

**Medicaid Section 1115 Substance Use Disorder Demonstrations
Monitoring Report Template**

Note: PRA Disclosure Statement to be added here

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

The title page is a brief form that the state completed as part of its monitoring protocol. The title page will be populated with the information from the state’s approved monitoring protocol. The state should complete the remaining two rows. Definitions for certain rows are below the table.

State	<i>Pennsylvania</i>
Demonstration name	<i>Medicaid Coverage for Former Foster Care Youth from a Different State and SUD Section 1115 Demo</i>
Approval period for section 1115 demonstration	<i>10/01/2017–09/30/2027</i>
SUD demonstration start date^a	<i>07/01/2018</i>
Implementation date of SUD demonstration, if different from SUD demonstration start date^b	<i>Automatically populated with the SUD demonstration implementation date (MM/DD/YYYY).</i>
SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives	<i>Under this demonstration, the State expects to achieve the following: Objective 1. Increase rates of identification, initiation, and engagement in treatment. Objective 2. Increase adherence to and retention in treatment. Objective 3. Reduce overdose deaths, particularly those due to opioids. Objective 4. Reduce utilization of emergency department (ED) and inpatient hospital settings for treatment where the utilization is preventable or medically inappropriate through improved access to other continuum of care services. Objective 5. Fewer readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate. Objective 6. Improve access to care for physical health conditions among beneficiaries.</i>
SUD demonstration year and quarter	<i>SUD DY7Q4</i>
Reporting period	<i>07/01/2024–09/30/2024</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 December 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 or will begin claiming federal financial participation for services provided to individuals in institutions for mental disease.

2. Executive summary

The executive summary should be reported in the fillable box below. It is intended for summary-level information only. The recommended word count is 500 words or less.

During this demonstration year, the Commonwealth (Commonwealth or Pennsylvania) completed 225 American Society of Addiction Medicine (ASAM) alignment reviews on residential providers. The number of providers scoring as aligned on their infrastructure review increased from 14 to 79 during the demonstration year. The Office of Mental Health and Substance Abuse Services (OMHSAS) and Department of Drug and Alcohol Programs (DDAP) also began the development of an ASAM tool for ambulatory SUD service providers.

The Commonwealth continues to ensure providers and behavioral health managed care organizations (BH-MCOs) have access to evidence-based ASAM training facilitated by subject matter experts in the field, in addition to maintaining an ASAM transition webpage that contains information on ASAM 3rd Edition. The Commonwealth also continues to oversee the completion of residential ASAM alignment reviews.

DDAP continues to support workforce development through SUD student loan repayment grants. To date, they have awarded nearly \$19 million in grant funding under Phase 1, and they anticipate awarding an initial \$22 million in Phase 2. The program required professionals to commit to staying with their current SUD provider organization for at least two years, and can award up to \$100,000 to eligible full time employees, and up to \$50,000 for eligible part time employees.

During a review of data used for SUD metrics, the Commonwealth identified some inconsistencies that could impact several metrics, and requested additional time from CMS to complete a thorough look back and rerun any metrics potentially impacted by the inconsistencies.

With this quarter's submission, the Commonwealth has submitted corrected data metrics under the demonstration back to DY4Q4 for SUD data DY3Q3 (January 1, 2021–March 31, 2021). Descriptions of all quarterly and annual metrics are in this submission for the period DY4Q4 to present. Please see the Part B Graphs Addendum for the updated graphs for this time period.

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.		Metric #3 Medicaid Beneficiaries with SUD Diagnosis (monthly)	With this quarter’s submission, the Commonwealth has submitted corrected data metrics under the demonstration back to DY4Q4 for SUD data DY3Q3 (January 1, 2021–March 31, 2021). <u>DY7Q4 (July 1, 2024 through September 30, 2024)</u> The Commonwealth calculated the following changes that were more than a 2% change from the last quarter in 2023 to the first quarter in 2024 in Metric #3 Members with a SUD Diagnosis. Overall the Pennsylvania population with a SUD diagnosis decreased 5% for this time period. The Dual Eligible population increased 12.0% from the last quarter in 2023 to the first quarter in 2024. The Older Adults 65+ population increased 7.4% for the same time period. Pregnant individuals with a SUD diagnosis decreased 7.8%. Explanation: <ul style="list-style-type: none"> Decreases in the overall number of individuals with a SUD diagnosis appear to be related to the Medicaid unwinding during late 2023 and early 2024. For the large Dual Eligible and Older Adult 65+ population increase with a SUD diagnosis, it is

