

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0  
 Pennsylvania Coverage for Former Foster Care Youth from a Different State and Substance Use Disorder (SUD) Demonstration

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

*The state should complete this title page at the beginning of a demonstration and submit as the title page for all monitoring reports. The content of this table should stay consistent over time. Definitions for certain rows are below the table.*

<b>State</b>	Pennsylvania
<b>Demonstration name</b>	Coverage for Former Foster Care Youth from a Different State and Substance Use Disorder (SUD) Demonstration
<b>Approval period for section 1115 demonstration</b>	10/01/2022–09/30/2027
<b>SUD demonstration start date<sup>a</sup></b>	10/1/2017
<b>Implementation date of SUD demonstration, if different from SUD demonstration start date<sup>b</sup></b>	07/01/2018
<b>SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives</b>	<p>Under this demonstration, the Commonwealth expects to achieve the following:</p> <p>Objective 1. Increase rates of identification, initiation, and engagement in treatment.</p> <p>Objective 2. Increase adherence to and retention in treatment.</p> <p>Objective 3. Reduce overdose deaths, particularly those due to opioids.</p> <p>Objective 4. Reduce use of emergency department and inpatient hospital settings for treatment, in which the utilization is preventable or medically inappropriate, through improved access to other continuum of care services.</p> <p>Objective 5. Have fewer readmissions to the same or higher level of care, in which the readmission is preventable or medically inappropriate.</p> <p>Objective 6. Improve access to care for physical health conditions among beneficiaries.</p>
<b>SUD demonstration year and quarter</b>	Demonstration Year 6 Quarter 3 (DY6Q3)

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<b>Reporting period</b>	04/01/2023–06/30/2023
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**<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 standard terms and conditions (STCs) at the time of SUD demonstration approval note that the SUD demonstration is effective 01/01/2020–12/31/2025, 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.

**<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

Milestone 1: The Commonwealth continues to ensure that substance use professionals have access to evidence-based and best practice training for the treatment of substance use and co-occurring substance use and mental health disorders. The Department of Drug and Alcohol Programs (DDAP) facilitated the following trainings:

- Medication Assisted Treatment 101: Introduction to Medication Assisted Treatment for Opioid Use Disorder
- Motivational Interviewing: Advancing the Practice
- Co-Occurring Conditions: Promising Practices and Approaches
- Treatment Planning with the ASAM Criteria
- Cognitive Behavioral Strategies (CBS) for Treating Individuals with Substance Use Disorder, Level 1 Module
- ASAM Criteria: Understanding Risk Rating

The Commonwealth also created a guidance document for withdrawal management services and communicated requirements regarding the availability of medication-assisted treatment (MAT) at all levels of care, either through direct provision or referral and coordination of services. DDAP continued to facilitate monthly technical assistance calls covering American Society of Addiction Medicines (ASAM) alignment and collaborated with the Department of Humans

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Services (DHS) and the behavioral health-managed care organizations (BHMCOs) on the ASAM alignment tool. DDAP also continued to provide initial approvals for ASAM levels 2.5 and 3.7.

Milestone 2: The Commonwealth continued to ensure substance use providers had access to training on The ASAM Criteria through Train for Change or The Change Companies. DDAP also offered training on evidence-based interventions, co-occurring conditions, risk ratings, and MAT that supported the provision of individualized, evidence-based treatment.

Milestone 3: DDAP, DHS, and the BHMCOs continued to prepare for upcoming scheduled ASAM alignment reviews. DDAP continued to review and approve providers at the 2.5 and 2.7 ASAM levels of care. The initial approval process included a technical assistance call to review policies and provider alignment with The ASAM Criteria.

Budget Neutrality: The Commonwealth received and began using the new quarterly report template from CMS.

- Health Information Technology (HIT) metrics: The fluctuations due to the new prescription drug monitoring program (PDMP) system have begun to level off, and all clinical alerts have resumed.

