

## **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.*

Medicaid Section 1115 SUD Demonstrations Monitoring Report — Part B Version 5.0

[State name — *Pennsylvania*] [Demonstration name — *Medicaid Coverage for Former Foster Care Youth from a Different State and SUD Section 1115 Demo*]

<b>State</b>	<i>Pennsylvania</i>
<b>Demonstration name</b>	<i>Medicaid Coverage for Former Foster Care Youth from a Different State and SUD Section 1115 Demo</i>
<b>Approval period for section 1115 demonstration</b>	<i>Automatically populated with the current approval period for the section 1115 demonstration as listed in the current special terms and conditions (STC), including the start date and end date (10/01/2017 – 09/30/2027).</i>
<b>SUD demonstration start date<sup>a</sup></b>	<i>Automatically populated with the start date for the section 1115 SUD demonstration or SUD component if part of a broader demonstration (07/01/2018).</i>
<b>Implementation date of SUD demonstration, if different from SUD demonstration start date<sup>b</sup></b>	<i>Automatically populated with the SUD demonstration implementation date (MM/DD/YYYY).</i>
<b>SUD (or if broader demonstration, then SUD-related) demonstration goals and objectives</b>	<i>Automatically populated with the summary of the SUD (or if broader demonstration, then SUD-related) demonstration goals and objectives.</i>  <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>
<b>SUD demonstration year and quarter</b>	<i>Enter the SUD demonstration year and quarter associated with this monitoring report (e.g., SUD DY1Q3 monitoring report). This should align with the reporting schedule in the state’s approved monitoring protocol.</i> <i>SUD DY7Q3</i>
<b>Reporting period</b>	<i>Enter calendar dates for the current reporting period (i.e., for the quarter or year) (04/01/2024 – 06/30/2024). This should align with the reporting schedule in the state’s approved monitoring protocol.</i>

<sup>a</sup> **SUD demonstration start date:** For monitoring purposes, the Centers for Medicare & Medicaid Services (CMS) defines the start date of the demonstration as the *effective date* listed in the state’s STCs at the 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 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.

<sup>b</sup> **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.*

Milestone 2: The Commonwealth of Pennsylvania (Commonwealth) continues to support providers and behavioral health managed care organizations (BH-MCOs) in the transition to the American Society of Addiction Medicine (ASAM) Criteria 3rd Edition through the offering of training and technical assistance. As of June 30, 2024, 15,694 individuals have been trained in the ASAM Criteria through either a 2-day classroom training by Train for Change or on-demand modules through The Change Companies and ASAM.

Milestone 3: The Commonwealth also continued to complete infrastructure reviews, with 76 providers completing an initial infrastructure review for ASAM Level 2.5, and 30 providers completing an initial infrastructure review for ASAM Level 3.7. There were 62 ASAM alignment reviews completed on residential treatment facilities during this quarter.

Pennsylvania has completed a data quality analysis of the quarterly metrics and will be submitting data for October 2023 – December 2023 this quarter. The SUD metrics reported by Pennsylvania for October 2023 – December 2023 continued to decline. This could be related to the public health emergency unwinding process. Between May 2023 and December 2023, Pennsylvania Medicaid enrollment dropped by approximately 350,000:

- Metric #3: The number of Medicaid beneficiaries with a SUD diagnosis decreased this quarter (-.2%) continuing the trend across all Medicaid populations since May 2023.
- Metric #6: The number of Medicaid beneficiaries receiving SUD treatment decreased this quarter (-5.2%).
- Metric #7: The number of Medicaid beneficiaries receiving Early Intervention treatment decreased this quarter (-28.6%). Note: all utilization numbers remain small.
- Metric #8: The number of Medicaid beneficiaries receiving outpatient treatment decreased this quarter (-4.9%).
- Metric #9: The number of Medicaid beneficiaries receiving intensive outpatient SUD treatment decreased this quarter (-.4%).
- Metric #10: The number of Medicaid beneficiaries receiving residential or inpatient SUD treatment decreased this quarter (-6.3%).
- Metric #11: The number of Medicaid beneficiaries receiving withdrawal management treatment decreased this quarter (-11.5%).
- Metric #12: The number of Medicaid beneficiaries receiving medication-assisted treatment (MAT) decreased this quarter (-4.6%).
- Metric #23: The number of Medicaid beneficiaries with ED usage per 1,000 members decreased this quarter (-10.4%).

