1115 SUD Annual Post Award Forum

February 16, 2021

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Overview of the Demonstration: Approved July 1, 2018

- Inpatient stays and Residential SUD treatment in institutions for mental disease (IMDs) continue to be available for all Pennsylvania Health Choices members.
- Alignment with American Society of Addiction Medicine (ASAM), which is an evidence-based, SUD-specific patient placement criteria and includes guidelines for admission as well as interventions at each level of care.
- Use of nationally recognized, evidence-based SUD program standards to set residential treatment provider qualifications.
- Sufficient provider capacity at critical ASAM levels of care, including for medication-assisted treatment for OUD.
- Implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD, including opioid prescribing guidelines, expanded access to naloxone for overdose reversal, and implementation of strategies to increase utilization and improve functionality of prescription drug monitoring programs.
- Improved care coordination and transitions between levels of care to ensure residential and inpatient facilities link beneficiaries, especially those with OUD, with community-based services and supports following stays in these facilities.

CMS Administrative Activity

- Implementation Plan – Approved July 1, 2018
- Health Information Technology Plan – Approved July 1, 2018
- Monitoring Protocol – Approved December 15, 2020
- Evaluation Design – Approved May 22, 2020
- Quarterly and Annual Reports
  - 8 quarterly reports and 2 annual reports have been submitted to CMS
  - Reports can be accessed at: www.Medicaid.gov/Medicaid/section-1115-demo/demonstration-and-waiver-list/83081
  - https://www.dhs.pa.gov/Services/Mental-Health-In-PA/Pages/Section-1115-Public-Forum.aspx
- Previous Post Award Forum – Held April 23, 2019

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Milestone 1: CMS Requirements

- Access to critical levels of care for OUD and other SUDs, including coverage of:
  - Outpatient (including early intervention)
  - Intensive outpatient services
  - Medication-assisted treatment (medications, counseling, and other services with sufficient provider capacity to meet needs of Medicaid beneficiaries in the state)
  - Intensive levels of care in residential and inpatient settings
  - Medically supervised withdrawal management

Commonwealth Activities to support Milestone 1

- During 2020, the Commonwealth publicized new service delivery descriptions and expectations:
  - ASAM service descriptions and delivery standards including admission, continuing stay and discharge criteria, the types of services, hours of clinical care, credentials of staff, and implementation of requirements for each LOC.
  - Changes were communicated through in-person discussions, listserv communications, web postings, etc.
  - DHS is working to ensure that the Medicaid coding is consistent with any needed changes.
  - Pennsylvania has over 900 providers involved in this transition.

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More Activities to support Milestone 1

- Oversight of provider transition to aligned ASAM service definitions.
  - The Commonwealth has completed an impact analysis of challenges with the alignment of the system of care (services, hours, staff credentials, etc.) with ASAM criteria.
  - The alignment will affect partial hospitalization, medication assisted treatment, withdrawal management, and residential levels of care (ASAM 3.5 and ASAM 3.7).
- Contractual changes:
  - The Commonwealth is making the ASAM alignment transition through contractual changes.
  - DDAP/DHS expects requirements to be fully aligned with ASAM service delivery in 2021.
  - Provider compliance with the fully aligned ASAM continuum is expected by July 2022.

Required Metrics

Goal	Required Metrics (note: omitted numbers are not required or calculated by the Commonwealth)
Assessment of need and qualification for SUD treatment service	3. Medicaid Beneficiaries with SUD Diagnosis (monthly) – Required 4. Medicaid Beneficiaries with SUD Diagnosis (annually) – Required 5. Medicaid Beneficiaries Treated in an IMD for SUD – Required
Milestone 1: Access to critical levels of care for OUD and other SUDs	6. Number of beneficiaries enrolled in the measurement period receiving any SUD treatment service, facility claim, or pharmacy claim during the measurement period – Required 7. Number of beneficiaries who used early intervention services (such as procedure codes associated with SBIRT) – Required 8. Outpatient Services – Required 9. Intensive Outpatient and Partial Hospitalization Services – Required 10. Residential and Inpatient Services – Required 11. Withdrawal Management – Required 12. Medication-Assisted Treatment – Required 36. Average Length of Stay in IMDs – Required