**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		Metric #3 Medicaid Beneficiaries with	The following trends are seen in the data:

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		SUD Diagnosis (monthly)	(Monthly and quarterly metrics October 1, 2022 to December 31, 2022) <b>Metric #3</b> beneficiaries with a SUD diagnosis had small increases in overall growth quarter over quarter (0.8%) and Children under age 18 and Older Adults age 65+ subpopulations also increased at least 2% quarter over quarter. These increases are consistent with the overall growth of the demonstration interventions to identify more individuals with SUD.
<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		
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			<p><b><u>DY6O3 (April 1, 2023–June 30, 2023)</u></b></p> <p>The departments are continuing their efforts to transition the field to The ASAM Criteria 3<sup>rd</sup> edition. DDAP continues to hold monthly technical assistance (TA) webinars on various topics. The ASAM webinars over the past quarter included April’s <i>Comparing Levels 1, 2.1, 2.5 and OTP Services</i>; May’s Webinar of <i>Integrating Family Services Across Outpatient Levels of Care</i>; and June’s presentation of <i>Incorporating Family Services into Residential Levels of Care</i>.</p> <p>In addition, DDAP continues to conduct initial reviews of Level 2.5 and Level 3.7 for providers who are interested in contracting for services at these levels of care. DDAP participates in a technical assistance call and review of certain policies and procedures submitted by a provider. The</p>

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			<p>TA call assists providers with understanding the criteria for these levels of care and includes a review of policies to ensure the policies and procedures reflect the ASAM Criteria. Currently there are 66 Level 2.5 providers and 20 Level 3.7 providers who have participated in the initial alignment review, and they are approved to contract with the single-county authorities or BHMCOs. During this quarter, one Level 2.5 provider with several programs closed, and another provider assumed many of those sites. QI staff are working with the new provider to align some of those programs under new licensing numbers.</p>
<p><b>2. Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)</b></p>			
<p><b>2.1 Metric trends</b></p>			
<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>Metric #6 Any SUD Treatment</p> <p>Metric #7 Early Intervention</p> <p>Metric #8: Outpatient Services</p> <p>Metric #9: Intensive Outpatient and Partial Hospitalization Services</p> <p>Metric #10: Residential and Inpatient Services</p>	<p>(Monthly and quarterly metrics October 1, 2022 to December 31, 2022) <b>Metric #6</b> Any Treatment: Decreased by -1.6% overall with the Dual Eligible (-7.6%) and Pregnant People (-3.0%) decreasing by more than 2%. Children under age 18 (14.9%) increased more than 2%.</p> <p><b>Metric #7:</b> the large changes seen in the percentages are due to the small utilization overall for this group of services, which causes even 1 or 2 additional individuals receiving SBIRT to result in large percentage changes from one quarter to the next.</p> <p><b>Metric #8</b> decreases in outpatient care were less than 2% overall; however, utilization for Dual Eligibles (-7.9%) and Pregnant People (-2.7%) decreased more than 2%. Children under age 18 (11.2%) increased more than 2%.</p> <p><b>Metric #9</b> intensive outpatient utilization decreased -1.4% quarter over quarter. Dual Eligible (-2.5%) and Older Adults age 65 (-20.5%) subpopulations decreased</p>

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		<p>Metric #11 – Withdrawal Management</p> <p>Metric #12 – Medication Assisted Treatment</p>	<p>over 2% as well. This was due to continued outreach to new providers to provide ASAM 2.5 as a new level of care under the demonstration and continued the trend from the previous quarter. Children under age 18 (17.1%) had intensive outpatient utilization that increased more than 2% this quarter.</p> <p><b>Metric #10</b> Residential and hospital stays did not change more than 2% overall. Dual Eligibles (-4.1%), utilization decreased more than 2%. Children under age 18 had a 17.8% increase in residential and hospital care. There has been an overall increase in residential and inpatient utilization since January 2022 with month-to-month data fluctuations since that time. Part of the overall increase in children’s hospitalization rates since then appears to be related to nationwide increases in children’s SUD hospitalizations, which are recorded in <b>Metric #24</b>.</p> <p><b>Metric #11</b> Withdrawal Management had an overall decrease of -8.6% with the Dual eligible (-16.0%), Older Adults age 65+(-13.9%), and Pregnant People (-13.3%) population having a decrease of greater than 2% quarter over quarter in Withdrawal Management. Children under the age of 18 had only 1 utilizer so the percentage change is not noted.</p> <p><b>Metric #12</b> for MAT had a decrease of less than 2% quarter over quarter with Children under age 18 (15.1%) having an increase of greater than 2%. Dual Eligibles (-13.1%) and Older Adults age 65+ (-11.9%) having declines related to the Medicare reset continuing into the next year.</p>
<p><b>2.2 Implementation update</b></p>			