- Metric #24: The number of Medicaid beneficiaries with inpatient stays per 1,000 members decreased this quarter (-3.5%).

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

Prompt	State has no trends/updates 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% related to the assessment of need and qualification for SUD services.		<i>Metric #3                      Medicaid Beneficiaries with SUD Diagnosis (monthly)</i>	The State calculated the following changes that were more than a 2% change between DY7Q3 (July 1, 2023, through September 30, 2023) and DY7Q4 (October 1, 2023, through December 31, 2023).  Metric #3: The number of Medicaid beneficiaries with a SUD diagnosis decreased less than 2% this quarter (-.2%) continuing the trend across all Medicaid populations since May 2023. Only two subpopulations had changes of +/-2%: <ul style="list-style-type: none"> <li>• The number of Dual-Eligible Medicaid beneficiaries with a SUD diagnosis decreased this quarter (-2.2%). This decrease is believed to be related to the public health emergency unwinding.</li> <li>• The number of Medicaid beneficiaries ages 65 or older with a SUD diagnosis increased this quarter (2.9%). This appears to be a normal data fluctuation of a small population.</li> <li>• Consistent quarter-over-quarter decreases in the overall number of individuals with an SUD diagnosis and in individuals receiving any SUD treatment service appear to be related to the Medicaid unwinding during mid-to-late 2023 and early 2024.</li> </ul>
<b>1.2 Implementation update</b>			

Prompt	State has no trends/updates to report (place an X)	Related metric(s) (if any)	State response
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 the assessment of need and qualification for SUD services.			<p><b><u>DY7Q3 April 1, 2024, through June 30, 2024</u></b></p> <p>The departments are continuing efforts to transition the field to the ASAM Criteria 3rd Edition. The Pennsylvania Department of Drug and Alcohol Programs (DDAP) continues to hold monthly technical assistance webinars. Topics covered during this quarter included information from residential provider alignment reviews, the intersection of brain injury and SUDs, and clinical services versus 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 single county authorities or BH-MCOs.</p>

Prompt	State has no trends/updates to report (place an X)	Related metric(s) (if any)	State response
<b>2. Access to Critical Levels of Care for opioid use disorder (OUD) and other SUDs (Milestone 1)</b>			
<b>2.1 Metric trends</b>			

