing shortages.</p> <p>SPA approved to ensure parity of coverage in SUD Service Array Rate increase and service expansion to begin 01/01/2022. No data or trends yet to report.</p> <p>Day Treatment Usual and Customary per diem rate established beginning 1/01/2022; no data or trends yet to report. Working on enrolling day treatment programs into MMIS utilizing the new payment and enrollment criteria.</p> <p>Identified staff to begin working on developing culturally specific PDS training and to expand diverse peer workforce.</p> <p>Revised CCO contract language to include obligation for CCOs to have a mechanism in place to ensure that they have adequate capacity to serve. New contract language and obligation will be effective 1/2023.</p> <p>Identified staff to begin working on developing client to clinician ratios.</p> <p>Identified staff to begin working on developing scope of work and workforce for crisis intervention service.</p> <p>Reimbursement and billing codes identified and set.</p>
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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			No expected changes.
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		No Expected changes
2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1	X		No Expected Changes

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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	No MP Metric	No data or trends to report
3.2. Implementation update			
<p>3.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <p>3.2.1.i. Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria</p>			<p>Implementation of Milestone 2 is 12-24 months out according to STCs.</p> <p>Annual Updates on Implementation Planning:</p> <ul style="list-style-type: none"> • State public entity contract with ASAM is active. This contract allows Oregon to utilize ASAM in Oregon Administrative Rules, contracts and licensing requirements related to trade name, ASAM placement criteria. • Began provider engagement around new licensing and/or certification requirements at specific ASAM levels. • Began project planning with ASAM around ASAM specific tools and ASAM provider training and technical assistance.

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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			Annual Updates on Implementation Planning: <ul style="list-style-type: none"> • Contract language has been refined to ensure all CCO providers are utilizing ASAM criteria. Contract language effective 1/2023. • Contract language has been refined to ensure all CCO utilization managers making payment determination for SUD are adequately trained in ASAM criteria. Contract language effective 1/2023.
3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2	X		No Anticipated Changes

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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	No data or trends to report
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			Annual Updates on Implementation Planning: <ul style="list-style-type: none"> • State public entity contract with ASAM is active. This contract allows Oregon to utilize ASAM in Oregon Administrative Rules, contracts and licensing requirements related to trade name, ASAM placement criteria. • Began provider engagement around new licensing and/or certification requirements at specific ASAM levels. • Began project planning with ASAM around ASAM specific tools and ASAM provider training and technical assistance.
4.2.1.ii. Review process for residential treatment providers' compliance with qualifications.			Licensing, Certification, & Compliance Unit has begun planning for licensing residential programs at specific ASAM levels and what their review process will look like to ensure treatment programs remain compliant with ASAM.

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4.2.1.iii. Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site			Medicaid treatment guidance and obligation was added to the Prioritized list of Health services: <ul style="list-style-type: none"> • GUIDELINE NOTE 175, MEDICATION-ASSISTED TREATMENT OF OPIOID DEPENDENCE Lines 1,4 In patients who meet criteria for opioid use disorder, programs that offer treatment of opioid use disorder must offer patients a variety of evidence-based interventions including behavioral interventions, social support, and Medication Assisted Treatment (MAT) and are individualized to the patient’s needs. Intensive programs, such as inpatient residential treatment programs, are required to inform patients about MAT and to offer access to and support for MAT (including at least one form of opioid substitution therapy) if patients elect to receive it, to be included on this line. MAT includes pharmacotherapy with opioid substitution therapy (methadone and buprenorphine) and opioid antagonists (naltrexone). Detoxification alone is likely ineffective for producing long-term benefit and should be followed by a formal substance use disorder individualized treatment plan. In pregnant women with opioid dependence, comprehensive treatment (including opioid substitution therapy) is included on this line.
4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3	X		No Anticipated Changes