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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 residential and inpatient settings, medically supervised withdrawal management)</p>		<p><b><u>DY6Q3 (April 1, 2023-June 30, 2023)</u></b></p> <p>As of June 30, 2023, there have been 14,639 individuals trained in The ASAM Criteria through either a two-day classroom training by Train for Change or by on-demand modules through The Change Companies and ASAM.</p> <p>Throughout the reporting period, DDAP offered additional trainings to the field in the areas of Cognitive Behavioral Strategies for Individuals with SUD, Motivational Interviewing: Advancing the Practice, Co-Occurring Conditions: Promising Practices and Approaches, Treatment Planning with The ASAM Criteria, ASAM Criteria Risk Rating, and an online module for MAT 101. The trainings assist with the ASAM alignment by providing information on individualized care, evidence-based practices, and motivational strategies while increasing the knowledge of the SUD workforce. Since inception of these courses, approximately 7,727 individuals have been trained. Information specific to this reporting period is noted below, with a description of the trainings.</p> <p>The following are course descriptions and figures for this reporting period of April 1–June 30, 2023:</p> <p><b>MAT 101: Introduction to Medication Assisted Treatment for Opioid Use Disorder:</b> This course is a two-hour online module that discusses how to effectively combine medication with counseling to create a recovery plan for individuals with opioid use disorder (OUD). Developed in 2019, approximately 1,272 individuals have completed this on-demand and self-paced course. From April 1–June 30, 2023, 126 students were trained.</p> <p><b>Motivational Interviewing: Advancing the Practice:</b> This course provides participants with the information to respond to individuals with empathic, reflective statements, and to</p>
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		<p>identify change talk within individual speech. The training is followed by an optional eight-month learning collaborative designed to affect change within the participant’s organization. Since development, 117 classes have been held for 2,533 students in either a live classroom or virtual setting. Twenty classes, 489 students trained from April 1–June 30, 2023.</p> <p><b>Co-Occurring Conditions: Promising Practices and Approaches:</b> This course reviews up-to-date principles, terminology, treatment strategies, and programming guidelines for working with individuals with co-occurring diagnoses. Since development in November 2021, there have been 26 classes held, and 725 students have been trained. Six classes, 170 students trained from April 1–June 30, 2023.</p> <p><b>Treatment Planning with the ASAM Criteria:</b> This course reviews the tenants of a proper treatment plan and identifies common pitfalls through case conceptualization. Developed in July 2021, there have been 29 classes held for 660 students. Three classes, 50 students trained from April 1–June 30, 2023.</p> <p><b>Cognitive Behavioral Strategies (CBS) for Treating Individuals with Substance Use Disorder:</b> This course is comprised of four levels, which must be completed sequentially. Level One is an online module that provides participants with the base knowledge needed to complete the subsequent levels. Level Two is an in-person training that provides participants the opportunity to practice CBS skills through case conceptualization and role play. Levels Three and Four allow the participants to bring recordings and case conceptualizations of real clients and receive feedback regarding their use of CBS. Developed in</p>
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		<p>September 2021, a total of 581 students have completed Level 1, and 67 students have completed Level 2. April 1–June 30, 2023, Level 1 module – 78 student completions, Level Two classroom – No classes held for zero students in this timeframe.</p> <p><b>ASAM Criteria – Understanding Risk Rating:</b> This short, one-hour online module helps participants understand The ASAM Criteria Risk Rating Severity Matrix and how to apply it. Launched in June 2020, there have been 1,889 learner completions. From April 1–June 30, 2023, there have been 139 people trained.</p>
<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</p>		<p><b><u>DY6Q3 (April 1, 2023–June 30, 2023)</u></b>                  DDAP created a guidance document for WM that remains available on the DDAP website for all providers to review. Additionally, DDAP has requirements in the Case Management and Clinical Services Manual regarding the availability of MAT at all levels of care, either through medication administration or referral and coordination of services.</p> <p>An introductory MAT training is also available through DDAP and can be accessed through DDAP’s Training Management System.</p>
<p>2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1</p>		<p><b><u>DY6Q3 (April 1, 2023–June 30, 2023)</u></b>                  DDAP continues to provide information regarding aligning with The ASAM Criteria through monthly TA calls and posting information to the DDAP website. The DDAP website contains information on service characteristics for each level of care that will assist providers with aligning with The ASAM Criteria. In addition, DDAP continues to offer ASAM Training, as well as evidence-based practices to assist the field in adhering to Act 70 and aligning with The ASAM Criteria.</p>