<p>2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2% 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>Metric #11: Withdrawal Management</p> <p>Metric #12: MAT</p> <p>Metric #22: Continuity of Pharmacotherapy for Opioid Use Disorder (OUD)</p>	<p>Metric #6: The number of Medicaid beneficiaries receiving SUD treatment decreased by more than 2% this quarter (-5.2%). All subpopulations had changes of +/-2% with most being decreases related to the public health emergency unwinding:</p> <ul style="list-style-type: none"> <li>• The number of Dual-Eligible Medicaid beneficiaries receiving SUD treatment decreased this quarter (-11.5%).</li> <li>• The number of Medicaid beneficiaries ages 65 or older receiving SUD treatment decreased this quarter (-5.8%).</li> <li>• The number of pregnant Medicaid beneficiaries receiving SUD treatment decreased this quarter (-3.4%).</li> </ul> <p>However, the rate of treatment in children rose this quarter:</p> <ul style="list-style-type: none"> <li>• The number of Medicaid beneficiaries aged 18 or younger receiving SUD treatment increased this quarter (+7.2%).</li> </ul> <p>There is no explanation for this decrease other than the regular fluctuations in the small populations.</p> <p>Metric #7: The number of Medicaid beneficiaries receiving Early Intervention treatment decreased by more than 2% this quarter (-28.6%). Note: All utilization numbers have remained small since July 2021 when underlying coding for Screening, Brief Intervention, and Referral to Treatment changed.</p> <ul style="list-style-type: none"> <li>• The number of Dual-Eligible Medicaid beneficiaries receiving Early Intervention decreased this quarter (-33.3%).</li> <li>• The number of Medicaid beneficiaries who were pregnant receiving Early Intervention decreased to 0 from 1 this quarter (-100%).</li> </ul> <p>There is no explanation for this decrease other than the regular fluctuations in the small populations.</p>
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		<p>(USC; NQF #3175)</p>	<p>No additional subpopulations had a change of +/-2%.</p> <p>Metric #8: The number of Medicaid beneficiaries receiving outpatient treatment decreased by more than 2% this quarter (-4.9%).</p> <ul style="list-style-type: none"> <li>• The number of Dual-Eligible Medicaid beneficiaries receiving outpatient treatment decreased this quarter (-11.7%).</li> <li>• The number of Medicaid beneficiaries ages 65 or older receiving outpatient treatment decreased this quarter (-6.3%).</li> <li>• The number of pregnant Medicaid beneficiaries receiving outpatient treatment decreased this quarter (-4.3%).</li> </ul> <p>The children’s subpopulation outpatient treatment increased more than +/-2% this quarter (+5.2%).</p> <p>Metric #9: The number of Medicaid beneficiaries receiving intensive outpatient SUD treatment decreased by less than 2% this quarter (-.4%).</p> <ul style="list-style-type: none"> <li>• The number of Dual-Eligible Medicaid beneficiaries receiving intensive outpatient SUD treatment decreased this quarter (-2.9%).</li> <li>• The number of Medicaid beneficiaries aged 18 or younger receiving intensive outpatient SUD treatment increased this quarter (8.6%).</li> <li>• The number of Medicaid beneficiaries ages 65 or older receiving intensive outpatient SUD treatment decreased this quarter (-15.9%).</li> <li>• The number of pregnant Medicaid beneficiaries receiving intensive outpatient SUD treatment increased this quarter (23.1%).</li> </ul> <p>The decreases were likely due to the public health emergency unwinding. The increase in children’s treatment is consistent with trends across other metrics. There is no explanation for these changes</p>
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			<p>other than the regular fluctuations in the small populations.</p> <p>Metric #10: The number of Medicaid beneficiaries receiving residential or inpatient SUD treatment decreased more than 2% this quarter (-6.3%).</p> <ul style="list-style-type: none"> <li>• The number of Dual-Eligible Medicaid beneficiaries receiving residential or inpatient SUD treatment decreased this quarter (-10.8%).</li> <li>• The number of Medicaid beneficiaries aged 18 or younger receiving residential or inpatient SUD treatment increased this quarter (28.8%).</li> <li>• The number of Medicaid beneficiaries ages 65 or older receiving residential or inpatient SUD treatment decreased this quarter (-3.4%).</li> <li>• The number of pregnant Medicaid beneficiaries receiving residential or inpatient SUD treatment increased this quarter (11.3%).</li> <li>• 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>.</li> </ul> <p>Metric #11: The number of Medicaid beneficiaries receiving withdrawal management treatment decreased more than 2% this quarter (-11.5%).</p> <ul style="list-style-type: none"> <li>• The number of Dual-Eligible Medicaid beneficiaries receiving withdrawal management treatment decreased this quarter (-8.5%).</li> <li>• The number of Medicaid beneficiaries ages 65 or older receiving withdrawal management treatment decreased this quarter (-10.8%).</li> </ul>
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Prompt	State has no trends/updates to report (place an X)	Related metric(s) (if any)	State response
			<ul style="list-style-type: none"> <li>• The number of pregnant Medicaid beneficiaries receiving withdrawal management treatment decreased this quarter (-8.1%). There is no explanation for these changes other than the regular fluctuations in the small populations. The children’s subpopulations had a change of less than +/-2%.</li> </ul> <p>Metric #12: The number of Medicaid beneficiaries receiving MAT treatment decreased by more than 2% this quarter (-4.6%).</p> <ul style="list-style-type: none"> <li>• The number of Dual-Eligible Medicaid beneficiaries receiving MAT treatment decreased this quarter (-26.2%).</li> <li>• The number of Medicaid beneficiaries over age 65 receiving MAT treatment decreased this quarter (-26.6%).</li> </ul> <p>The decreases were likely due to the public health emergency unwinding. There is no explanation for this decrease other than the regular fluctuations in the small populations. The children’s and pregnant subpopulations had changes of less than +/-2%.</p>
<p><b>2.2 Implementation update</b></p>			