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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 #18</u> Use of opioids at High Dosage in persons wo/cancer (NQF#2940) <u>MP Metric #19</u> Use of Opioids from multiple providers in persons wo/cancer (NQF#2950) <u>MP Metric #20</u> Use of Opioids at high dosage and from Multiple providers in persons wo/cancer (NQF#2951) <u>MP Metric #21</u> concurrent use of Opioids and Benzodiazepines (NQF#3389)	MP not yet approved, no data to report.
5.2 Implementation update			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<p>5.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <p>Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care</p>			<p>Annual Updates on Implementation Planning:</p> <ul style="list-style-type: none"> • Assessment of delivery system and capacity to serve at each critical level of care is underway. • HSD has a contract with an external review partner to evaluate access to care gaps and make recommendations for action plan. Report is set to be available from contractor Sept. 2022 • Staff have been identified to begin work on establishing adequate client to provider ratios and establish a plan to address any gaps in workforce. • Capacity Management and referral tracking data base has been created and went live. Oregon is still working with contractor to resolve implementation refinement. • Modified administrative rules to allow for Mobile Medication Units to expand capacity to serve for MAT. • Increases made to the count of DATA waived prescribers. • Hired workforce development manager • Assessment of workforce needs and additional legislative funding received to help address workforce gaps in BH/SUD.
<p>5.2.2 The state expects to make other program changes that may affect metrics related to Milestone 4</p>	X		No Anticipated Changes
<p>6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)</p>			
<p>6.1 Metric trends</p>			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5	X	<p><u>MP Metric #15</u> IET (NQF#0004)</p> <p><u>MP Metric #16</u> SUB-3 AOD provided or offered at discharge. SUB-3a AOD treatment at discharge (Joint Commission)</p> <p><u>MP Metric #17(1)</u> follow up after ED visit for AOD (NQF#3488)</p> <p><u>MP Metric #17(2)</u> follow up after ED visits for Mental Illness (NQF#0576)</p>	MP not yet approved, no data to report.
6.2 Implementation update			

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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			Annual Updates on Implementation Planning: <ul style="list-style-type: none"> • Multiple Guidance documents have been created. Providers are encouraged to consider the recommendations of the Oregon Opioid Prescribing Guidelines Task Force when prescribing opioid medications: Oregon Acute Opioid Prescribing Guideline and the Oregon Chronic Opioid Prescribing Guidelines. • Oregon Pregnancy and Opioid workgroup made clinical recommendations that optimize outcomes for pregnant and parenting individuals with OUD. • HSD continues to work closely with Public Health and the functionality and use of the Prescription Drug Monitoring Programs (PDMP). No Anticipated Changes
6.2.1.ii. Expansion of coverage for and access to naloxone			<ul style="list-style-type: none"> • Oregon continues leverage federal grants and initiatives to fund and distribute Naloxone statewide, especially in areas of high need. • Oregon works closely with board of pharmacy to ensure pharmacists can prescribe and dispense Naloxone. • Removed any PA criteria for Naloxone. No Anticipated Changes
6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5	X		No Anticipated Changes.

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)			
7.1 Metric trends			
7.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6	X	No MP Metric	No Metric Trends to Report
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		Annual Updates on Implementation Planning: <ul style="list-style-type: none"> • Working with CCOs to implement a statewide performance improvement project around initiation and engagement into treatment. • Established reimbursement for care coordination and targeted case management to help fund care coordination between levels of care. • Initiated implementation of community integration services for individuals transitioning out of Residential or Inpatient facilities • CCOs to leverage EDIE data with the PDMP to minimize the risk of overprescribing • Many hospitals have peers imbedded to help respond to SUD related admissions No Anticipated Changes
7.2.2 The state expects to make other program changes that may affect metrics related to Milestone 6	X		No Anticipated Changes
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
8.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics	X	No MP Metric	No Metric Trends to Report
8.2 Implementation update			
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		<ul style="list-style-type: none"> • Oregon continues to utilize PDMP, developing policies and agreements for possible interstate data sharing (Current states: Idaho, Kansas, Nevada, Texas, and North Dakota). • Oregon continues to work closely with Injury Violence Prevention Promotion and the Public Health Division <p>No Anticipated Changes</p>
How health IT is being used to treat effectively individuals identified with SUD	X		No Anticipated Changes
8.2.1.ii. How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD	X		No Anticipated Changes
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		No Anticipated Changes
8.2.1.iv. Other aspects of the state’s health IT implementation milestones	X		No Anticipated Changes
8.2.1.v. The timeline for achieving health IT implementation milestones	X		No Anticipated Changes
8.2.1.vi. Planned activities to increase use and functionality of the state’s prescription drug monitoring program	X		No Anticipated Changes