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			<p>DDAP and DHS continue to work with the BHMCOs on an ASAM Alignment monitoring tool for the BHMCOs and single county authorities (SCAs) to use during a review of the providers’ alignment with ASAM.</p> <p>DDAP continues to work with providers and provide initial approval for Levels 2.5 and 3.7. As of June 20, 2023, there are 66 Level 2.5 providers and 20 Level 3.7 programs that have received approval to contract with the SCAs or BHMCOs for services. As indicated above, during this quarter, one Level 2.5 provider with several programs closed, and another project assumed many of those sites. QI staff are working with the new project to align some of those programs under new licensing numbers.</p>
<p><b>3. Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)</b></p>			
<p><b>3.1 Metric trends</b></p>			
<p>3.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2</p>	<p>X</p>		
<p><b>3.2. Implementation update</b></p>			
<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><b><u>DY6Q3 (April 1, 2023–June 30, 2023)</u></b></p> <p>During this reporting period of April–June 2023, there have been 381 individuals trained in The ASAM Criteria through either a two-day classroom offering through Train for Change or on-demand modules through The Change Companies and ASAM.</p> <p>In addition to ASAM Criteria training, DDAP also offers training to the field on Cognitive Behavioral Therapy, Motivational Interviewing, Co-Occurring Conditions,</p>

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			<p>Treatment Planning, ASAM Criteria Risk Rating, and an online module for MAT. The trainings assist with the ASAM alignment by providing information on individualized care, evidence-based practices, and motivational strategies while increasing the knowledge of the SUD workforce. From April 1 to June 30, 2023, there were 1,052 individuals trained in these courses.</p> <p>DDAP continues to provide information on its website regarding the ASAM transition and monthly TA webinars on various topics. Aligning of providers with the ASAM Criteria continues to move forward.</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	X		
3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2	X		
<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		

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<b>4.2 Implementation update</b>			
4.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
4.2.1.i. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards			<p><b><u>DY6Q3 (April 1, 2023–June 30, 2023)</u></b>                      DDAP, DHS and the BHMCOs continue their involvement in the ongoing collaboration of aligning treatment providers with The ASAM Criteria. The BHMCOs and SCAs are preparing for alignment reviews of the residential facilities to occur in the upcoming months.</p> <p>In addition, DDAP has provided initial approval to 66 Level 2.5 and 20 Level 3.7 providers to contract with the BHMCOs or SCAs for services at these levels of care. The initial approval involved DDAP and the provider participating in a TA call and a review of certain policies and providers for alignment with The ASAM Criteria. As indicated above, during this quarter, one Level 2.5 provider with several programs closed, and another project assumed many of those sites. QI staff are working with the new project to align some of those programs under new licensing numbers.</p>
4.2.1.ii. Review process for residential treatment providers' compliance with qualifications.			<p><b><u>DY6Q3 (April 1, 2023–June 30, 2023)</u></b>                      DDAP and DHS continue to work with a contracted vendor on an ASAM Alignment Review tool for the MCOs' and SCAs' alignment reviews of the residential treatment providers.</p> <p>DDAP, DHS, and the BHMCOs continue their involvement in the ongoing collaboration of aligning treatment providers with The ASAM Criteria. The BHMCOs and SCAs have begun reviews of residential treatment providers and completed 17 reviews between April 2023–June 2023. The BHMCOs and SCAs continue to coordinate with residential providers to schedule program reviews through the end of 2023.</p>

