

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

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

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

State	Pennsylvania
Demonstration name	Coverage for Former Foster Care Youth from a Different State and Substance Use Disorder (SUD) Demonstration
Approval period for section 1115 demonstration	10/01/2022–09/30/2027
SUD demonstration start date^a	10/1/2017
Implementation date of SUD demonstration, if different from SUD demonstration start date^b	07/01/2018
SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives	<p>Under this demonstration, the Commonwealth expects to achieve the following:</p> <p>Objective 1. Increase rates of identification, initiation, and engagement in treatment.</p> <p>Objective 2. Increase adherence to and retention in treatment.</p> <p>Objective 3. Reduce overdose deaths, particularly those due to opioids.</p> <p>Objective 4. Reduce use of emergency department and inpatient hospital settings for treatment, in which the utilization is preventable or medically inappropriate, through improved access to other continuum of care services.</p> <p>Objective 5. Have fewer readmissions to the same or higher level of care, in which the readmission is preventable or medically inappropriate.</p> <p>Objective 6. Improve access to care for physical health conditions among beneficiaries.</p>
SUD demonstration year and quarter	Demonstration Year 7 Quarter 1 (DY7Q1)

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

Reporting period	10/01/2023–12/31/2023
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^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 standard terms and conditions (STCs) at the time of SUD demonstration approval note that the SUD demonstration is effective 01/01/2020–12/31/2025, the State should consider January 1, 2020, to be the start date of the SUD demonstration. Note that the effective date is considered to be the first day the State may begin its SUD demonstration. In many cases, the effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example, CMS may approve an extension request on 12/15/2020, with an effective date of 1/1/2021, for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

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

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

2. Executive summary

Milestone 1: The Commonwealth continues to support the substance use provider field in transitioning to The ASAM Criteria 3rd Edition. The Department of Drug and Alcohol Programs (DDAP) continues providing monthly technical assistance webinars, in addition to trainings focusing on components of ASAM implementation.

Milestone 2: The Commonwealth has provided training to 15,274 individuals through December 31, 2023, in The ASAM Criteria through a partnership with The Change Companies and The American Society for Addiction Medicine. DDAP also offered training on treatment planning, evidence-based interventions, co-occurring conditions, risk ratings, and medication assisted treatment (MAT) that supported the provision of individualized, evidence-based treatment.

The DDAP also facilitated the following webinars:

- Medication Assisted Treatment 101: Introduction to Medication Assisted Treatment for Opioid Use Disorder
- Motivational Interviewing: Advancing the Practice
- Co-Occurring Conditions: Promising Practices and Approaches
- Treatment Planning with The ASAM Criteria
- Cognitive Behavioral Strategies (CBS) for Treating Individuals with Substance Use Disorder, Levels 1 and 2
- ASAM Criteria – Understanding Risk Rating

Milestone 3: DDAP, DHS, and the BHMCOs completed 109 ASAM alignment reviews for residential facilities during this quarter. 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.

This report includes updated quarterly and monthly metrics, DY5 annual metrics, and an updated S4 metric.

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			

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

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)	<p>(Monthly and quarterly metrics April 1, 2023 to June 30, 2023) Metric #3 beneficiaries with a SUD diagnosis had small decreases in overall growth quarter over quarter (-0.2%) and the Children under age 18 subpopulation also increased at least 2% quarter over quarter. The Dual Eligible population decreased more than 2% this quarter. 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.</p> <p>Metric #4: From DY3 to DY5, the number of individuals with an SUD diagnosis grew due to interventions under the demonstration from 239,770 to 255,063. The DY3-DY4 growth rate was 2% and the DY4-DY5 growth rate was 4.29%.</p>
		Metric #4: Medicaid Beneficiaries with SUD Diagnosis (annually)	
1.2 Implementation update			
1.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
1.2.1.i. The target population(s) of the demonstration			
1.2.1.ii. The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration	X		
1.2.2 The state expects to make other program changes that may affect metrics related to assessment of need and qualification for SUD services			<p><u>DY7Q1 (October 1, 2023 through December 31, 2023)</u></p> <p>The departments are continuing their efforts to transition the field to The ASAM Criteria 3rd Edition. DDAP continues to</p>