<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.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, MAT, services in intensive residential and inpatient settings, medically supervised withdrawal management)</p>		<p><b><u>DY7Q3 (April 1, 2024, through June 30, 2024)</u></b>                  As of June 30, 2024, 15,694 individuals have been trained in the ASAM Criteria through either a 2-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 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><b>MAT 101: Introduction to Medication Assisted Treatment for Opioid Use Disorder:</b> This course is a 2-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><b>Motivational Interviewing: Advancing the Practice:</b> 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 8-month learning collaborative designed to affect change within the participant’s organization. Since its development, 159</p>
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		<p>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><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 its development in November 2021, 49 classes have been held and 1,298 students have been trained. Seven classes, 180 students trained from April 1, 2024 to June 30, 2024.</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, 34 classes have been held for 769 students. One class, 27 students trained from April 1, 2024 to June 30, 2024.</p> <p><b>Cognitive Behavioral Strategies (CBS for Treating Individuals with SUD):</b> 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 776 students have completed Level 1, and 67 students have completed Level 2. April 1, 2024 to June 30, 2024 — Level 1 module — 66 student completions, Levels 2 through 4 — 0 classes held for 0 students in this timeframe.</p> <p><b>ASAM Criteria — Understanding Risk Rating:</b> This short 1-hour online module helps learners understand The ASAM Criteria Risk Rating Severity Matrix and how to apply it. Launched in June 2020, there have been</p>
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Prompt	State has no trends/updates to report (place an X)	Related metric(s) (if any)	State response
			2,387 learner completions. 124 learners trained from April 1, 2024 to June 30, 2024.
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 MAT services provided to individual IMDs			<b><u>DY7Q3 April 1, 2024, through June 30, 2024</u></b> No changes. MOUD across the continuum is noted as a requirement within the Case Management and Clinical Services (CMCS) Manual for the single county authorities to provide access to MAT.
2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1.			<b><u>DY7Q3 (April 1, 2024, through June 30, 2024)</u></b> No Changes. DDAP continues to engage providers regarding the alignment of the ASAM Criteria 3rd edition, provide technical assistance, facilitate monthly technical assistance 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 Department of Human Services (DHS), and Mercer Government Human Services Consulting (Mercer), part of Mercer Health & Benefits LLC, to ensure consistency among the respective parties, before providing guidance on the inquiry.

Prompt	State has no trends/updates to report (place an X)	Related metric(s) (if any)	State response
<b>3. Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)</b>			
<b>3.1 Metric trends</b>			
3.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2% related to Milestone 2.	X	Metric #5 Metric #36	
<b>3.2. Implementation update</b>			
3.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes: 3.2.1.a Planned activities to improve providers’ use of evidence-based, SUD-specific placement criteria			<p><b><u>DY7Q3 (April 1, 2024, through June 30, 2024)</u></b>                      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 2-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 technical assistance webinars on various topics. Aligning of providers with the ASAM Criteria continues to move forward.</p>

Prompt	State has no trends/updates to report (place an X)	Related metric(s) (if any)	State response
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 the 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		

Prompt	State has no trends/updates to report (place an X)	Related metric(s) (if any)	State response
<b>4. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)</b>			
<b>4.1 Metric trends</b>			
4.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2% 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		
<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:  4.2.1.a Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards			<p><b><u>DY7Q3 (April 1, 2024, through June 30, 2024)</u></b>                      DDAP, DHS, and the BH-MCOs continue to collaborate with treatment providers in the ongoing alignment of the ASAM Criteria.</p> <p>76 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 contracted single county authorities or BH-MCOs.</p>
4.2.1.b Review process for residential treatment providers' compliance with qualifications			<p><b><u>DY7Q3 (April 1, 2024, through June 30, 2024)</u></b>                      The BH-MCOs and single county authorities 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>

Prompt	State has no trends/updates to report (place an X)	Related metric(s) (if any)	State response
4.2.1.c Availability of MAT at residential treatment facilities, either on-site or through facilitated access to services off-site			<b><u>DY7Q3 April 1, 2024, through June 30, 2024</u></b> 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.
4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3.			<b><u>DY7Q3 (April 1, 2024, through June 30, 2024)</u></b> No changes. DDAP continues to maintain an ASAM Transition webpage dedicated to information regarding the ASAM Criteria. In addition, DDAP continues to provide technical assistance to treatment providers, single county authorities, and BH-MCOs with questions regarding the criteria. Monthly technical assistance webinars are held to discuss various topics and are posted to the DDAP website. The audience for the webinars includes single county authorities, treatment providers, BH-MCOs, and case management staff.