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			believed that the annual spikes are related to annual Medicare coinsurance period restarts. Every January the Dual Eligible and Older Adult 65+ subpopulations increase relative to December. The utilization then tapers off by March of each year. The Commonwealth has been able to establish that at least one-third of this increase is due to the Medicare coinsurance period restarting at the beginning of every calendar year (CY).
1.2 Implementation update			
1.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 1.2.1.a The target population(s) of the demonstration	X		
1.2.1.b 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.			DY7Q4 (July 1, 2024 through September 30, 2024) The departments are continuing efforts to transition the field to the ASAM Criteria 3 rd Edition. DDAP continues to hold monthly technical assistance (TA) webinars. During this quarter, DDAP utilized the services of an approved trainer to provide additional guidance on several key topics, including individualized care, transfer and discharge criteria, promoting internal support, and supervision related to the ASAM Criteria. The webinars also covered key elements of co-occurring capability and the application of the ASAM Criteria principles to guide treatment.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>77 providers have participated in an infrastructure review for Level 2.5 services and 30 providers participated in an infrastructure review for Level 3.7 services. These providers are approved to contract with single county authorities (SCAs) or BH-MCOs.</p> <p><u>DY7Q3 (April 1, 2024 through June 30, 2024)</u> The departments are continuing efforts to transition the field to the ASAM Criteria 3rd Edition. The Pennsylvania DDAP continues to hold monthly TA webinars. Topics covered during this quarter included information from residential provider alignment reviews, the intersection of brain injury and SUDs, and clinical services verses ancillary support services.</p> <p>76 providers have participated in an infrastructure review for Level 2.5 services and 30 providers participated in an infrastructure review for Level 3.7 services. These providers are approved to contract with contracted SCAs or BH-MCOs.</p> <p><u>DY7Q2 (January 1 2024 through March 31, 2024)</u> The departments are continuing their efforts to transition the field to the ASAM Criteria 3rd Edition. DDAP continues to hold monthly TA webinars on various topics. The webinar topics this quarter included “Defining Types of Onsite Reviews”, a joint effort between DDAP and the Department of Human Services (DHS), and “Individualizing Services”, which expanded on prior webinars and emphasized group development practices and documentation.</p>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>Beginning June 3, 2024, DDAP will host a four-month series, Conversations with Scott Boyles, as part of the monthly ASAM TA webinars. Mr. Boyles is the Senior National Training Director for Train for Change, Inc. Providers will be able to submit questions to help create content over the course of the series to support robust, interactive discussions.</p> <p><u>DY7Q1 (October 1, 2023 through December 31, 2023)</u> The departments are continuing their efforts to transition the field to the ASAM Criteria 3rd Edition. DDAP continues to hold monthly TA webinars on various topics. The webinars over the past quarter included a collaborative series in October and November to address the impact of Act 33. December’s webinar topic was the second in a two-part series on case management.</p> <p>In addition to the on-site residential reviews, DDAP continued to review and approve providers at the 2.5 and 3.7 ASAM levels of care in their DDAP-specific transition process for ASAM Alignment. Currently, there are 75 Level 2.5 providers and 21 Level 3.7 providers that have participated in the initial alignment review and are approved to contract with the SCAs or BH-MCOs.</p>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2. Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)			
2.1 Metric trends			
2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1.		Metric #6 Any SUD Treatment Metric #7 Early Intervention Metric #8: Outpatient Services Metric #9: Intensive Outpatient and Partial Hospitalization Services Metric #10: Residential and Inpatient Services Metric #11 – Withdrawal Management	<p><u>DY7Q4 (July 1, 2024 through September 30, 2024)</u></p> <p>The State calculated the following changes that were more than a 2% change from the last quarter in 2023 to the first quarter in 2024.</p> <p>Metric #6: The latest quarter-over-quarter change in Metric #6 Members with Receiving Any Services and highlights changes greater than +/-2%. Overall the Pennsylvania population receiving any services increased 3.2% for this time period. The Dual Eligible population increased 48.0% from the last quarter in 2023 to the first quarter in 2024. Children under age 18 decreased 2.8%. Older Adults 65+ population increased 10.9% for the same time period. Pregnant individuals with an SUD diagnosis decreased 3.2%.</p> <p>Explanation for large changes: For Dual Eligible and Older Adult 65+ members, it is believed that the annual spikes in utilization seen every January through March are related to annual Medicare coinsurance period restarts. Every January the Dual Eligible and Older Adult 65+ subpopulations increase relative to December. The utilization then tapers off by March of each year. The Commonwealth has been able to establish that at least one-third of this increase is due to the Medicare coinsurance period restarting at the beginning of every CY.</p> <p>Metric #7: The latest quarter-over-quarter change in Metric #7 Members Receiving Early Intervention and</p>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
		Metric #12 – Medication Assisted Treatment Metric #22 - Continuity of Pharmacotherapy for Opioid Use Disorder	<p>highlights changes greater than +/-2%. Overall the Pennsylvania population receiving early intervention increased 100% for this time period. The Dual Eligible population remained the same from the last quarter in 2023 to the first quarter in 2024. Children under age 18 remained at 0%. Older Adults 65+ population also remained at 0% for the same time period. Pregnant individuals receiving early intervention remained at 0%.</p> <p>Explanation: The large changes are due to the small utilization overall which causes even one or two additional individuals receiving Screening, Brief Intervention, and Referral to Treatment (SBIRT) to result in large percentage changes from one quarter to the next. In August 2021, industry coding changes in Pennsylvania caused the Early Intervention utilization to drop in all categories.</p> <p>Metric #8: The latest quarter-over-quarter change in Metric #8 Members Receiving Outpatient Services and highlights changes greater than +/-2%. Overall the Pennsylvania population receiving outpatient services increased 1.2% for this time period. The Dual Eligible population increased 48.1% from the last quarter in 2023 to the first quarter in 2024. Children under age 18 decreased -6.8%. Older Adults 65+ population increased 11.3% for the same time period. Pregnant individuals receiving outpatient services decreased 12.9%.</p> <p>Explanation for large changes: It is believed that the annual spikes in utilization seen every January through March are related to annual coinsurance period restarts. Every January the Dual Eligible and Older Adult 65+</p>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>subpopulations increase relative to December. The utilization then tapers off by March of each year. The Commonwealth has been able to establish that at least one-third of this increase is due to the Medicare coinsurance period restarting at the beginning of every CY.</p> <p>Metric #9: The latest quarter-over-quarter change in Metric #9 Members Receiving Intensive Outpatient Services and highlights changes greater than +/-2%. Overall the Pennsylvania population receiving intensive outpatient services increased 0.3% for this time period. The Dual Eligible population decreased 0.6% from the last quarter in 2023 to the first quarter in 2024. Children under age 18 increased 13.2%. Older Adults 65+ population increased 2.7% for the same time period. Pregnant individuals receiving intensive outpatient services decreased 2.9%.</p> <p>Explanation: The actual quarter-to-quarter changes in intensive outpatient program/partial hospitalization program utilization appear to be normal fluctuations in data as the increase in utilization at the beginning of the demonstration overall stabilizes and does not appear to be attributable to larger trends.</p> <p>Metric #10: The latest quarter-over-quarter change in Metric #10 Members Receiving Residential and Inpatient Services and highlights changes greater than +/-2%. Overall the Pennsylvania population receiving residential and inpatient services increased 9.1% for this time period. The Dual Eligible population increased 11.7% from the last quarter in 2023 to the first quarter in 2024. Children</p>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>under age 18 decreased 4.9%. Older Adults 65+ population increased 1.8% for the same time period. Pregnant individuals receiving residential and inpatient services decreased 25.8%.</p> <p>Explanation for large changes: There has been an overall increase in residential and inpatient utilization since January 2022 with month-to-month data fluctuations. Part of the overall increase in children’s rates since that time is related to nationwide increases in children’s SUD hospitalizations which are recorded in Metric #24.</p> <p>Metric #11: The latest quarter-over-quarter change in Metric #11: Members Receiving Withdrawal Management and highlights changes greater than +/-2%. Overall the Pennsylvania population receiving withdrawal management services increased 10.1% for this time period. The Dual Eligible population increased 20.6% from the last quarter in 2023 to the first quarter in 2024. Children under age 18 in withdrawal management services increased by two for the quarter. Older Adults 65+ population increased by 16.5% for the same time period. Pregnant individuals receiving withdrawal management services decreased 29.6%.</p> <p>Explanation: The overall number of individuals receiving withdrawal management services has followed a slightly declining trend rate that may be related to the stricter application of ASAM admission criteria under the demonstration. The relative number of individuals receiving withdrawal management services in subpopulations is relatively low. Older adults age 65+, in</p>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>particular, appear to have increasing take up of withdrawal management services under the demonstration.</p> <p>Metric #12: The latest quarter-over-quarter change in Metric #12 Members Receiving Medication Assisted Treatment (MAT) and highlights changes greater than +/-2%. Overall the Pennsylvania population receiving MAT services decreased 8.9% for this time period. The Dual Eligible population increased 42.7% from the last quarter in 2023 to the first quarter in 2024. Children under age 18 decreased 6.5%. Older Adults 65+ population decreased 26.8% for the same time period. Pregnant individuals receiving MAT decreased 9.5%.</p> <p>Explanation: Enhanced Medicare coverage of MAT appears to be resulting in the Dual Eligible and Older Adult 65+ subpopulations having declining utilization of MAT under Medicaid. The increased Medicare utilization has resulted in fewer Medicaid expenses for MAT. Dual Eligibles appear to have experienced bumps in Medicaid utilization in January 2022 and January 2024, that might be attributable to Medicare coinsurance restarting.</p> <p>Metric #22 Continuity of Pharmacotherapy for Opioid Use Disorder increased from CY 2021–CY22 (1.76%) and from CY 2022–CY 2023 (1.72%). This is an indication of the effectiveness of the demonstration.</p>
2.2 Implementation update			