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

			<p>hold monthly technical assistance 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 single-county authorities or behavioral health-managed care organizations.</p>
<p>2. Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)</p>			
<p>2.1 Metric trends</p>			
<p>2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1</p>		<p>Metric #6: Any SUD Treatment</p> <p>Metric #7: Early Intervention</p> <p>Metric #8: Outpatient Services</p> <p>Metric #9: Intensive Outpatient and Partial</p>	<p>The Commonwealth calculated the following changes that were more than 2% between 12/31/22-3/31/23 for monthly metrics and between DY5 (7/1/2022 and 6/30/2023) and DY4 DY5 (7/1/2021 and 6/30/2022) for annual metrics.</p> <p>(Monthly and quarterly metrics April 1, 2023 to June 30, 2023) Metric #6 Any Treatment: Decreased by -1.4% with the Dual Eligible (-17.7%) and Older Adults 65+(-16.2%) all decreasing by more than 2%. Children under age 18 increased by 4% quarter over quarter. The utilization decline for Dual Eligibles and Older Adults appears to be related to the coinsurance reset spike for Medicare at the beginning of the year that declines the second quarter of the year once coinsurance limits are</p>

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

	<p>Hospitalization Services</p> <p>Metric #10: Residential and Inpatient Services</p> <p>Metric #11: Withdrawal Management</p> <p>Metric #12: Medication Assisted Treatment</p> <p>Metric #22: Continuity of Pharmacotherapy for Opioid Use Disorder</p>	<p>met. 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 April to June data then demonstrates substantial declines in utilization consistent with the data this quarter.</p> <p>Metric #7: the large changes seen in the percentages are due to the small utilization overall for this group of services, which causes even 1 or 2 additional individuals receiving SBIRT to result in large percentage changes from one quarter to the next.</p> <p>Metric #8: Metric #Outpatient Care: Decreased by - 3.0% with the Dual Eligible (-22.3%), and Older Adults 65+(-25.7%) all decreasing by more than 2%. Children under age 18 (4.9%) increased more than 2%. The utilization decline for Dual Eligibles and Older Adults appears to be related to the coinsurance reset spike for Medicare at the beginning of the year that declines the second quarter of the year once coinsurance limits are met. 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 April to June data then demonstrates substantial declines in utilization consistent with the data this quarter.</p> <p>Metric #9 intensive outpatient utilization increased 1.4% quarter over quarter. Dual Eligible (3.2%) and Older Adults age 65 (55.6%) subpopulations increased over 2% as well. This was due to continued outreach to new providers to provide ASAM 2.5 as a new level of care under the demonstration and continued the trend from the previous quarter. Children under age 18 (-11.8%) and Pregnant People (-4.0%) had intensive outpatient utilization that decreased more than 2% this quarter.</p>
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Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
 Pennsylvania Coverage for Former Foster Care Youth from a Different State and Substance Use Disorder (SUD) Demonstration

			<p>Metric #10 Residential and hospital stays increased 5.9% overall. Pregnant Persons (-6.2%) utilization decreased more than 2%. Children under age 18 (29.6%) increased utilization more than 2% in residential and hospital care this quarter. 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 Metric #24.</p> <p>Metric #11 Withdrawal Management had an overall decrease of -3.1% with the Dual eligible (-4.1%) and Older Adults age 65+(-25.5%), population having a decrease of greater than 2% quarter over quarter in Withdrawal Management. Pregnant People (10%) increased more than 2%. Children under the age of 18 had only 1 utilizer so the percentage change is not noted.</p> <p>Metric #12 MAT utilization increased 3.9% quarter over quarter with Children under age 18 (21.5%) and Pregnant People (5.6%) having an increase of greater than 2%. Dual Eligibles (-12.3%) and Older Adults age 65+ (-8.8%) having declines of greater than 2%. The Commonwealth expected this metric to decrease for the Dual Eligible and Older Adult populations due to more Medicare coverage following the coinsurance reset period.</p>
<p>2.2 Implementation update</p>			
<p>2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:</p>			<p><u>DY7Q1 (October 1, 2023 through December 31, 2023)</u> As of December 31st, 2023, 15,274 individuals have been trained in The ASAM Criteria through either a 2-day</p>