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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><b><u>DY6Q3 (April 1, 2023–June 30, 2023)</u></b>                  DDAP’s CMCS Manual has requirements regarding access to MAT across the continuum of care. In addition, DDAP continues to educate providers, SCAs, and stakeholders on MOUD. There is also an introductory online training module on MAT, and 126 students trained from April 1–June 30, 2023. The on-site reviews in 4.2.1.ii. include review for MAT compliance.</p>
4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3	X		
<p><b>5. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)</b></p>			
<p><b>5.1 Metric trends</b></p>			
5.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4	X		
<p><b>5.2 Implementation update</b></p>			
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			<p><b><u>DY6Q3 (April 1, 2023–June 30, 2023)</u></b>                  As of June 20, 2023, there are 66 Level 2.5 providers and 20 Level 3.7 providers who have participated in an initial alignment with DDAP. The process involves providers participating in a TA call and submitting certain policies and procedures for review with The ASAM Criteria. As indicated above, during this quarter, one level 2.5 provider with several programs closed, and another project assumed many of those sites. QI staff are working with the new project to align some of those programs under new licensing numbers.</p>
5.2.2 The state expects to make other program changes that may affect metrics related to Milestone 4	X		

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<b>6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)</b>			
<b>6.1 Metric trends</b>			
6.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5		Metric #23: ED Utilization for SUD per 1,000 Medicaid Beneficiaries	Metric #23 (Monthly and quarterly metrics October 1, 2022 to December 31, 2022) the number of Emergency Department visits per 1,000 decreased -15.4% this quarter over the previous quarter with Children under age 18 (30.3%) and Older Adults (7.0%) having increases of greater than 2%.
<b>6.2 Implementation update</b>			
6.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
6.2.1.i. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD			
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		
<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			
<b>7.2 Implementation update</b>			

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<p>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</p>			<p><b>DY6Q3 (April 1, 2023–June 30, 2023)</b>                  DDAP continues to stress the importance of case management services as part of an individual's treatment. Requirements around care management (CM) are listed in the CMCS Manual. In addition, DDAP has provided information in monthly webinars regarding CM and is also planning to provide additional CM information through the ASAM monthly TA webinars.</p>
<p>7.2.2 The state expects to make other program changes that may affect metrics related to Milestone 6</p>	<p>X</p>		
<p><b>8. SUD health information technology (health IT)</b></p>			
<p><b>8.1 Metric trends</b></p>			
<p>8.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics</p>		<p>Q1. PDMP checking by provider types (prescribers, dispensers).                  S1. Opioid prescriptions submitted to the PDMP                  Q2. SSO Connections live.                  S2. PDMP MME/D threshold exceeded alerts generated                  S3. PDMP Multiple Provider Alerts generated</p>	<p><b>DY6Q3</b>  <b>Question Area A:</b> The metrics from this quarter demonstrate that information technology is being used to slow down the rate of growth of individuals identified with SUD by increasing the number of providers registered with, and using, the PDMP.                   See the graphs in the separate appendix.                   Q1 (HIT1) PDMP queries by providers (prescribers, dispensers) were impacted by the new PDMP system that was implemented on February 14, 2022. In January 2022, there were 2.5 million queries in the old system. The number of queries is leveling off now at the end of the calendar year to approximately 1.9 million queries per month.</p>