2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:			<p><u>DY7Q4 (July 1, 2024 through September 30, 2024)</u> As of September 30, 2024, 15,981 individuals have been trained in the ASAM Criteria through either a two-day</p>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<p>2.2.1.a 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>classroom training by Train for Change or on-demand modules through The Change Companies and the ASAM.</p> <p>In addition, throughout this reporting period, DDAP has 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. These trainings assist with the ASAM Alignment by providing information on evidence-based practices, individualized care, motivational strategies, and medications for opioid use disorder (MOUD) while increasing the knowledge of the SUD workforce.</p> <p>The following are course descriptions and figures for this reporting period:</p> <p>MAT 101: Introduction to Medication Assisted Treatment for Opioid Use Disorder: 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 1,907 individuals have completed this on-demand and self-paced course. One hundred and sixty-four students trained from July 1, 2024 to September 30, 2024.</p> <p>Motivational Interviewing: Advancing the Practice: This course provides participants with the information to respond to individuals with empathic, reflective statements, and to identify change talk within individual speech. The training is followed by an optional</p>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>eight-month learning collaborative designed to affect change within the participant’s organization. Since development, 174 classes have been held for 3,712 students in either a live classroom or virtual setting. Fifteen classes were held and 305 students trained from July 1, 2024 to September 30, 2024.</p> <p>Co-Occurring Conditions: Promising Practices and Approaches: 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, 52 classes have been held and 1,367 students have been trained. Three classes were held and 69 students trained from July 1, 2024 to September 30, 2024.</p> <p>Treatment Planning with the ASAM Criteria: This course reviews the tenants of a proper treatment plan and identifies common pitfalls through case conceptualization. Developed in July 2021, 34 classes have been held for 769 students. Zero class were held and zero students trained from July 1, 2024 to September 30, 2024.</p> <p>Cognitive Behavioral Strategies (CBS) for Treating Individuals with Substance Use Disorder: 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 which provide 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 September 2021, a total of 835 students have completed Level One and 78 students have completed</p>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>Level Two. July 1, 2024 to September 30, 2024 – Level One module were held and 59 student completions. Levels Two through Four were held and one class held for 11 students in this timeframe.</p> <p>ASAM Criteria — Understanding Risk Rating: This short one-hour online module helps learners understand the ASAM Criteria Risk Rating Severity Matrix and how to apply it. Launched in June 2020, 2,518 learner completions. 131 One hundred and thirty-one learners trained from July 1, 2024 to September 30, 2024.</p> <p><u>DY7Q3 (April 1, 2024 through June 30, 2024)</u> As of June 30, 2024, 15,694 individuals have been trained in the ASAM Criteria through either a two-day classroom training by Train for Change or on-demand modules through The Change Companies and the ASAM.</p> <p>In addition, throughout this reporting period, DDAP has offered additional trainings to the field in the areas of Cognitive Behavioral Strategies (CBS 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. These trainings assist with the ASAM Alignment by providing information on evidence-based practices, individualized care, motivational strategies, and MOUD, while increasing the knowledge of the SUD workforce.</p> <p>The following are course descriptions and figures for this reporting period:</p>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>MAT 101: Introduction to Medication Assisted Treatment for Opioid Use Disorder: 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 OUD. Developed in 2019, approximately 1,743 individuals have completed this on-demand and self-paced course. 108 students trained from April 1, 2024 to June 30, 2024.</p> <p>Motivational Interviewing: Advancing the Practice: This course provides participants with the information to respond to individuals with empathic, reflective statements, and to 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, 159 classes have been held for 3,407 students in either a live classroom or virtual setting. Thirteen classes were held and 276 students trained from April 1, 2024 to June 30, 2024.</p> <p>Co-Occurring Conditions: Promising Practices and Approaches: 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, 49 classes have been held and 1,298 students have been trained. Seven classes were held and 180 students trained from April 1, 2024 to June 30, 2024.</p> <p>Treatment Planning with the ASAM Criteria: This course reviews the tenants of a proper treatment plan and identifies common pitfalls through case conceptualization. Developed in July 2021, 34 classes have been held for 769 students. One class was held and 27 students trained from April 1, 2024 to June 30, 2024.</p>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>Cognitive Behavioral Strategies (CBS) for Treating Individuals with SUD: 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 2 is an in-person training which provide participants the opportunity to practice CBS skills through case conceptualization and role play. Levels 3 and 4 allow the participants to bring recordings and case conceptualizations of real clients and receive feedback regarding their use of CBS. Developed in September 2021, a total of 776 students have completed Level 1 and 67 students have completed Level 2. April 1, 2024 to June 30, 2024 — Level 1 module was held and 66 student completions. Levels 2 through 4 – 0 classes held for 0 students in this timeframe.</p> <p>ASAM Criteria — Understanding Risk Rating: This short one-hour online module helps learners understand the ASAM Criteria Risk Rating Severity Matrix and how to apply it. Launched in June 2020, there has been 2,387 learner completions. 124 learners trained from April 1, 2024 to June 30, 2024.</p> <p><u>DY7Q2 (January 1, 2024 through March 31, 2024)</u> As of March 31, 2024, 15,437 individuals have been trained in the ASAM Criteria through either a two-day classroom training by Train for Change, Inc. or on-demand modules through The Change Companies and the ASAM.</p>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>In addition, throughout this reporting period, DDAP has offered additional trainings to the field in the areas of Cognitive Behavioral Strategies (CBS 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. These trainings assist with the ASAM Alignment by providing information on evidence-based practices, individualized care, motivational strategies, and MOUD while increasing the knowledge of the SUD workforce.</p> <p>The following are course descriptions and figures for this reporting period:</p> <p>MAT 101: Introduction to Medication Assisted Treatment for Opioid Use Disorder: 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 OUD. Developed in 2019, approximately 1,635 individuals have completed this on-demand and self-paced course. One hundred and six students trained from January 1, 2024 to March 31, 2024.</p> <p>Motivational Interviewing: Advancing the Practice: This course provides participants with the information to respond to individuals with empathic, reflective statements, and to identify change talk within individual speech. The training is followed by an optional eight-month learning collaborative designed to affect</p>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>change within the participant’s organization. Since development, 146 classes have been held for 3,131 students in either a live classroom or virtual setting. Eight classes were held and 159 students trained from January 1, 2024 to March 31, 2024.</p> <p>Co-Occurring Conditions: Promising Practices and Approaches: 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, 42 classes have been held and 1,118 students have been trained. Five classes were held and 133 students trained from January 1, 2024 to March 31, 2024.</p> <p>Treatment Planning with the ASAM Criteria: This course reviews the tenants of a proper treatment plan and identifies common pitfalls through case conceptualization. Developed in July 2021, 33 classes have been held for 742 students. Two classes were held and 44 students trained from January 1, 2024 to March 31, 2024.</p> <p>Cognitive Behavioral Strategies (CBS) for Treating Individuals with Substance Use Disorder: This course is comprised of four levels, which must be completed sequentially. Level 1 is an online module that provides participants with the base knowledge needed to complete the subsequent levels. Level 2 is an in-person training which provide participants the opportunity to practice CBS skills through case conceptualization and role play. Levels 3 and 4 allow the participants to bring recordings and case conceptualizations of real clients and receive</p>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>feedback regarding their use of CBS. Developed in September 2021, a total of 710 students have completed Level 1 and 67 students have completed Level 2. January 1, 2024 to March 31, 2024 — Level 1 module was held with 24 student completions. Levels 2 through 4 – 0 classes held for 0 students in this time frame.</p> <p>ASAM Criteria — Understanding Risk Rating: This short one-hour online module helps learners understand the ASAM Criteria Risk Rating Severity Matrix and how to apply it. Launched in June 2020, 2,263 learner completions. One hundred and forty-one learners trained from January 1, 2024 to March 31, 2024.</p> <p><u>DY7Q1 (October 1, 2023 through December 31, 2023)</u></p> <p>As of December 31, 2023, 15,274 individuals have been trained in the ASAM Criteria through either a two-day classroom training by Train for Change or on-demand modules through The Change Companies and the ASAM.</p> <p>Throughout the reporting period, DDAP offered additional trainings to the field in the areas of Cognitive Behavioral Strategies (CBS) 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</p>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>individualized care, evidence-based practices, and motivational strategies while increasing the knowledge of the SUD workforce. Since inception of these courses, approximately 8,398 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 October 1, 2023–December 31, 2023:</p> <p>MAT 101: Introduction to Medication Assisted Treatment for Opioid Use Disorder: 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 OUD. Developed in 2019, approximately 1,529 individuals have completed this on-demand and self-paced course. 117 students have been trained from October 1, 2023 to December 31, 2023.</p> <p>Motivational Interviewing: Advancing the Practice: This course provides participants with the information to respond to individuals with empathetic, reflective statements, and to 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, 138 classes have been held for 2,972 students in either a live classroom or virtual setting. Eleven classes were held and 227 students trained from October 1, 2023 to December 31, 2023.</p>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>Co-Occurring Conditions: Promising Practices and Approaches: 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, 37 classes have been held and 985 students have been trained. Six classes were held and 140 students trained from October 1, 2023 to December 31, 2023.</p> <p>Treatment Planning with the ASAM Criteria: This course reviews the tenants of a proper treatment plan and identifies common pitfalls through case conceptualization. Developed in July 2021, 31 classes have been held for 698 students. Two classes were held and 32 students trained from October 1, 2023 to December 31, 2023.</p> <p>Cognitive Behavioral Strategies (CBS) for Treating Individuals with Substance Use Disorder: This course is comprised of four levels, which must be completed sequentially. Level 1 is an online module that provides participants with the base knowledge needed to complete the subsequent levels. Level 2 is an in-person training that provides participants the opportunity to practice CBS skills through case conceptualization and role play. Levels 3 and 4 allow the participants to bring recordings and case conceptualizations of real clients and receive feedback regarding their use of CBS. Developed in September 2021, a total of 686 students have completed Level 1, and 67 students have completed Level 2. October 1, 2023 to December 31, 202 — Level 1 module was held with 58 student completions. Levels 2 through 4</p>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>were held with 0 classes held for 0 students in this timeframe.</p> <p>ASAM Criteria — Understanding Risk Rating: This short one-hour online module helps learners understand the ASAM Criteria Risk Rating Severity Matrix and how to apply it. Launched in June 2020, there are 2,122 learner completions. One hundred and nineteen learners trained from October 1, 2023 to December 31, 2023.</p>
<p>2.2.1.b 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><u>DY7Q3 (April 1, 2024 through June 30, 2024)</u> No changes. MOUD across the continuum is noted as a requirement within the Case Management and Clinical Services (CMCS) manual for the SCAs to provide access to MAT.</p> <p><u>DY7Q2 (January 1, 2024 through March 31, 2024)</u> MOUD across the continuum is noted as a requirement within the Case Management and Clinical Services (CMCS) manual for the SCAs to provide access to MAT.</p>
<p>2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1.</p>			<p><u>DY7Q3 (April 1, 2024, through June 30, 2024)</u> No changes. DDAP continues to engage providers regarding the alignment of the ASAM Criteria 3rd Edition, provide TA, facilitate monthly TA calls for various ASAM-related topics, post information to the DDAP’s ASAM Transition webpage, and respond to inquiries that come to the ASAM Resource Account (RA). Questions that come into the ASAM RA related to questions on the monitoring tool are discussed during weekly meetings between DDAP, Pennsylvania DHS, and Mercer Government Human Services Consulting</p>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>(Mercer), part of Mercer Health & Benefits LLC, to ensure consistency among the respective parties, before providing guidance on the inquiry.</p> <p><u>DY7Q2 (January 1, 2024 through March 31, 2024)</u></p> <p>DDAP continues to engage providers regarding the alignment of the ASAM Criteria 3rd Edition, provide TA, facilitate monthly TA calls for various ASAM-related topics, post information to the DDAP website, and respond to inquiries that come to the ASAM RA. Questions that come into the ASAM RA related to questions on the monitoring tool are discussed during weekly meetings between DDAP, Pennsylvania DHS, and Mercer to ensure consistency among the respective parties, before providing guidance on the inquiry.</p> <p><u>DY7Q1 (October 1, 2023 through December 31, 2023)</u></p> <p>DDAP continues to engage providers regarding the alignment of the ASAM Criteria 3rd Edition, providing TA, facilitating monthly TA calls for various ASAM-related topics, posting information to the DDAP website, and responding to inquiries that come to the ASAM RA. The DDAP website contains information on service characteristics for each level of care, including co-occurring service characteristics, the Guidance for the Application for Adults document, the Guidance for the Application of ASAM for Withdrawal Management for Adults, Risk Rating Tips, and ASAM Frequently Asked Questions.</p>