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

<p>2.2.1.i. Planned activities to improve access to SUD treatment services across the continuum of care for Medicaid beneficiaries (e.g. outpatient services, intensive outpatient services, medication-assisted treatment, services in residential and inpatient settings, medically supervised withdrawal management)</p>		<p>classroom training by Train for Change or on-demand modules through The Change Companies and The American Society of Addiction Medicine.</p> <p>Throughout the reporting period, DDAP offered additional trainings to the field in the areas of Cognitive Behavioral Strategies for Individuals with SUD, Motivational Interviewing: Advancing the Practice, Co-Occurring Conditions: Promising Practices and Approaches, Treatment Planning with The ASAM Criteria, ASAM Criteria Risk Rating, and an online module for MAT 101. The trainings assist with the ASAM alignment by providing information on individualized care, evidence-based practices, and motivational strategies while increasing the knowledge of the SUD workforce. Since inception of these courses, approximately 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 trained from 10/1 to 12/31.</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</p>
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		<p>have been held for 2,972 students in either a live classroom or virtual setting. 11 classes, 227 students trained from 10/1 to 12/31.</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, 37 classes have been held, and 985 students have been trained. 6 classes, 140 students trained from 10/1 to 12/31.</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, 32 students trained from 10/1 to 12/31.</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. 10/1 to 12/31 – Level 1 module – 58 Student completions, Level 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</p>
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Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
 Pennsylvania Coverage for Former Foster Care Youth from a Different State and Substance Use Disorder (SUD) Demonstration

			apply it. Launched in June 2020, there are 2,122 learner completions. 119 learners trained from 10/1 to 12/31.
2.2.1.ii. SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential treatment, medically supervised withdrawal management, and medication-assisted treatment services provided to individual IMDs	X		
2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1			<u>DY7Q1 (October 1, 2023, through December 31, 2023)</u> DDAP continues to engage providers regarding the alignment of The ASAM Criteria 3 rd edition, providing technical assistance, facilitating monthly technical assistance (TA) calls for various ASAM-related topics, posting information to the DDAP website, and responding to inquiries that come to the ASAM Resource Account. 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.
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	The Commonwealth calculated the following changes that were more than 2% between DY5 (7/1/2022–6/30/2023) and DY4 DY5 (7/1/2021–6/30/2022) for annual metrics: Metric #5: From DY3 to DY5, the number of individuals in IMDs decreased from 38,976 to 37,522. The DY3-DY4 decline was -3.6% and the DY4-DY5 decline was 0.14%. This reflects increased utilization

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

			<p>management of IMD admissions by the behavioral health MCOs.</p> <p>Metric #36: The average length of stay for IMDs has increased from DY3-DY5 from 6.63 days to 686 days. These increases are less than 2% a year.</p>
3.2. Implementation update			
<p>3.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <p>3.2.1.i. Planned activities to improve providers’ use of evidence-based, SUD-specific placement criteria</p>			<p><u>DY7Q1 (October 1, 2023, through December 31, 2023)</u> During this reporting period of Oct 1–Dec 31 2023, there have been 371 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 American Society of Addiction Medicine.</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 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.ii. Implementation of a utilization management approach to ensure (a) beneficiaries have access to SUD services at the appropriate level of care, (b) interventions are appropriate for the diagnosis and</p>	X		

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

level of care, or (c) use of independent process for reviewing placement in residential treatment settings			
3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2	X		
4. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)			
4.1 Metric trends			
4.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3 <i>Note: There are no CMS-provided metrics related to Milestone 3. If the state did not identify any metrics for reporting this milestone, the state should indicate it has no update to report.</i>	X		
4.2 Implementation update			
4.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
4.2.1.i. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards			<p><u>DY7Q1 (October 1, 2023, through December 31, 2023)</u> DDAP, DHS, and the BHMCOs continue to collaborate ongoing alignment of treatment providers with The ASAM Criteria.</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. DDAP has provided initial alignment approval for 75 level 2.5 and 21 level 3.7</p>

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

			providers that have participated in an initial alignment review with DDAP.
4.2.1.ii.	Review process for residential treatment providers' compliance with qualifications.		<u>DY7Q1 (October 1, 2023 through December 31, 2023)</u> The Commonwealth completed 109 ASAM alignment reviews on substance use residential providers. They continue to collaborate with BMHCOs on edits and modifications to the alignment tool to ensure consistency across reviewers.
4.2.1.iii.	Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site		<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, 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 BHMCOs 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		<u>DY7Q1 (October 1, 2023 through December 31, 2023)</u> 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, SCAs, and BHMCOs questions regarding the criteria.
5. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)			