Prompt	State has no trends/updates to report (place an X)	Related metric(s) (if any)	State response
<b>5. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)</b>			
<b>5.1 Metric trends</b>			
5.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2% related to Milestone 4.		Metric #13 Metric #14	
<b>5.2 Implementation update</b>			
5.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes: Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients across the continuum of SUD care.			<p><b><u>DY7Q3 (April 1, 2024, through June 30, 2024)</u></b>                      76 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 single county authorities 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 technical assistance call with members of DDAP’s Quality Improvement (QI) section staff.</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/updates to report (place an X)	Related metric(s) (if any)	State response
<b>6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)</b>			
<b>6.1 Metric trends</b>			
6.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2% related to Milestone 5.		Metric #18: Use of Opioids at High Dosage in Persons Without Cancer  Metric #21: Concurrent Use of Opioids and Benzodiazepine  Metric #23: Emergency Department (ED) Utilization for SUD per 1,000 Medicaid Beneficiaries  Metric #26  Metric #27	Metric #23: The number of Medicaid beneficiaries with ED usage per 1,000 members decreased more than 2% this quarter (-10.3%). <ul style="list-style-type: none"> <li>• The number of Medicaid beneficiaries aged 18 or younger with ED usage per 1,000 members decreased this quarter (-11.3%).</li> <li>• The number of Medicaid beneficiaries ages 65 or older with ED usage per 1,000 members decreased this quarter (-28.5%).</li> </ul> The Commonwealth experienced a slight decline in this metric from 2021 to the summer of 2023. However, in the summer of 2023, there was an overall increase that has decreased but has pushed the trend line to slightly increase in 2024. There is no explanation for this decrease other than the regular fluctuations in the small populations.
<b>6.2 Implementation update</b>			

Prompt	State has no trends/updates to report (place an X)	Related metric(s) (if any)	State response
6.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 6.2.1.a Implementation of opioid prescribing guidelines and other interventions related to the 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/updates to report (place an X)	Related metric(s) (if any)	State response
<b>7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)</b>			
<b>7.1 Metric trends</b>			
7.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2% related to Milestone 6.	X	Metric #15: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-AD)  Metric #17: Follow-up after ED  Metric #25: Readmissions Among Beneficiaries with SUD	
<b>7.2 Implementation update</b>			
7.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes: Implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports.	X		

Prompt	State has no trends/updates to report (place an X)	Related metric(s) (if any)	State response
7.2.2 The state expects to make other program changes that may affect metrics related to Milestone 6.	X		<b>DY7Q3 (April 1, 2024, through June 30, 2024)</b> 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 CMCS Manual, DDAP continues to emphasize case management and care coordination as part of an individual's SUD treatment.

<b>Prompt</b>	<b>State has no trends/updates to report (place an X)</b>	<b>Related metric(s) (if any)</b>	<b>State response</b>
<b>8. SUD health outpatient (health IT)</b>			
<b>8.1 Metric trends</b>			

<p>8.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2% related to its health IT metrics.</p>		<p>Q1. Prescription Drug Monitoring Program (PDMP) checking by provider types (prescribers, dispensers)</p> <p>S1. Opioid prescriptions submitted to the PDMP</p> <p>Q2. Single Sign-on (SSO) Connections live</p> <p>S2. PDMP Patient opioid dosage of greater than or equal to 90 morphine milligram equivalents (MME/D) threshold exceeded alerts generated</p> <p>S3. PDMP Multiple Provider Alerts generated</p>	<p>Q1. Number of PDMP inquiries has begun to increase again from the low of 1.3 million inquiries in September 2023. The monthly average was above 1.7 million for all months from October 2023-December 2023. Compared to last quarter, there was an overall increase of 16.4%.</p> <p>Q2. Number of SSOs through PDMP reached an all-time high this quarter of 114,992 in December 2023. Compared to last quarter, there was an overall increase of 2.2%.</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 452,000 down from 600,000. Compared to last quarter, there was a slight increase of .6%.</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> <p>S4. The number of emergency departments connected to the HIE remained at 136.</p>
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Prompt	State has no trends/updates to report (place an X)	Related metric(s) (if any)	State response
		Q3. Corrections Facilities onboarded to Automated Admission, Discharge, and Transfer (ADT) alerts  S4. EDs connected to ADT	
<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: 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		

Prompt	State has no trends/updates to report (place an X)	Related metric(s) (if any)	State response
8.2.1.d 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.e Other aspects of the state’s health IT implementation milestones	X		
8.2.1.f The timeline for achieving health IT implementation milestones			
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		
<b>9. Other SUD-related metrics</b>			
<b>9.1 Metric trends</b>			

