

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

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

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

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

SUD demonstration year and quarter	<i>SUD DY4Q3 Report Health Systems Division OHA</i>
Reporting period	<i>10/01/24-12/31/24</i>

^a **SUD demonstration start date:** For monitoring purposes, CMS defines the start date of the demonstration as the *effective date* listed in the state’s STCs at time of SUD demonstration approval. For example, if the state’s STCs at the time of SUD demonstration approval note that the SUD demonstration is effective January 1, 2020 – December 31, 2025, the state should consider January 1, 2020, to be the start date of the SUD demonstration. Note that the effective date is considered to be the first day the state may begin its SUD demonstration. In many cases, the effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example, CMS may approve an extension request on 12/15/2020, with an effective date of January 1, 2021, for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

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

2. Executive summary

This report outlines OHA activities for Demonstration Year 4, Quarter 3 from October 1 to December 31, 2024. The year has focused on implementing ASAM and certifying providers at ASAM levels of care, ensuring a comprehensive continuum of care for Medicaid beneficiaries seeking SUD treatment.

During this period, the program underwent leadership and staff transitions, with the previous manager transitioning to a new role in November 2024, and a new permanent SUD Policy Analyst joining on December 8, 2024 – a position that was left open after the prior employee also transitioned to another role.

Onboarding and training for waiver work began promptly, and Oregon initiated the process to request an extension for the SUD 1115 Waiver.

Efforts have been made to implement the necessary infrastructure to provide Community Transition Services; with the analyst team doing research on contracting with a third-party provider to better support the accounting needs of the offering that MMIS does not currently have. A request to MMIS has been made, however it is pending as other larger OHP 1115 Waiver requests have been prioritized.

Budget neutrality reporting continues to be a challenge that we are working diligently to overcome. We are continuing to work on reconfiguring the system to direct the CIS and IMD expenditures to the SUD Waiver. OHA aims to submit the Budget Neutrality Workbook for quarter ending March 2025 and will continue to make necessary adjustments to the report as we perform our analysis of the data reported under the SUD Waiver.

Supporting the External Evaluation work being completed by Oregon Health and Sciences University's Center for Health Systems Effectiveness (OHSU-CHSE) has continued.

Historical Overview

- 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
1. Assessment of need and qualification for SUD services			
1.1 Metric trends			
1.1.1. The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to assessment of need and qualification for SUD services		<p><u>MP Metric #3:</u> <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>Medicaid Beneficiaries with SUD Diagnosis:</p> <ul style="list-style-type: none"> • Age 17 or less -2.45% • Age 65 or older 3.31% • Criminally involved 2.23%
1.2 Implementation update			
1.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
1.2.1.i. The target population(s) of the demonstration			
1.2.1.ii. The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration	X		
1.2.2 The state expects to make other program changes that may affect metrics related to assessment of need and qualification for SUD services	X		

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

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			

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

<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>Metric 7 is based on a small sample size, which may distort changes and give the appearance of more significant fluctuations.</p> <p><u>MP Metric #7:</u> Early Intervention:</p> <ul style="list-style-type: none"> • Age 17 or less. 14.29% • Age 18 to 64. -8.40% • Age 65 or older. 100% • Dual Status. -47.37% • Medicaid Only. -5.21% • Not Pregnant. -7.73% • Pregnant. 100% • Criminally Involved 2.78% • Not Criminally Involved. -8.17% <p><u>MP Metric #8:</u> Outpatient Services</p> <ul style="list-style-type: none"> • Age 17 or less. -11.35% • Dual Status. -2.99% • Criminally Involved 3.85% <p><u>MP Metric #9:</u> Intensive Outpatient and Partial Hospitalization Services</p> <ul style="list-style-type: none"> • Age 17 or less. 44.44% • Age 18 to 64. 9.36% • Age 65 or older. 73.68% • Dual Status. 16.22% • Medicaid Only. 9.80% • Not Pregnant. 10.50% • Pregnant. -4.94% • Criminally Involved. 7.60%
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Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
Oregon, Oregon Health Plan Substance Use Disorder 1115 Demonstration

