

- 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

<b>State</b>	Oregon
<b>Demonstration name</b>	Oregon Health Plan Substance Use Disorder 1115 Demonstration
<b>Approval period for section 1115 demonstration</b>	04/8/2021- 03/31/2026
<b>SUD demonstration start date<sup>a</sup></b>	04/08/2021
<b>Implementation date of SUD demonstration, if different from SUD demonstration start date<sup>b</sup></b>	04/08/21
<b>SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives</b>	<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 whom 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"> <li>1. Assist Oregon in increasing identification, initiation, and engagement of Medicaid beneficiaries diagnosed with SUD;</li> <li>2. Assist the state in increasing beneficiary adherence to, and retention in, SUD treatment programs;</li> <li>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</li> <li>4. Provide a continuum of care to increase the chances of Medicaid beneficiaries of having a successful recovery process.</li> </ol>

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<b>SUD demonstration year and quarter</b>	<i>SUD DY4Q1 Report Health Systems Division OHA</i>
<b>Reporting period</b>	04/01/2024-6/30/2024

**<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 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.

**<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.

## 2. Executive summary

This annual report summarizes OHA activities for Demonstration Year 3, April 01, 2023 through March 31, 2024. This demonstration year primarily focused on implementing ASAM and certifying providers to ASAM levels of care, to demonstrate a full continuum of care for Medicaid Beneficiaries seeking SUD treatment. Additionally, OHA continued focused efforts on standing up the necessary infrastructure to provide Community Transition Services; increasing both provider capacity and network capacity for SUD services; and supporting the External Evaluation work being completed by Oregon Health and Sciences University’s Center for Health Systems Effectiveness (OHSU-CHSE).