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		<p>Q3. Corrections Facilities on-boarded to ADT</p> <p>S4. EDs connected to ADT</p>	<p>Q2 (HIT3) Single Sign On (SSO) Connections live. The way that the number of PDMP connections/users were counted changed with the new PDMP system that was implemented on February 14, 2022. In January 2022, 142,665 users were recorded as being system registrants in the old system. The number of SSO connections were approximately 100,000 by the end of calendar year 2022.</p> <p><b>Question Area B:</b> How is information technology being used to treat effectively individuals identified with SUD?</p> <p><b>Question Area B:</b> The HIT Metrics #S1, S2, and S3 demonstrate that the information technology is being used to effectively treat individuals identified with SUD. Actions tracked: opioid prescriptions dispensed and alerts for high dosage. <i>Note: Alerts began in October 2018.</i></p> <p><b>S1 (HIT2):</b> The number of opioid prescriptions being dispensed continued to decrease. There were significantly more opioids reported dispensed beginning January 1, 2019, but the overall trend was still a decrease in dispensed opioids. Since October 2019, the number of opioid prescriptions dispensed has remained under 600,000 with January 2021 and February 2021 falling below 500,000. With the implementation of the new PDMP system, the number of opioid prescriptions in February 2022 was noticeably less (448,034 compared to 475,337) with a large increase in March 2022 (511,134). However, if these two months are averaged (479,584), the number of opioids dispensed was very similar to the January 2022 number. The decrease in opioids dispensed has continued on trend since the PDMP system change, with the average number of opioids dispensed being roughly 480,000 per month at the end of the calendar year.</p>
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		<p><b>S2 (HIT4):</b> The number of individuals who receive a dosage of greater than or equal to 90 MMEs per day continued to decrease as measured by number of “Patient Exceeds Opioid Dosage (MME/D) Threshold” alerts generated. The Centers for Disease Control and Prevention (CDC) recommends that prescribers should reassess evidence of the benefits and risks to the individual when increasing dosage to <math>\geq 50</math> MME/day (e.g., <math>\geq 50</math> mg hydrocodone; <math>\geq 33</math> mg oxycodone) and avoid increasing to <math>\geq 90</math> MME/day (<math>\geq 90</math> mg hydrocodone; <math>\geq 60</math> mg oxycodone), when possible, due to an increased risk of complications. The PDMP has reported fewer than 54,000 alerts since February 2020, dropping to 45,000 in March 2021. However, on February 14, 2022, the Pennsylvania PDMP switched PDMP system vendors. The Commonwealth did not send clinical alerts related to MME in February 2022 due to the system transition. At the end of the calendar year, the system was sending approximately 18,000 MME alerts monthly.</p> <p>NOTE: MME/MPE alerts are calculated differently in 2022 than with the prior vendor. Trends should <b>not</b> be compared pre/post vendor transition.</p> <p><b>S3 (HIT5):</b> The number of patients who received controlled substance prescriptions from three or more prescribers and three or more pharmacists in a three-month period continued to decrease as measured by the PDMP Multiple Provider Alerts generated. The metric has stayed below 27,000 since February 2020 and has even dropped to 18,000 in March 2021. However, on February 14, 2022, the Pennsylvania PDMP switched PDMP system vendors. The Commonwealth did not send Multiple Provider Alerts from February 2022 through August 2022. The Commonwealth</p>
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		<p>began sending alerts again under the new PDMP system and was sending around 5,700 per month by the end of the calendar year.</p> <p>NOTE: MME/MPE alerts are calculated differently than with the prior vendor. Trends should not be compared pre/post vendor transition. MPE Clinical alerts were not turned on for the new system until fall 2022.</p> <p><b>Question Area C:</b> How is information technology being used to effectively monitor “recovery” supports and services for individuals identified with SUD?</p> <p>The HIT metrics (Q3 and S4) demonstrate that information technology is being used to effectively monitor “recovery supports and services” for individuals identified with SUD. This is occurring through improvements in the overall integration of corrections facilities and EDs with the health information exchange (HIE) and PDMP and the increase in alerts sent.</p> <p><b>Q3 (HIT6):</b> The number of corrections connections live has increased over the Demonstration. Pennsylvania eHealth is working to establish connections between all prisons and the gateway to be able to see information about inmates. This is about using the PDMP through a portal and integration with medical records. Twenty-five corrections facilities have been onboarded with the HIE. This represents all Commonwealth corrections facilities (there are only 24 Commonwealth correctional facilities; one corrections facility was closed in 2020), and they are all onboarded now to the Pennsylvania Patient &amp; Provider Network (P3N), which is the HIE in the Commonwealth. The Commonwealth will now begin working with county</p>
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			<p>facilities to begin onboarding those facilities. <i>Note: One corrections facility was closed in 2020.</i></p> <p><b>S4 (HIT7):</b> October 1, 2022 – December 31, 2022, <b>S4</b> The number of emergency departments connected to the HIE grew from 126 to 133 this quarter. Tracking MAT to treat SUDs and prevent opioid overdose using the metric for the number of EDs connected to the HIE (HIT PM 7). This is the Hospital Quality Improvement Program which tracks the number of EDs that are connected to the HIE and sends Automated Admission, Discharge, and Transfer (ADT) Alerts. The Commonwealth-wide alerting system tracks the volume of alerting messages over time. Actions Tracked: Individuals connected to alternative therapies from other community-based resources for pain management or general therapy/treatment and number of alerts sent. New hospitals were connected this quarter increasing the number of EDs with clinical inpatient alerts. Number of Emergency Depts in PA connected to HIE is 133.</p> <p><i>Note: One hospital with an ED closed in DY2Q2. This resulted in a slight drop in the number of EDs onboarded with the HIE. Two hospitals began sending inpatient alerts in November 2019. The Health Information Organizations are working to get more hospitals to send inpatient alerts.</i></p>
<b>8.2 Implementation update</b>			
8.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
8.2.1.i. How health IT is being used to slow down the rate of growth of individuals identified with SUD			
8.2.1.ii. How health IT is being used to treat effectively individuals identified with SUD	X		