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.2.2 The state expects to make other program changes that may affect metrics related to health IT	X		No Anticipated Changes
9. Other SUD-related metrics			
9.1 Metric trends			
9.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics	X		No additional Metrics to report
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		No Additional Metrics to report

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.	X	Oregon continues to strive towards compliance with budget neutrality.
10.2 Implementation update		
10.2.1 The state expects to make other program changes that may affect budget neutrality	X	No Anticipated Changes

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Prompts	State has no update to report (Place an X)	State response
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.		Oregon is actively supporting BH providers during COVID-19 to ensure quality services and treatments are accessible to Medicaid recipients. Many programs have struggled financially due to COVID restrictions, resulting in lower admissions and longer wait times to access care. Oregon has utilized COVID relief funds and other Oregon funds to support programs financially to remain open. Due to COVID and workforce concerns, expansion of services may be delayed in certain areas of the state. A large focus in DY1 has been COVID relief and workforce, as well as policy development and implementation. Project resources were also temporarily reassigned to assist with Ballot Measure 110 RFGPs. Staffing for OHA and this project have also seen some delays. New hires for this project started in DY1Q4 and have been onboarding to the work.
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	No Anticipated Changes
11.2.1.ii. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)	X	No Anticipated Changes
11.2.1.iii. Partners involved in service delivery	X	No Anticipated Changes
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		COVID relief contracts were worked as priority. Contracts related to external review, evaluation design, and with ASAM are now underway.

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Prompts	State has no update to report (Place an X)	State response
11.2.3 The state is working on other initiatives related to SUD or OUD		Block SAPT Grant, SB755, SOR Grants, Opioid Overdose response with Public Health.
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.)
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.		External evaluation plan was submitted to CMS and Oregon is awaiting response and approval. Draft contract with external review organization is underway.
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		External evaluation plan was submitted to CMS and Oregon is awaiting response and approval. Contracting continues to be underway but there is not an anticipated delay with meeting the timelines of the STCs.

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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 plan has not yet been approved by CMS; however, 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 due to CMS in December 2023 will include results through June 2022. • The Interim Report due to CMS in July 2025 will include results through December 2023 • 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>
<p>13. Other demonstration reporting</p>		
<p>13.1 General reporting requirements</p>		
<p>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</p>		<p>Implementation of ASAM tools and Provider to Client ratios may see some delay in full implementation due to COVID, funding and workforce issues. SMEs are currently assessing any changes that might take place in DY2.</p>

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Prompts	State has no update to report (Place an X)	State response
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	No Anticipated Changes; awaiting CMS approval on Evaluation Design and Monitoring Protocol
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		No anticipated changes.
13.1.3.ii. The content or completeness of submitted reports and/or future reports		Content for DY1 is minimal due to the Monitoring Protocol not yet approved by CMS, majority of the demonstration services being implemented 01/01/2022 and Licensure changes taking place in 12-24 months out.
13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation		Monitoring Protocol and Evaluation Design have not yet been approved, as such there may be impact to timely demonstration deliverables.
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.		Oregon has an SUD 1115 Advisory Committee that meets every other month and provides feedback on the progress of the demonstration. Oregon is planning on holding a larger annual public forum meeting to solicit additional feedback.

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 Oregon, Oregon Health Plan Substance Use Disorder 1115 Demonstration

Prompts	State has no update to report (Place an X)	State response
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	As Oregon awaits approval of the Monitoring Protocol and Evaluation Design, there is nothing new to report at this time.

*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:

Measures IET-AD, FUA-AD, FUM-AD, and AAP [Metrics #15, 17(1), 17(2), and 32] are Healthcare Effectiveness Data and Information Set (HEDIS®) measures that are owned and copyrighted by the National Committee for Quality Assurance (NCQA). HEDIS measures and specifications are not clinical guidelines, do not establish a standard of medical care and have not been tested for all potential applications. The measures and specifications are provided “as is” without warranty of any kind. NCQA makes no representations, warranties or endorsements about the quality of any product, test or protocol identified as numerator compliant or otherwise identified as meeting the requirements of a HEDIS measure or specification. NCQA makes no representations, warranties, or endorsement about the quality of any organization or clinician who uses or reports performance measures and NCQA has no liability to anyone who relies on HEDIS measures or specifications or data reflective of performance under such measures and specifications.

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