- 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.
- 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
<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, including all changes (+ or -) greater than 2 percent related to assessment of need and qualification for SUD services		<p><u>MP Metric #3:</u> <i>Medicaid Beneficiaries with a SUD (Quarterly)</i></p> <p><u>MP Metric #4:</u> <i>Medicaid Beneficiaries with SUD Diagnosis (Annually)</i></p>	<p>Across most metrics we are seeing an increase in all populations, with a few exceptions included in the data below where a decrease in subpopulations were noted.</p> <p>The following metrics and subpopulations showed a change of greater than 2 percent.</p> <p>Medicaid Beneficiaries with SUD Diagnosis:</p> <ul style="list-style-type: none"> <li>Pregnant -6.23. %</li> </ul>
<b>1.2 Implementation update</b>			
1.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		<i>No changes to demonstration design or operation</i>
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		<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
<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, 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>Updated Oregon Administrative Rules to support expansion of access to pharmacotherapy for OUD, worked with providers to expand understanding and knowledge, provided technical assistance to providers to increase positive outcomes for Medicaid recipients.</p> <p>The following data show new method of capturing pregnancy, previously used state-specified codes, those are being updated, now using pregnancy codes provided in the MACBIS Pregnancy Code List. The change in all metrics that report pregnancy stratum is artificially inflated between DY3Q4 and DY4Q1 reports.</p> <p><u>MP Metric #7:</u> Early Intervention:</p> <ul style="list-style-type: none"> <li>• Age 17 or less. 16.67%</li> <li>• Age 18 to 64. -18.63%</li> <li>• Age 65 or older. -57.14%</li> <li>• Dual Status. -44.12%</li> <li>• Medicaid Only. -16.88%</li> <li>• Not Pregnant. -18.50%</li> <li>• Pregnant. -50.00%</li> <li>• Criminally Involved -32.08%</li> <li>• Not Criminally Involved. -17.16%</li> </ul> <p><u>MP Metric #8:</u> Outpatient Services</p> <ul style="list-style-type: none"> <li>• Age 65 or older. 17.01%</li> <li>• Dual Status. 12.24%</li> <li>• Criminally Involved 2.69%</li> </ul>
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		<p>(Calendar Year Annual) (NQF#3175)</p>	<p><u>MP Metric #9: Intensive Outpatient and Partial Hospitalization Services</u></p> <ul style="list-style-type: none"> <li>• Age 17 or less. 28.57%</li> <li>• Age 18 to 64. 2.37%</li> <li>• Dual Status. -14.94%</li> <li>• Medicaid Only. 3.09%</li> <li>• Not Pregnant. 2.34%</li> <li>• Pregnant. 5.19%</li> <li>• Criminally Involved 22.74%</li> </ul> <p><u>MP Metric #10: Residential and Inpatient Services</u></p> <ul style="list-style-type: none"> <li>• Age 17 or less. -5.00%</li> <li>• Age 65 or older. 24.62%</li> <li>• Dual Status. 12.06%</li> <li>• Pregnant. 15.56%</li> </ul> <p><u>MP Metric #12: Medication-Assisted Treatment</u></p> <ul style="list-style-type: none"> <li>• Age 17 or less. -10.90%</li> <li>• Age 18 to 64. -2.81%</li> <li>• Medicaid Only. -2.82%</li> <li>• Not Pregnant. -2.82%</li> <li>• Not Criminally Involved -2.93%</li> </ul> <p><u>MP Metric #22 Continuity of Pharmacotherapy for Opioid Use Disorder</u></p> <ul style="list-style-type: none"> <li>• -61.73%</li> </ul>
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>Oregon Administrative Rules drafted to include ASAM levels language, to clearly define continuum of care levels and create consistency in their delivery. Rule making process included engagement with providers, listening sessions, rules advisory committees, technical assistance from ASAM creators.</p> <p>Continuum of Care milestones have been broken down into levels of care for tracking purposes. These levels include Outpatient Services, Intensive Outpatient Services, Medication Assisted Treatment, Intensive levels of care in residential and inpatient settings, Medically Supervised Withdrawal Management.</p> <p>For each of these levels of care, quarterly reports for internal quality improvement strategies for SUD services are still in development, there has been delay due to on-going staffing shortages.</p> <p>A 30% rate increases for our SUD services across continuum were implemented for our Fee For Service enrolled Medicaid recipient beginning 7/1/2022, while Coordinated Care Organization enrolled Medicaid recipients rate increase began 1/1/2023.</p> <p>Continuing work to support PDS organizations in developing culturally specific trainings and expanding the diversity of culturally specific peers within the workforce.</p> <p>Revised CCO contract language to include obligation for CCOs to have a mechanism in place to ensure that they</p>
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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>have adequate capacity to serve. New contract language and obligation went into effect 1/2023.</p> <p>Identified staff to begin working on developing client to clinician ratios.</p> <p>Identified that client to clinician ratios only apply to Medically Supported Withdrawal Management providers per ASAM and Oregon Administrative Rules.</p> <p>No expected changes.</p>
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
<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, including all changes (+ or -) greater than 2 percent related to Milestone 2		<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)	Data shows that more people had IMD stays this year than last, but they stayed for slightly fewer days on average (2 days less).  Medicaid Beneficiaries Treated in an IMD for SUD (Demonstration Year Annual Report) 19.27%  Average Length of Stay in IMDs (Demonstration Year Annual Report) -11.60%
<b>3.2. Implementation update</b>			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<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>Annual Updates on Implementation Planning:</p> <ul style="list-style-type: none"> <li>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.</li> <li>Continued provider engagement, including listening sessions and technical assistance from ASAM to answer questions and expand understanding.</li> <li>Continued project planning with ASAM around ASAM specific tools and ASAM provider training and technical assistance.</li> </ul>
<p>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</p>			<p>Annual Updates on Implementation Planning:</p> <ul style="list-style-type: none"> <li>Contract language has been refined to ensure all CCO providers are utilizing ASAM criteria. Contract language went into effect 1/2023.</li> <li>Contract language has been refined to ensure all CCO utilization managers making payment determination for SUD are adequately trained in ASAM criteria. Contract language went into effect 1/2023.</li> </ul>
<p>3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2</p>	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
<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>			
<p>4.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3</p> <p><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></p>	X	No MP Metric	No data or trends to report.
<b>4.2 Implementation update</b>			
<p>4.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <p>4.2.1.i. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards</p>			<p>Annual Updates on Implementation Planning:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Continued provider engagement around new licensing and/or certification requirements at specific ASAM levels.</li> <li>• Continued project planning with ASAM around ASAM specific tools and ASAM provider training and technical assistance.</li> <li>• Began rulemaking to incorporate ASAM in Oregon Administrative Rules, rules to become final 4/7/2023.</li> </ul>

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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.ii. Review process for residential treatment providers' compliance with qualifications.			Licensing, Certification, & Compliance Unit continues 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			<p>Medicaid treatment guidance and obligation was added to the Prioritized list of Health services:</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul>
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
<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, including all changes (+ or -) greater than 2 percent related to Milestone 4		<u>MP Metric #13</u> Use of opioids at High Dosage in persons wo/cancer (Demonstration Year Annual Report) (NQF#2940) <u>MP Metric #14</u> Use of Opioids from multiple providers in persons wo/cancer (Demonstration Year Annual Report) (NQF#2950)	Use of Opioids from multiple providers in persons wo/cancer (Demonstration Year Annual Report) 15.23%
<b>5.2 Implementation update</b>			