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.		Metric #5: Medicaid Beneficiaries Treated in an IMD for SUD Metric #36: Average Length of Stay in IMDs	<p><u>DY7Q1 (October 1, 2023 through December 31, 2023)</u></p> <p>The Commonwealth calculated the following changes that were more than 2% between DY5 (July 1, 2022–June 30, 2023) and DY4 (July 1, 2021–June 30, 2022) for annual metrics:</p> <ul style="list-style-type: none"> • Metric #5 — The number of beneficiaries treated in an IMD decreased -0.14% from DY4 to DY5. • Metric #36 — The average length of stay of beneficiaries treated in an IMD increased 1.58% from DY4 to DY5. • The decrease number of beneficiaries and increased average length of stay are likely due to the enhanced on-site monitoring of residential facilities that the Commonwealth began in 2023 to ensure that residential providers were appropriately applying admission and continued stay criteria.
3.2. Implementation update			
3.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 3.2.1.a Planned activities to improve providers’ use of evidence-based, SUD-specific placement criteria			<p><u>DY7Q4 (July 1, 2024 through September 30, 2024)</u></p> <p>During this reporting period of July 1, 2024, through September 30, 2024, there have been 287 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 the 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>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>Treatment Planning, 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 July 1, 2024 through September 30, 2024, 739 individuals have been trained in these courses.</p> <p>DDAP continues to provide information on the DDAP website regarding the ASAM transition and monthly TA webinars on various topics. Aligning of providers with the ASAM Criteria continues to move forward.</p> <p><u>DY7Q3 (April 1, 2024 through June 30, 2024)</u> During this reporting period of April 1, 2024 through June 30, 2024, there have been 257 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 the 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, Treatment Planning, 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, 2024 to June 30, 2024, 781 individuals have been trained in these courses.</p> <p>DDAP continues to provide information on the DDAP website regarding the ASAM transition and monthly TA</p>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>webinars on various topics. Aligning of providers with the ASAM Criteria continues to move forward.</p> <p><u>DY7Q2 (January 1, 2024 through March 31, 2024)</u> During this reporting period of January 1, 2024 through March 31, 2024, there have been 163 individuals trained in the ASAM Criteria through either a two-day classroom offering through Train for Change Inc. or on-demand modules through The Change Companies and the 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, Treatment Planning, 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 January 1, 2024 to March 31, 2024, 607 individuals have been trained in these courses.</p> <p>DDAP continues to provide information on the DDAP website regarding the ASAM transition and monthly TA webinars on various topics. Aligning of providers with the ASAM Criteria continues to move forward.</p> <p><u>DY7Q1 (October 1, 2023 through December 31, 2023)</u> During this reporting period of October 1, 2023 through December 31, 2023, there have been 371 individuals trained in the ASAM Criteria through either a two-day classroom offering through Train for Change or</p>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>on-demand modules through The Change Companies and the 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, 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 October 1, 2023 to December 31, 2023, 576 individuals have been trained in these courses.</p> <p>DDAP continues to provide information on the DDAP website regarding the ASAM transition and monthly TA webinars on various topics. Aligning of providers with the ASAM Criteria continues to move forward.</p>
<p>3.2.1.b 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>X</p>		
<p>3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2.</p>	<p>X</p>		