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8.2.1.iii.	How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD	X		
8.2.1.iv.	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.v.	Other aspects of the state’s health IT implementation milestones	X		
8.2.1.vi.	The timeline for achieving health IT implementation milestones	X		
8.2.1.vii.	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		
<b>9. Other SUD-related metrics</b>				
<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		Metric #24: Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries	(Monthly and quarterly metrics October 1, 2022 to December 31, 2022) for <b>Metric #24</b> , there was an overall decrease of -8.1% in inpatient stays per 1,000. There was an increase of 22.8% in children's hospitalizations per 1,000 quarter over quarter and a -8.3% decrease in hospitalizations for Older Adults age 65+. There has been an overall increase in residential and inpatient utilization since January 2022 with month-to-month data fluctuations. The increases in children’s hospitalizations have been large since 2021. Part of the overall increase in children’s hospitalization

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			rates is related to nationwide increases in children’s SUD hospitalizations. The Commonwealth has initiated conversations with its behavioral health managed care organizations to identify the causes of this uptick in children’s SUD hospitalizations and address the underlying causes.
<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		

**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.		The Commonwealth has received the updated budget neutrality spreadsheets from CMS and has used them to submit budget neutrality for the last quarter.
<b>10.2 Implementation update</b>		
10.2.1 The state expects to make other program changes that may affect budget neutrality	X	

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<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.	X	
<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:		<b><u>DY6Q3 (April 1, 2023–June 30, 2023)</u></b>
11.2.1.i. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)		Collaboration between DDAP, DHS, and the BHMCOs remains a priority for aligning contracted providers with the ASAM criteria. DDAP continues to participate in weekly meetings with DHS to review the alignment process and review tool.
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	

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11.2.3 The state is working on other initiatives related to SUD or OUD	X	
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)	X	
<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.		On June 30, 2023, CMS returned the evaluation design for the second waiver period to Pennsylvania with comments. The Commonwealth continues to work on updates to the evaluation design to align with the guidance received from CMS, in addition to finalizing the work on the interim evaluation.
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	
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates	X	
<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		On May 25, 2023, CMS approved the monitoring protocol for the second waiver period from October 1, 2022–September 30, 2027.

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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:	X	
13.1.3.i. The schedule for completing and submitting monitoring reports		
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	
<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.	X	
<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		In early 2023, Governor Shapiro awarded almost \$9 million in grants by DDAP (from the historic opioid settlement spearheaded by then-Attorney General Josh Shapiro) to four counties to establish and expand services for individuals with mental health and substance abuse disorders. His administration also allocated \$4 million in DDAP grant funding to establish six regional recovery hubs to expand resources for Pennsylvanians in recovery in their community.

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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.		
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\*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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