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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"> <li>Assessment of delivery system and capacity to serve at each critical level of care is complete.</li> <li>HSD contracted with an external partner to evaluate access to care gaps and make recommendations for action plan. Report completed 9/2022 and incorporated into action plan.</li> <li>Staff identified that client to provider ratios are only required for medically supported withdrawal management, and these ratios are supported in Oregon Administrative Rules.</li> <li>Capacity Management and referral tracking data base has been created and went live. Oregon is still working with contractor to resolve implementation refinement.</li> </ul>
5.2.2 The state expects to make other program changes that may affect metrics related to Milestone 4	X		No Anticipated Changes
<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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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	<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)	<u>MP Metric #18</u> Use of opioids at High Dosage in persons wo/cancer <ul style="list-style-type: none"> <li>-10.9%</li> </ul> <u>MP Metric #21</u> concurrent use of Opioids and Benzodiazepines <ul style="list-style-type: none"> <li>10.2%</li> </ul> <u>MP Metric #23</u> <i>Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries</i> <ul style="list-style-type: none"> <li>Age 17 or less. 35.03%</li> </ul> <u>MP Metric #27</u> Overdose Deaths <ul style="list-style-type: none"> <li>14.8%</li> </ul>
<b>6.2 Implementation update</b>			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<p>6.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <p>6.2.1.i. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD</p>			<p>Annual Updates on Implementation Planning:</p> <ul style="list-style-type: none"> <li>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.</li> <li>Oregon Pregnancy and Opioid workgroup made clinical recommendations that optimize outcomes for pregnant and parenting individuals with OUD.</li> <li>HSD continues to work closely with Public Health and the functionality and use of the Prescription Drug Monitoring Programs (PDMP).</li> </ul> <p>No Anticipated Changes</p>
<p>6.2.1.ii. Expansion of coverage for and access to naloxone</p>			<ul style="list-style-type: none"> <li>Oregon continues leverage federal grants and initiatives to fund and distribute Naloxone statewide, especially in areas of high need.</li> <li>Oregon works closely with board of pharmacy to ensure pharmacists can prescribe and dispense Naloxone.</li> <li>Removed any PA criteria for Naloxone.</li> </ul> <p>No Anticipated Changes</p>
<p>6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5</p>	X		<p>No Anticipated Changes.</p>

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<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, including all changes (+ or -) greater than 2 percent related to Milestone 6		<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> IET (NQF#0004) Initiation of AOD Treatment – Other drug abuse or dependence (rate 1, cohort 3) 4.4%</p> <p>Engagement of AOD Treatment – Opioid abuse or dependence (rate 2, cohort 2) -3.3%</p> <p><u>MP Metric #17(1)</u> follow up after ED visit for AOD Percentage of emergency department (ED) visits for beneficiaries age 18 and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence who had a follow-up visit for AOD abuse or dependence. Two rates are reported:</p> <ul style="list-style-type: none"> <li>Percentage of ED visit for which the beneficiary received follow-up within 7 days of the ED visit (31 total days) 2.6%</li> <li>Percentage of ED visit for which the beneficiary received follow-up within 7 days of the ED visit (8 total days) 2.5%</li> </ul>
<b>7.2 Implementation update</b>			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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		Initiation of AOD Treatment – Opioid abuse or dependence (rate 1, cohort 2) 62.23 %
7.2.2 The state expects to make other program changes that may affect metrics related to Milestone 6	X		Initiation of AOD Treatment – Other drug abuse or dependence (rate 1, cohort 3) 40.50 %
<b>8. SUD health information technology (health IT)</b>			
<b>8.1 Metric trends</b>			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State 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		<u>MP Metric Q1</u> Project ECHO (Demonstration Year Annual Report) <u>MP Metric Q2</u> Expand telehealth/telemedicine (Demonstration Year Annual Report) <u>MP Metric Q3</u> Housing Support Services Utilization (Demonstration Year Annual Report) <u>MP Metric S1</u> Employment Support Services Utilization (Demonstration Year Annual Report)	Project ECHO (Demonstration Year Annual Report) 6.16%  Expand telehealth/telemedicine (Demonstration Year Annual Report) 31.52%  Housing Support Services Utilization (Demonstration Year Annual Report) 96.43%  Employment Support Services Utilization (Demonstration Year Annual Report) 3.35%
<b>8.2 Implementation update</b>			