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. 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.	X		
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.a Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards			<p><u>DY7Q4 (July 1, 2024 through September 30, 2024)</u> DDAP, DHS, and the BH-MCOs continue to collaborate with treatment providers in the ongoing alignment of the ASAM Criteria.</p> <p>Seventy-seven providers have participated in an initial infrastructure review for Level 2.5 services and 30 providers participated in an initial infrastructure review for Level 3.7 services. These providers are approved to contract with SCAs or BH-MCOs.</p> <p><u>DY7Q3 (April 1, 2024 through June 30, 2024)</u> DDAP, DHS, and the BH-MCOs continue to collaborate with treatment providers in the ongoing alignment of the ASAM Criteria.</p> <p>Seventy-six providers have participated in an initial infrastructure review for Level 2.5 services and 30 providers participated in an initial infrastructure</p>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>review for Level 3.7 services to date. These providers are approved to contract with contracted SCAs or BH-MCOs.</p> <p><u>DY7Q2 (January 1, 2024 through March 31, 2024)</u> DDAP, DHS, and the BH-MCOs continue to collaborate ongoing alignment of treatment providers with the ASAM Criteria.</p> <p>In addition, DDAP has provided initial alignment approval for 75 Level 2.5 providers and 22 Level 3.7 providers that have participated in an initial alignment review with DDAP.</p> <p><u>DY7Q1 (October 1, 2023 through December 31, 2023)</u> DDAP, DHS, and the BH-MCOs continue to collaborate ongoing alignment of treatment providers with the ASAM Criteria.</p> <p>In addition, DDAP has provided initial alignment approval for 75 Level 2.5 and 21 Level 3.7 providers that have participated in an initial alignment review with DDAP.</p>
<p>4.2.1.b Review process for residential treatment providers’ compliance with qualifications</p>			<p><u>DY7Q4 (July 1, 2024 through September 30, 2024)</u> The BH-MCOs and SCAs completed initial ASAM Alignment reviews for residential facilities. DDAP, DHS, and Mercer continue to collaborate regarding the 1115 Waiver and aligning with the ASAM Criteria. The ASAM Alignment Review tool is complete and reviewed regularly. During this quarter, 30 reviews were completed.</p>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p><u>DY7Q3 (April 1, 2024 through June 30, 2024)</u> The BH-MCOs and SCAs completed 62 ASAM Alignment reviews for residential facilities this quarter. DDAP, DHS, and Mercer continue to collaborate regarding the 1115 Waiver and aligning with the ASAM Criteria. The ASAM Alignment Review tool is complete and reviewed regularly.</p> <p><u>DY7Q2 (January 1, 2024 through March 31, 2024)</u> The BH-MCOs and SCAs are completing ASAM Alignment reviews for residential facilities. From January 1, 2024 to March 31, 2024, 24 reviews were completed and added to the Smartsheet developed to track completed reviews. DDAP, DHS, and Mercer continue to collaborate regarding the 1115 Waiver and aligning with the ASAM Criteria.</p> <p><u>DY7Q1 (October 1, 2023 through December 31, 2023)</u> The Commonwealth completed 109 ASAM Alignment reviews on substance use (SU) residential providers. They continue to collaborate with BH-MCOs on edits and modifications to the ASAM Alignment Review tool to ensure consistency across reviewers.</p>
<p>4.2.1.c Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site</p>			<p><u>DY7Q4 (July 1, 2024, through September 30, 2024)</u> DDAP’s CMCS manual has requirements regarding access to MAT across the continuum of care. During this DY, the number of providers scoring aligned on their infrastructure and record reviews increased from 14 to 79, with 147 facilities demonstrating compliance with offering MAT at residential treatment facilities (on-site or offsite.)</p>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>As part of the ASAM Residential Review process, programs are evaluated on if they have policies and procedures that require staff to introduce patients to the potential benefits of addiction pharmacotherapies as a tool to manage his or her addictive disorder, and there is documentation related to how the facility addresses pharmacotherapy resources to patients enrolled in the facility. (7.25 and 7.26) The Residential ASAM Level of Care Monitoring tool prompts reviewers to determine if the patient was a candidate for addiction pharmacotherapy, and if yes, were they offered addiction pharmacotherapy. (7.22)</p> <p><u>DY7Q3 (April 1, 2024 through June 30, 2024)</u> DDAP’s CMCS manual has requirements regarding access to MAT across the continuum of care. All residential providers are being reviewed for compliance with MAT in the on-site reviews.</p> <p><u>DY7Q2 (January 1, 2024 through March 31, 2024)</u> Reviewing residential provider compliance with either directly providing or facilitating access to offsite MAT is part of the ASAM compliance review. At this time, all residential providers are receiving a "3" or a "4" for MAT compliance.</p> <p><u>DY7Q1 (October 1, 2023 through December 31, 2023)</u> Based on ASAM Alignment reviews completed on residential providers, 92.2% of providers had documentation in medical records showing that the beneficiary was offered addiction pharmacotherapy when appropriate, and 96.3% of medical records showed evidence of planned activities to stabilize beneficiaries,</p>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			including addiction pharmacotherapy. 1.7% of providers did not have policies and procedures including pharmacotherapy consistent with ASAM. OMHSAS and DDAP have begun reviewing provider-specific scores with BH-MCOs and discussing next steps when a provider and its practice does not align with ASAM requirements.
4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3.			<p><u>DY7Q4 (July 1, 2024 through September 30, 2024)</u> OMHSAS and DDAP have initiated the development of a SU Ambulatory Services Monitoring tool and process. The tool and process will mirror parts of the ASAM Residential Review tool and process, and support BH-MCOs in measuring ambulatory service providers alignment to ASAM, and also provide feedback to support quality/alignment improvement efforts.</p> <p><u>DY7Q3 (April 1, 2024 through June 30, 2024)</u> No changes. DDAP continues to maintain an ASAM transition webpage dedicated to information regarding the ASAM Criteria. In addition, DDAP continues to provide TA to treatment providers, SCAs, and BH-MCOs questions regarding the criteria. Monthly TA webinars are held to discuss various topics and are posted to the DDAP website. The audience for the webinars includes, SCAs, treatment providers, BH-MCOs, and case management staff.</p> <p><u>DY7Q2 (January 1, 2024 through March 31, 2024)</u> No changes. DDAP continues to maintain an ASAM transition webpage dedicated to information regarding the ASAM Criteria. In addition, DDAP continues to provide</p>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>TA to treatment providers, SCAs, and BH-MCOs questions regarding the criteria. Monthly TA webinars are held to discuss various topics and are posted to the DDAP website. The audience for the webinars includes, SCAs, treatment providers, BH-MCOs, and case management staff.</p> <p><u>DY7Q1 (October 1, 2023 through December 31, 2023)</u></p> <p>DDAP continues to maintain an ASAM transition webpage dedicated to information regarding the ASAM Criteria. In addition, DDAP continues to provide TA to treatment providers, SCAs, and BH-MCOs questions regarding the criteria.</p>