5.1 Metric trends			
<p>5.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4</p>		<p>Metric #13: SUD Provider Availability</p> <p>Metric #14: SUD Provider Availability – MAT</p>	<p>The Commonwealth calculated the following changes that were more than 2% between DY5 (7/1/2022–6/30/2023) and DY4 DY5 (7/1/2021–6/30/2022) for annual metrics.</p> <p>Metric #13: The Commonwealth changed its methodology for the calculation of Metric #13 to rely on the number of providers providing SUD services in Metric #6. From DY3-DY5, the number of providers providing SUD services increased from 13,245 – 14,298. This reflects efforts under the demonstration to increase access to SUD services. The DY3-DY4 growth rate was 4.49% and the DY4-DY5 growth rate was 3.31%.</p> <p>Metric #14: On January 12, 2023, the SAMHSA and DEA removed the X-waiver which was a provision of the Consolidated Appropriations Act, 2023. As a result, the Commonwealth began utilizing the providers providing the services counted under Metric #12, who provide buprenorphine and/or methadone for OUD for identifying providers that should be counted in Metric #14. Pennsylvania has added a step to its method to exclude providers who do not provide methadone or buprenorphine from the Metric #14 count. From DY3-DY5, the number of providers providing MAT for OUD services decreased from 2,959 to 2,931. The DY3-DY4 decline was -0.78% and the DY4-DY5 decline was -0.17%.</p> <ul style="list-style-type: none"> The Commonwealth had 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-

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

			<p>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.</p>
5.2 Implementation update			
5.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care			<p><u>DY7Q1 (October 1, 2023 through December 31, 2023)</u></p> <p>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 Quality Improvement 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		
6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			
6.1 Metric trends			
6.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5		Metric #23: ED Utilization for SUD per 1,000 Medicaid Beneficiaries	Metric #23 (Monthly and quarterly metrics April 1, 2023 to June 30, 2023) the number of Emergency Department visits per 1,000 increased 29.5% this quarter over the previous quarter with Children under

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

		Metric #27 Overdose Deaths (rate)	<p>age 18 (45%) and Older Adults (41.9%) having increases of greater than 2% respectively. 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 #27: The rate of overdose deaths in Pennsylvania increased from CY2021 to CY2022 from 0.53 to 0.55. The DY4-DY5 increase was 3.8%</p>
6.2 Implementation update			
6.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
6.2.1.i. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD			
6.2.1.ii. Expansion of coverage for and access to naloxone	X		
6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5	X		
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 #25: Readmissions Among	<p>Metric #25: The Commonwealth has revisited this metric and from DY3-DY5, the rate of readmissions per 1,000 members, declined from .11 to .10. The number of readmissions fell from 3,057 to 2,718 (i.e., the numerator) and the number of hospitalizations fell from 28,917 to</p>

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

		Beneficiaries with SUD	27,531 (i.e., the denominator). The DY3-DY4 decline was -5.45% and the DY4-DY5 decline was -1.23%. This reflects the interventions under the Demonstration to improve readmission rates and to decrease hospitalizations for all ages.
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			<u>DY7Q1 October 1 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 3 rd 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.
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	Q1 - the number of PDMP queries reported by the PDMP continues to decline since March 2021. S1 – The number of opioid prescriptions submitted to the PDMP continues to decline since the inception of the demonstration.

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

		<p>Q2. SSO Connections live.</p> <p>S2. PDMP MME/D threshold exceeded alerts generated</p> <p>S3. PDMP Multiple Provider Alerts generated</p> <p>Q3. Corrections Facilities onboarded to ADT</p> <p>S4. EDs connected to ADT</p>	<p>Q2 – The number of single sign-on connections (SSOs) live has continued to increase since the implementation of the new PDMP system (winter 2022) which defined SSOs differently.</p> <p>S2 – The number of PDMP MME/D threshold exceeded alerts generated continues to decrease.</p> <p>S3 – The number of PDMP clinical alerts for multiple providers has continued to decrease over time.</p> <p>Q3 – The number of corrections facilities onboarded remains constant.</p> <p>S4 – April 1, 2023 – June 30, 2023 S4 The number of emergency departments connected to the HIE grew from 130 to 135.</p>
8.2 Implementation update			
8.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
8.2.1.i. How health IT is being used to slow down the rate of growth of individuals identified with SUD			
8.2.1.ii. How health IT is being used to treat effectively individuals identified with SUD	X		
8.2.1.iii. How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD	X		
8.2.1.iv. Other aspects of the state’s plan to develop the health IT infrastructure/capabilities at the state,	X		