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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		<ul style="list-style-type: none"> <li>Oregon continues to utilize PDMP, developing policies and agreements for possible interstate data sharing (Current states: Idaho, Kansas, Nevada, Texas and North Dakota).</li> <li>Oregon continues to work closely with Injury Violence Prevention Promotion and the Public Health Division</li> </ul> No Anticipated Changes
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
8.2.2 The state expects to make other program changes that may affect metrics related to health IT	X		No Anticipated Changes
<b>9. Other SUD-related metrics</b>			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>9.1 Metric trends</b>			
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	<p><u>MP Metric #24: Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries (Quarterly)</u></p> <p><u>MP Metric #26 Overdose Deaths (count) (Demonstration Year Annual Report)</u></p> <p><u>MP Metric #32 Access to Preventive/ Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD [Adjusted HEDIS measure] (Calendar Year Report)</u></p>	<p>Per correspondence between OHA/CMS in April 2024, metrics #26 and #27 (overdose death count and rate for the demonstration year) are now being reported in the second report of the quarter to allow for final results from toxicology to be included in the analysis.</p> <p><u>MP Metric #24: Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries</u></p> <ul style="list-style-type: none"> <li>Age 18 to 68. 6.81%</li> <li>Age 65 or older. -5.61</li> </ul> <p><u>MP Metric #26 Overdose Deaths</u></p> <ul style="list-style-type: none"> <li>27%</li> </ul>
<b>9.2 Implementation update</b>			
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
<b>10. Budget neutrality</b>		
<b>10.1 Current status and analysis</b>		
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 Health Authority is unable to report on the current SUD 1115 waiver Budget Neutrality. The agency is working to have 1115 system configurations implemented by 7/1/24 to align with the waiver reporting requirements. However, system configuration data is dependent on other system change requests. Oregon expects to submit the necessary budget neutrality documents with the deliverables on 11/30/2024.
<b>10.2 Implementation update</b>		
10.2.1 The state expects to make other program changes that may affect budget neutrality	X	No Anticipated Changes
<b>11. SUD-related demonstration operations and policy</b>		
<b>11.1 Considerations</b>		
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 provider during the COVID-19 unwind to ensure continued quality services and treatment are accessible to Medicaid recipients. Additionally, the state of Oregon continues to focus energy and resources on Measure 110's rollout to our SUD provider community. A new hire for this project started in DY2Q2 and has been onboarding to the work.

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Prompts	State has no update to report (Place an X)	State response
<b>11.2 Implementation update</b>		
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 were delayed as a result but completed in DY2. OHA has completed the ASAM implementation and is now providing help to support all providers with any questions regarding the ASAM.
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.
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
<b>12. SUD demonstration evaluation update</b>		
<b>12.1 Narrative information</b>		
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.		OHA has reported that the external evaluation has been completed and submitted to CMS on May 31, 2024, and now is under CMS review.
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		OHA has reported that the external evaluation has been completed and submitted to CMS on May 31, 2024, and now is under CMS review.

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Prompts	State has no update to report (Place an X)	State response
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates		<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"> <li>• The Mid-Point Assessment Report due to CMS in December 2023 will include results through June 2022.</li> <li>• The Interim Report due to CMS in July 2025 will include results through December 2023</li> <li>• The Summative Report due to CMS in September 2027 will present results through December 2025.</li> </ul> <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. On May 31, 2024, OHA submitted the Mid-Point Assessment Report and is currently under CMS review.</p>

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Prompts	State has no update to report (Place an X)	State response
<b>13. Other demonstration reporting</b>		
<b>13.1 General reporting requirements</b>		
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 may see some delay 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. Implementation of ASAM tools and levels may see some delay as the State of Oregon phases in the licensing of these to provide on-going support and technical assistance to providers per their request during our feedback sessions to insure a successful launch of this project.
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
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 DY2 is minimal due to the Monitoring being approved on 5/25/2023, majority of the demonstration services began implementation 01/01/2022 and Licensure changes has been completed.
13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation		Oregon did experience unanticipated delays in the submission on this report due to staffing level issues, however has worked diligently to address what went array and will be back on track for deliverable due dates moving forward.

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Prompts	State has no update to report (Place an X)	State response
<b>13.2 Post-award public forum</b>		
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’s SUD 1115 Advisory Committee paused in September 2022 as the group felt that concerns had been discussed and solutions identified. If the members of the committee feel that additional meetings are needed it remained open to reconvene and address additional topics to seek resolution.
<b>14. Notable state achievements and/or innovations</b>		
<b>14.1 Narrative information</b>		
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.		Monitoring Protocol was approved 5/25/2023 and this will be the first metrics data submitted. As additional data is collected and reviewed insights regarding achievements and/or innovations can be identified and will be shared.

\*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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*NCQA-Certified HEDIS Compliance Auditor. Until such time, such measure rates shall be designated or referred to as “Adjusted, Uncertified, Unaudited HEDIS rates.”*