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.		Metric #13 - SUD Provider Availability Metric #14 – SUD Provider Availability – MAT	<p><u>DY7Q1 (October 1, 2023 through December 31, 2023)</u></p> <p>The Commonwealth calculated the following changes that were more than 2% between DY5 (July 1, 2022–June 30, 2023) and DY4 (July 1, 2021–June 30, 2022) for annual metrics.</p> <ul style="list-style-type: none"> • Metric #13 — The number of SUD providers increased by 4.29%. • Metric #14 — The number of MAT providers decreased by -0.17% from the reported metrics in DY4. • The small increase in Metric #13 and the small decrease in Metric #14 could be due to a change in methodology for these metrics instituted by the Commonwealth, resulting from the elimination of the DATA X waivers. https://www.samhsa.gov/medications-substance-use-disorders/waiver-elimination-mat-act • Historically, the number of DATA-Waived practitioners newly certified per year was retrieved from https://www.samhsa.gov/medication-assisted-treatment/physician-program-data/certified-physicians?field_bup_us_state_code_value=PA&= • Apply on January 31, 2020. The DATA X waivers are no longer required, so this website has since been removed. As a result, Pennsylvania has changed its methodology for both Metrics #13 and #14 to utilize an unduplicated count of the providers in Metric #12

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			providing only OUD MAT for Metric #14 and an unduplicated count of providers in Metric #6 for Metric #13.
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 across the continuum of SUD care.			<p><u>DY7Q4 (July 1, 2024 through September 30, 2024)</u> Seventy-seven providers have participated in an initial infrastructure review for Level 2.5 services and 30 providers participated in an initial infrastructure review for Level 3.7 services to date. These providers are approved to contract with SCAs or BH-MCOs.</p> <p>The initial alignment process involves providers submitting policies and procedures related to service characteristics related to the ASAM Criteria for the respective level of care and participating in a TA call with members of DDAP’s Quality Improvement (QI) Section staff.</p> <p><u>DY7Q3 (April 1, 2024 through June 30, 2024)</u> Seventy-six providers have participated in an initial infrastructure review for Level 2.5 services and 30 providers participated in an initial infrastructure review for Level 3.7 services to date. These providers are approved to contract with SCAs or BH-MCOs.</p> <p>This process involves providers submitting policies and procedures related to service characteristics related to the ASAM Criteria for the respective level of care and participating in a TA call with members of DDAP’s QI Section staff.</p>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p><u>DY7Q2 (January 1, 2024 through March 31, 2024)</u> As of March 31, 2024, the number of providers initially aligned for Level 2.5 services is at 75, and the number of providers initially aligned for Level 3.7 services is at 22. The process involves providers participating in a TA call with DDAP’s QI Section staff and submitting policies and procedures related to service characteristics within the ASAM Criteria for the respective level of care.</p> <p><u>DY7Q1 (October 1, 2023 through December 31, 2023)</u> As of December 31, 2023, in addition to the on-site review process for residential providers, the number of providers initially aligned by DDAP for Level 2.5 services is at 75, and the number of providers initially aligned for Level 3.7 services is at 21. The process involves providers participating in a TA call with DDAP’s QI Section staff and submitting policies and procedures related to service characteristics within the ASAM Criteria for the respective level of care.</p>
5.2.2 The state expects to make other program changes that may affect metrics related to Milestone 4.	X		