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
		(Calendar Year Annual) (NQF#3175)	<ul style="list-style-type: none"> Non-Criminally Involved. 10.49% <p><u>MP Metric #10: Residential and Inpatient Services</u></p> <ul style="list-style-type: none"> Age 17 or less. -19.39% Age 65 or older. -2.38% Dual Status. 8.40% Pregnant. 12.38% <p><u>MP Metric #12: Medication-Assisted Treatment</u></p> <ul style="list-style-type: none"> Age 17 or less. -11.51% Age 18 to 64. 2.52% Medicaid Only. 2.44% Not Pregnant. 2.39% Pregnant. 4.27% Not Criminally Involved 2.47%
2.2 Implementation update			
<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>	X		

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

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.2.1.ii. SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential treatment, medically supervised withdrawal management, and medication-assisted treatment services provided to individual IMDs	X		
2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1	X		

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

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
3. Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)			
3.1 Metric trends			
3.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2	X	<u>MP Metric #5</u> Medicaid Beneficiaries Treated in an IMD for SUD (Demonstration Year Annual Report), <u>MP Metric #36:</u> Average Length of Stay in IMDs (Demonstration Year Annual Report)	
3.2. Implementation update			
3.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
3.2.1.i. Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria			
3.2.1.ii. Implementation of a utilization management approach to ensure (a) beneficiaries have access to SUD services at the appropriate level of care, (b) interventions are appropriate for the diagnosis and level of care, or (c) use of independent process for reviewing placement in residential treatment settings	X		

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

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2	X		

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

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)			
4.1 Metric trends			
4.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3 <i>Note: There are no CMS-provided metrics related to Milestone 3. If the state did not identify any metrics for reporting this milestone, the state should indicate it has no update to report.</i>	X	No MP Metric	
4.2 Implementation update			
4.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 4.2.1.i. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards	X		
4.2.1.ii. Review process for residential treatment providers' compliance with qualifications.	X		
4.2.1.iii. Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site	X		
4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3	X		

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

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
5. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)			
5.1 Metric trends			
5.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4	X	<u>MP Metric #13</u> 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)	
5.2 Implementation update			
5.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care	X		
5.2.2 The state expects to make other program changes that may affect metrics related to Milestone 4	X		

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

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			
6.1 Metric trends			
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 #18</u> Use of opioids at High Dosage in persons wo/cancer (Calendar Year Report) (NQF#2940)</p> <p><u>MP Metric #21</u> concurrent use of Opioids and Benzodiazepines (Calendar Year Report) (NQF#3389)</p> <p><u>MP Metric #23</u> <i>Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries (Calendar Year Report)</i></p> <p><u>MP Metric #27</u> Overdose Deaths (rate) (Calendar Year Report)</p>	
6.2 Implementation update			

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

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 6.2.1.i. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD	X		
6.2.1.ii. Expansion of coverage for and access to naloxone	X		
6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5	X		
7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)			
7.1 Metric trends			

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

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
7.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6	X	<u>MP Metric #15</u> IET (NQF#0004) (Calendar Year Report) <u>MP Metric #17(1)</u> follow up after ED visit for AOD (Calendar Year Report) (NQF#3488) <u>MP Metric #17(2)</u> follow up after ED visits for Mental Illness (Calendar Year Report) (NQF#0576) <u>MP Metric #25</u> Readmissions Among Beneficiaries with SUD (Demonstration Year Annual Report)	
7.2 Implementation update			

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

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		
7.2.2 The state expects to make other program changes that may affect metrics related to Milestone 6	X		
8. SUD health information technology (health IT)			
8.1 Metric trends			

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

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	<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 (Quarterly)	<u>MP Metric S1: Employment Support Services Utilization</u> -3.90%
8.2 Implementation update			

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

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 8.2.1.i. How health IT is being used to slow down the rate of growth of individuals identified with SUD	X		
How health IT is being used to treat effectively individuals identified with SUD	X		
8.2.1.ii. How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD	X		
8.2.1.iii. Other aspects of the state’s plan to develop the health IT infrastructure/capabilities at the state, delivery system, health plan/MCO, and individual provider levels	X		
8.2.1.iv. Other aspects of the state’s health IT implementation milestones	X		
8.2.1.v. The timeline for achieving health IT implementation milestones	X		
8.2.1.vi. Planned activities to increase use and functionality of the state’s prescription drug monitoring program	X		
8.2.2 The state expects to make other program changes that may affect metrics related to health IT	X		
9. Other SUD-related metrics			
9.1 Metric trends			