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

	delivery system, health plan/MCO, and individual provider levels			
8.2.1.v.	Other aspects of the state’s health IT implementation milestones	X		
8.2.1.vi.	The timeline for achieving health IT implementation milestones	X		
8.2.1.vii.	Planned activities to increase use and functionality of the state’s prescription drug monitoring program	X		
8.2.2	The state expects to make other program changes that may affect metrics related to health IT	X		
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		<p>Metric #24: Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries</p> <p>Metric #26: Drug Overdose Deaths (count)</p>	<p>(Monthly and quarterly metrics April 1, 2023 to June 30, 2023) for Metric #24, there was an overall increase of 3.8% in inpatient stays per 1,000. There was an increase of 38.2% in children's hospitalizations per 1,000 quarter over quarter and a 1.7% increase in hospitalizations for Older Adults age 65+. There has been an overall increase in residential and inpatient utilization since January 2022 with month-to-month data fluctuations. The increases in children’s hospitalizations have been large since 2021. Part of the overall increase in children’s hospitalization rates is related to nationwide increases in children’s SUD hospitalizations. The Commonwealth has initiated conversations with its behavioral health managed care organizations to identify the causes of this uptick in children’s SUD hospitalizations and address the underlying causes.</p>

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

			For Metric #26 : The number of overdose deaths in Pennsylvania increased from CY2021 to CY2022 from 5,223 to 5,520 The DY4-DY5 increase was 5.7%.
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	

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

11. SUD-related demonstration operations and policy		
11.1 Considerations		
11.1.1 The state should highlight significant SUD (or if broader demonstration, then SUD-related) demonstration operations or policy considerations that could positively or negatively affect beneficiary enrollment, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the SUD demonstration’s approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail.	X	
11.2 Implementation update		
11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:		
11.2.1.i. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)	X	
11.2.1.ii. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)	X	
11.2.1.iii. Partners involved in service delivery	X	
11.2.2 The state experienced challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers) and/or noted any performance issues with contracted entities	X	

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

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	
12. SUD demonstration evaluation update		
12.1 Narrative information		
12.1.1 Provide updates on SUD evaluation work and timeline. The appropriate content will depend on when this report is due to CMS and the timing for the demonstration. There are specific requirements per Code of Federal Regulations (CFR) for annual reports. See report template instructions for more details.		
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	
13. Other demonstration reporting		
13.1 General reporting requirements		
13.1.1 The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol	X	

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

13.1.2 The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes	X	
13.1.3 Compared to the demonstration design and operational details, the state expects to make the following changes to: 13.1.3.i. The schedule for completing and submitting monitoring reports	X	
13.1.3.ii. The content or completeness of submitted reports and/or future reports	X	
13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation	X	
13.2 Post-award public forum		
13.2.2 If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicating any resulting action items or issues. A summary of the post-award public forum must be included here for the period during which the forum was held and in the annual report.	X	
14. Notable state achievements and/or innovations		
14.1 Narrative information		
14.1.1 Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SUD (or if broader demonstration, then SUD related) demonstration or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should	X	

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

focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries.		
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*The state should remove all example text from the table prior to submission.

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

Measures IET-AD, FUA-AD, FUM-AD, and AAP [Metrics #15, 17(1), 17(2), and 32] are Healthcare Effectiveness Data and Information Set (HEDIS®) measures that are owned and copyrighted by the National Committee for Quality Assurance (NCQA). HEDIS measures and specifications are not clinical guidelines, do not establish a standard of medical care, and have not been tested for all potential applications. The measures and specifications are provided “as is” without warranty of any kind. NCQA makes no representations, warranties, or endorsements about the quality of any product, test, or protocol identified as numerator compliant or otherwise identified as meeting the requirements of a HEDIS measure or specification. NCQA makes no representations, warranties, or endorsements 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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