<p>9.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2% related to other SUD-related metrics.</p>		<p>Metric #24: Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries</p> <p>Metric #32: Access to Preventive/ Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD</p>	<p>Metric #24: The number of Medicaid beneficiaries with inpatient stays per 1,000 members decreased more than 2% this quarter (-3.5%).</p> <ul style="list-style-type: none"> <li>• The number of Medicaid beneficiaries aged 18 or younger with inpatient stays per 1,000 members increased this quarter (36.4%).</li> <li>• The number of Medicaid beneficiaries ages 65 or older with inpatient stays per 1,000 members decreased this quarter (-10.6%).</li> </ul> <p>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 rates is related to nationwide increases in children’s SUD hospitalizations.</p> <ol style="list-style-type: none"> <li>1. We believe the increase in hospitalizations is due to efforts to educate communities on child/adolescent substance use.</li> <li>2. One BH-MCO has offered SBIRT trainings to mental health providers.</li> <li>3. One BH-MCO has created resource guides for families about substance use in youth.</li> <li>4. One BH-MCO has partnered with the SAP liaisons to create training for SAP professionals.</li> <li>5. One BH-MCO partnered with the UPMC Health Plan and pediatricians at Children’s Hospital to improve the SUD screening process and provide</li> </ol>
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Prompt	State has no trends/updates to report (place an X)	Related metric(s) (if any)	State response
			<p>referral resources once the screening confirmed the risk for SUD.</p> <p>6. Other potential variants:</p> <ul style="list-style-type: none"> <li>-Detention Centers and other non-hospital placements closed</li> <li>-Ongoing juvenile probation and CYF placement issues</li> <li>-Schools opened back up for in-person services</li> <li>-COVID-19 isolation created telehealth access to narcotic medications</li> </ul> <p>BH-MCOs are working with the SAP liaisons to help keep kids in the schools rather than a hospital, in partnership with pediatricians/Children's Hospital, there is a direct linkage to Western Psychiatric Institute's OP youth SUD program to divert to OP instead of hospitalization.</p>
<b>9.2 Implementation update</b>			
9.2.1 The state reports the following metric trends, including all changes (+ or -) greater than 2% related to other SUD-related metrics.	X		

**4. Narrative information on other reporting topics**

Prompts	State has no updates to report (place an X)	State response
<b>10. Budget neutrality</b>		
<b>10.1 Current status and analysis</b>		
10.1.1 If the SUD component is part of a broader demonstration, the state should provide an analysis of the SUD-related budget neutrality and an analysis of budget neutrality as a whole. Describe the current status of budget neutrality and an analysis of the budget neutrality to date.	X	
<b>10.2 Implementation update</b>		
10.2.1 The state expects to make other program changes that may affect budget neutrality.	X	

Prompts	State has no updates to report (place an X)	State response
<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 Monitoring Report Instructions for more details.	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: 11.2.1.a How the delivery system operates under the demonstration (e.g., through the managed care system or fee for service)		<u><b>DY7Q3 (April 1, 2024, through June 30, 2024)</b></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.
11.2.1.b Delivery models affecting demonstration participants (e.g., Accountable Care Organizations, Patient-Centered Medical Homes)	X	
11.2.1.c Partners involved in service delivery	X	

Prompts	State has no updates to report (place an X)	State response
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 updates to report (place an X)	State response
<b>12. SUD demonstration evaluation update</b>		
<b>12.1 Narrative information</b>		
12.1.1 Provide updates on SUD evaluation work and timeline. The appropriate content will depend on when this 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 updates to report (place an X)	State response
<b>13. Other SUD 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.	X	
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	X	
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	
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.	X	

Prompts	State has no updates to report (place an X)	State response
<b>13.2 Post-award public forum</b>		
13.2.2 If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicating any resulting action items or issues. A summary of the post-award public forum must be included here for the period during which the forum was held and in the annual monitoring report.	X	

Prompts	State has no updates to report (place an X)	State response
<b>14. Notable state achievements and/or innovations</b>		
<b>14.1 Narrative information</b>		
14.1.1 Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SUD (or if broader demonstration, then SUD-related) demonstration or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., the number of impacted beneficiaries.		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 a 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.

\*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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