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			
6.1.1 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 #18 - Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD) Metric #21 - Concurrent Use of Opioids and Benzodiazepines (COB-AD)	<p><u>DY7Q4 (July 1, 2024 through September 30, 2024)</u></p> <p>The Commonwealth calculated the following changes that were more than a 2% change from the last quarter in 2023 to the first quarter in 2024. For Metric #23, the latest quarter-over-quarter change in Metric #23: Emergency Department Utilization for SUD per 1,000 Members and highlights changes greater than +/-2%. Overall the Pennsylvania population receiving with ED visits services decreased 16.2% for this time period. Children under age 18 decreased 11.0%. Older Adults 65+ population decreased 16.2% for the same time period.</p> <p>Explanation: The Commonwealth experienced a slight decline in this metric from 2021 to the summer of 2023. However, in summer of 2023, there was an overall increase that has decreased but has pushed the trend line to slightly increase in 2024.</p> <p>Metric #18 — Use of Opioids at High Dosage in Persons without Cancer (OHD-AD) declined from CY 2021–2022 (-0.61%) and increased from CY 2022–2023 (2.04%).</p> <p>Metric #21 — Concurrent Use of Opioids and Benzodiazepines (COB-AD) declined both years CY 2021–2022 (-10.02%) and CY 2022–2023 (-4.95%).</p>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			These are indications of the effectiveness of the interventions under the demonstration. Metric #27 — The rate of overdose deaths increased by 3.77%. Overdose deaths (rate) increased from 0.53 to 0.55.
6.2 Implementation update			
6.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 6.2.1.a Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD	X		
6.2.1.b 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		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)			
7.1 Metric trends			
7.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6.		Metric #15 - Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-AD) Metric #17(1) - Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence: Age 18 and Older (FUA-AD) Metric #17(2) - Follow-Up After Emergency Department Visit for Mental Illness: Age 18 and Older (FUM-AD)	<p><u>DY7Q4 (July 1, 2024 through September 30, 2024)</u></p> <p>The Commonwealth calculated Metric #15 and Metric #17 CY Metrics. Metric #15 shows that from CY 2021–2022 and from CY 2022–2023, the Commonwealth improved initiation of Alcohol and Other Drug Abuse or Dependence treatment for all categories except OUD. For the same period, the Commonwealth improved engagement of Alcohol and Other Drug Abuse or Dependence treatment for all categories except OUD and total for the CY 2021–2022 period.</p> <p>For Metric #17 (1), Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence improved from CY 2021–2022 and from CY 2022–2023. (26.12% and 28.93% for 30-day and 7-day follow-up CY 2021–2022; and 5.10% and 3.85% for CY 2022–2023)</p> <p>For Metric #17(2) -Follow-Up After Emergency Department Visit for Mental Illness improved from CY 2021–2022 and declined from CY 2022–2023 (3.62% and 0.57% CY 2021–2022; -0.79% and -2.90% CY 2022–2023)</p>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
7.2 Implementation update			
7.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: Implementation of policies supporting beneficiaries’ transition from residential and inpatient facilities to community-based services and supports.	X		
7.2.2 The state expects to make other program changes that may affect metrics related to Milestone 6.	X		<p><u>DY7Q2 (January 1, 2024 through March 31, 2024)</u> No change. Individualized, person-centered care using evidence-based practices and criteria remains the goal of aligning treatment providers with the ASAM Criteria 3rd Edition and Act 70. Through the Care Management and Clinical Services (CMCS manual, DDAP continues to emphasize case management and care coordination as part of an individual’s SUD treatment.</p> <p><u>DY7Q1 (October 1, 2023 through December 31, 2023)</u> Individualized, person-centered care using evidence-based practices and criteria remains the goal of aligning treatment providers with the ASAM Criteria 3rd Edition and Act 70.</p> <p>Through the CMCS manual, DDAP continues to emphasize case management and care coordination as part of an individual’s SUD treatment.</p>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8. SUD health information technology (health IT)			
8.1 Metric trends			
8.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics.		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 Q3. Corrections Facilities on-boarded to ADT	<p><u>DY7Q4 (July 1, 2024 through September 30, 2024)</u></p> <p>Q1. Number of Prescription Drug Monitoring Program (PDMP) inquiries has begun to increase again from the low of 1.3 million inquiries in September 2023. The monthly average decreased slightly to 1.6 million for all months from January 1, 2024 through March 31, 2024. Compared to last quarter, there was an overall decrease of -5.9%.</p> <p>Q2. Number of single sign-ons (SSOs) through PDMP reached an all-time high this quarter of 117,562 in March 2024. Compared to last quarter, there was an overall increase of 1.99%.</p> <p>S1. Number of opioid prescriptions in PDMP continues to decrease from the beginning of the demonstration. The number of opioid prescriptions is now approximately 450,000 monthly down from 600,000. Compared to last quarter, there was a slight decrease of -2.0%.</p> <p>Q3. The number of corrections facilities on-boarded remains the same.</p> <p>S2 and S3. There was a PDMP system technical error in November 2023 which resulted in issues with patient notifications. The issue has since been resolved and the future data will reflect this fix.</p>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
		S4. EDs connected to ADT	S4. The Commonwealth has decided to report only EDs in Pennsylvania under this metric and has corrected the data. Beginning in October 2023, Pennsylvania began exchanging admissions, discharges, and transfers (ADTs) with Alaska, Connecticut, Maryland, Washington DC, and West Virginia as part of the CRISP for our patients. There was also a revision in the number of ADTs sent thru the Pennsylvania Patient & Provider Network (P3N). This is due to an update that the Commonwealth’s vendor performed within the system.
8.2 Implementation update			
8.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 8.2.1.a How health IT is being used to slow down the rate of growth of individuals identified with SUD	X		
8.2.1.b How health IT is being used to treat effectively individuals identified with SUD	X		
8.2.1.c How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD	X		
8.2.1.d Other aspects of the state’s plan to develop the health IT infrastructure/capabilities at the state,	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
delivery system, health plan/MCO, and individual provider levels			
8.2.1.e Other aspects of the state’s health IT implementation milestones	X		
8.2.1.f The timeline for achieving health IT implementation milestones	X		
8.2.1.g 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			
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 Metric #32 - Access to Preventive/ Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD	<p><u>DY7Q4 (July 1, 2024 through September 30, 2024)</u></p> <p>The Commonwealth calculated the following changes that were more than a 2% change from the last quarter in 2023 to the first quarter in 2024.</p> <p>For Metric #24, the latest quarter-over-quarter change in Metric #24: Inpatient Stays for SUD per 1,000 Medicaid Members and highlights changes greater than +/-2%. Overall the Pennsylvania population with inpatient stays services increased 12.5% for this time period. Children under age 18 increased 17.7%. Older Adults 65+ population decreased 2.9% for the same time period.</p> <p>Explanation for large changes: As noted in Metric #10, there has been an overall increase in residential and</p>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>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 rates is related to nationwide increases in children’s SUD hospitalizations. The Commonwealth has initiated conversations with its BH-MCOs to identify the causes of this uptick in children’s SUD hospitalizations and address the underlying causes.</p> <p>Metric #32 is reported this quarter. From CY 2021–2022 and from CY 2022–2023, Pennsylvania measured improvement on access to preventive/ambulatory health services for adult Medicaid beneficiaries with SUD (3.65% and 2.49% respectively).</p> <p>Metric #26 had a 5.69% increase in DY5 over DY4 (356 deaths). There is no explanation for this larger overdose death rate.</p>
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.	X	
10.2 Implementation update		
10.2.1 The state expects to make other program changes that may affect budget neutrality.	X	