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

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
9.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics		<u>MP Metric #24:</u> <i>Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries (Quarterly)</i> <u>MP Metric #26</u> <i>Overdose Deaths (count) (Demonstration Year Annual Report)</i> <u>MP Metric #32</u> <i>Access to Preventive/ Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD [Adjusted HEDIS measure] (Calendar Year Report)</i>	<u>MP Metric #24: Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries</u> <ul style="list-style-type: none"> Age 17 or less: -2.67% Age 18 to 68. 4.18% Age 65 or older. 10.96%
9.2 Implementation update			
9.2.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics	X		

4. Narrative information on other reporting topics

Prompts	State has no update to report (Place an X)	State response
10. Budget neutrality		
10.1 Current status and analysis		
10.1.1 If the SUD component is part of a broader demonstration, the state should provide an analysis of the SUD-related budget neutrality and an analysis of budget neutrality as a whole. Describe the current status of budget neutrality and an analysis of the budget neutrality to date.		<p>The Oregon Health Authority is unable to submit the SUD 1115 Waiver Budget Neutrality Workbook for the quarter ending December 2025. The issues we are encountering will need to be resolved to complete the SUD Waiver Budget Neutrality Report.</p> <p>We are continuing to work on reconfiguring the system to direct the CIS and IMD expenditures to the SUD Waiver. OHA aims to submit the Budget Neutrality Workbook for quarter ending March 2025 and will continue to make necessary adjustments to the report as we perform our analysis of the data reported under the SUD Waiver.</p>
10.2 Implementation update		
10.2.1 The state expects to make other program changes that may affect budget neutrality	X	

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

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.	X	
11.2 Implementation update		
11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 11.2.1.i. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)	X	
11.2.1.ii. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)	X	
11.2.1.iii. Partners involved in service delivery	X	
11.2.2 The state experienced challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers) and/or noted any performance issues with contracted entities	X	
11.2.3 The state is working on other initiatives related to SUD or OUD		Block SAPT Grant, SB755(2020) drug addiction and recovery act, SOR Grants, Opioid Overdose response with Public Health, Drug Treatment and Recovery Funding Grants (formerly Measure 110).

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

Prompts	State has no update to report (Place an X)	State response
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.	X	
12.1.2 Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs	X	

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

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"> • The Mid-Point Assessment Report was provided to CMS in May 2024 and is under review • The Interim Report due to CMS in July. 2025 will include results through December 2023 and currently is in progress. • 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>

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

Prompts	State has no update to report (Place an X)	State response
13. Other demonstration reporting		
13.1 General reporting requirements		
13.1.1 The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol		Implementation of Community Transition Services has been delayed as the Oregon Health Authority seeks to determine how to reimburse for this service while minimizing administrative burden on our providers and upholding Oregon’s Public Funds laws related to how monies are spent. Efforts have been made to implement the necessary infrastructure to provide Community Transition Services; with the analyst team doing research on contracting with a third-party provider to better support the accounting needs of the offering that MMIS does not currently have. A request to MMIS has been made, however it is pending as other larger OHP 1115 Waiver requests have been prioritized.
13.1.2 The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes	X	
13.1.3 Compared to the demonstration design and operational details, the state expects to make the following changes to: 13.1.3.i. The schedule for completing and submitting monitoring reports	X	
13.1.3.ii. The content or completeness of submitted reports and/or future reports	X	
13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation	X	

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

Prompts	State has no update to report (Place an X)	State response
13.2 Post-award public forum		
13.2.2 If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicating any resulting action items or issues. A summary of the post-award public forum must be included here for the period during which the forum was held and in the annual report.	X	
14. Notable state achievements and/or innovations		
14.1 Narrative information		
14.1.1 Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SUD (or if broader demonstration, then SUD related) demonstration or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries.	X	

*The state should remove all example text from the table prior to submission.

Note: Licensee and states must prominently display the following notice on any display of Measure rates:

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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