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 Monitoring Report Instructions for more detail.		<p><u>DY7Q2 (January 1, 2024 through March 31, 2024)</u> DDAP continues to provide a Student Loan Repayment Grant program focused on helping SUD professionals erase student debt. To date, the grant program has awarded nearly \$19 million in grants to repay student loans under the first phase of the program. Professionals who apply for and receive grant funding to repay student loans must commit to staying with their current SU provider organization for at least two years. Eligible practitioners could receive up to \$100,000 if they are full-time employees, and up to \$50,000 if they are half-time employees. DDAP is planning to offer another round of SUD Student Loan Repayment grants and anticipates having more than \$22 million available to assist SU practitioners.</p>
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.a How the delivery system operates under the demonstration (e.g., through the managed care system or fee for service)		<p><u>DY7Q3 (April 1, 2024 through June 30, 2024)</u> Collaboration between DDAP, DHS, and the BH-MCOs remains a priority for aligning contracted providers with the ASAM Criteria. DDAP continues to participate in weekly meetings with DHS and Mercer, to review the Alignment Process and Review tool.</p> <p><u>DY7Q2 (January 1, 2024 through March 31, 2024)</u> Collaboration between DDAP, DHS, and the BH-MCOs 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.</p>
11.2.1.b Delivery models affecting demonstration participants (e.g., Accountable Care Organizations, Patient Centered Medical Homes)	X	

Prompts	State has no update to report (place an X)	State response
11.2.1.c 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.	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	

Prompts	State has no update to report (place an X)	State response
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 monitoring report is due to CMS and the timing for the demonstration. There are specific requirements per 42 Code of Federal Regulations (CFR) § 431.428a(10) for annual [monitoring] reports. See Monitoring Report 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	
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates.	X	

Prompts	State has no update to report (place an X)	State response
13. Other SUD 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.		<p><u>DY7Q4 (July 1, 2024 through September 30, 2024)</u> DDAP issued a bulletin to update the guidance provided in bulletin OMHSAS-06-03 regarding co-occurring capable and co-occurring enhanced services as defined by ASAM. Under Act 70, all drug and alcohol treatment providers must be aligned with the program requirements for co-occurring capable services. The bulletin describes the characteristics providers must have to be co-occurring capable. It also describes the characteristics providers must have to be considered co-occurring enhanced, and includes staffing needed by outpatient and residential providers to meet the co-occurring enhanced requirements.</p> <p>Three hundred and thirty-three ASAM Alignment reviews were completed by the end of this DY. Providers meeting alignment criteria in both infrastructure and record review increased through the DY.</p>
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.a The schedule for completing and submitting monitoring reports		<p><u>DY7Q4 (July 1, 2024 through September 30, 2024)</u> The Commonwealth has requested an extension for the DY7Q4 report, as they are addressing inconsistencies in the metric data.</p>
13.1.3.b The content or completeness of submitted monitoring reports and/or future monitoring reports	X	
13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation.	X	

Prompts	State has no update to report (place an X)	State response
<p>13.1.5 Provide updates on the results of beneficiary satisfaction surveys, if conducted during the reporting year, including updates on grievances and appeals from beneficiaries, per 42 CFR § 431.428(a)5.</p>		<p>The number of grievances related to SUD (472) decreased in the last year relative to the previous year.</p> <p>The number of grievances related to behavioral health (1485) decreased in the last year relative to the previous year</p> <p>The percentage of behavioral health grievances related to SUD increased 15.06% in the last year relative to the previous year.</p> <p>The number of appeals related to SUD (134) increased in the last year relative to the previous year.</p> <p>The number of appeals related to behavioral health (375) decreased in the last year relative to the previous year</p> <p>The percentage of behavioral health appeals related to SUD increased 120.3% in the last year relative to the previous year.</p> <p>The number of SUD Appeals were for four primary reasons:</p> <ul style="list-style-type: none"> - There was 1 appeal for Inpatient Drug and Alcohol Withdrawal Management - There were 29 appeals for Inpatient Drug and Alcohol Rehabilitation - There were 103 appeals for non-hospital residential withdrawal management, rehabilitation, and half-way house services for drug/alcohol abuse or substance use disorders. - There was 1 appeal for residential treatment services for children and adolescents in a JCAHO facility. <p>Over time the number of appeals generally increased by quarter:</p> <ul style="list-style-type: none"> - Q4 of 2023 had 17 appeals - Q1 of 2024 had 28 appeals - Q2 of 2024 had 46 appeals - Q3 of 2024 had 43 appeals

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 monitoring report.		<p><u>DY7Q2 (January 1, 2024 through March 31, 2024)</u></p> <p>The Commonwealth facilitated the SUD Annual Post Award forum on March 8, 2024, and will provide questions and feedback from stakeholders. There were no questions or feedback from stakeholders that attended the SUD Annual Post Award forum.</p>

Prompts	State has no update to report (place an X)	State response
14. Notable state achievements and/or innovations		
14.1 Narrative information		
14.1.1 Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SUD (or if broader demonstration, then SUD related) demonstration or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries.		<p><u>DY7Q3 (April 1, 2024 through June 30, 2024)</u></p> <p>In June 2024, the Shapiro Administration and SUD treatment provider Gaudenzia unveiled Pennsylvania’s First Mobile Licensed Narcotic Treatment program. The DDAP-licensed mobile unit is first of its kind SUD treatment in Pennsylvania, breaking down barriers and expanding access to lifesaving treatment. “Driving Recovery for PA” aims to provide treatment to over 400 adults with an OUD and 200 family members over the first five years in service.</p>

*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.
The measure specification methodology used by CMS is different from NCQA’s methodology. NCQA has not validated the adjusted measure specifications but has granted CMS permission to adjust. A calculated measure result (a “rate”) from a HEDIS measure that has not been certified via NCQA’s Measure Certification Program, and is based on adjusted HEDIS specifications, may not be called a “HEDIS rate” until it is audited and designated reportable by an NCQA-Certified HEDIS Compliance Auditor. Until such time, such measure rates shall be designated or referred to as “Adjusted, Uncertified, Unaudited HEDIS rates.”