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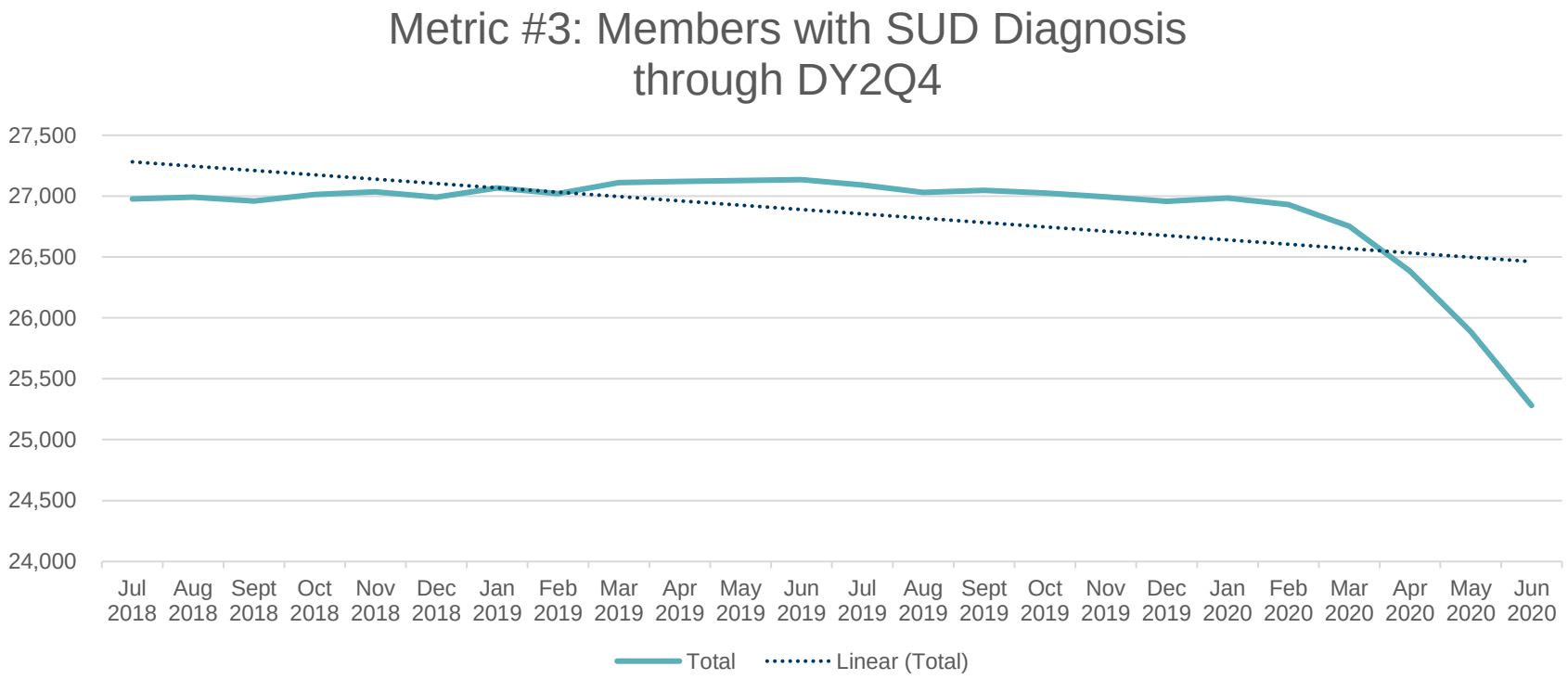
Metric #3. Medicaid Beneficiaries with SUD Diagnosis

- The number of Medicaid beneficiaries with a SUD diagnosis was stable during the demonstration until the pandemic began.



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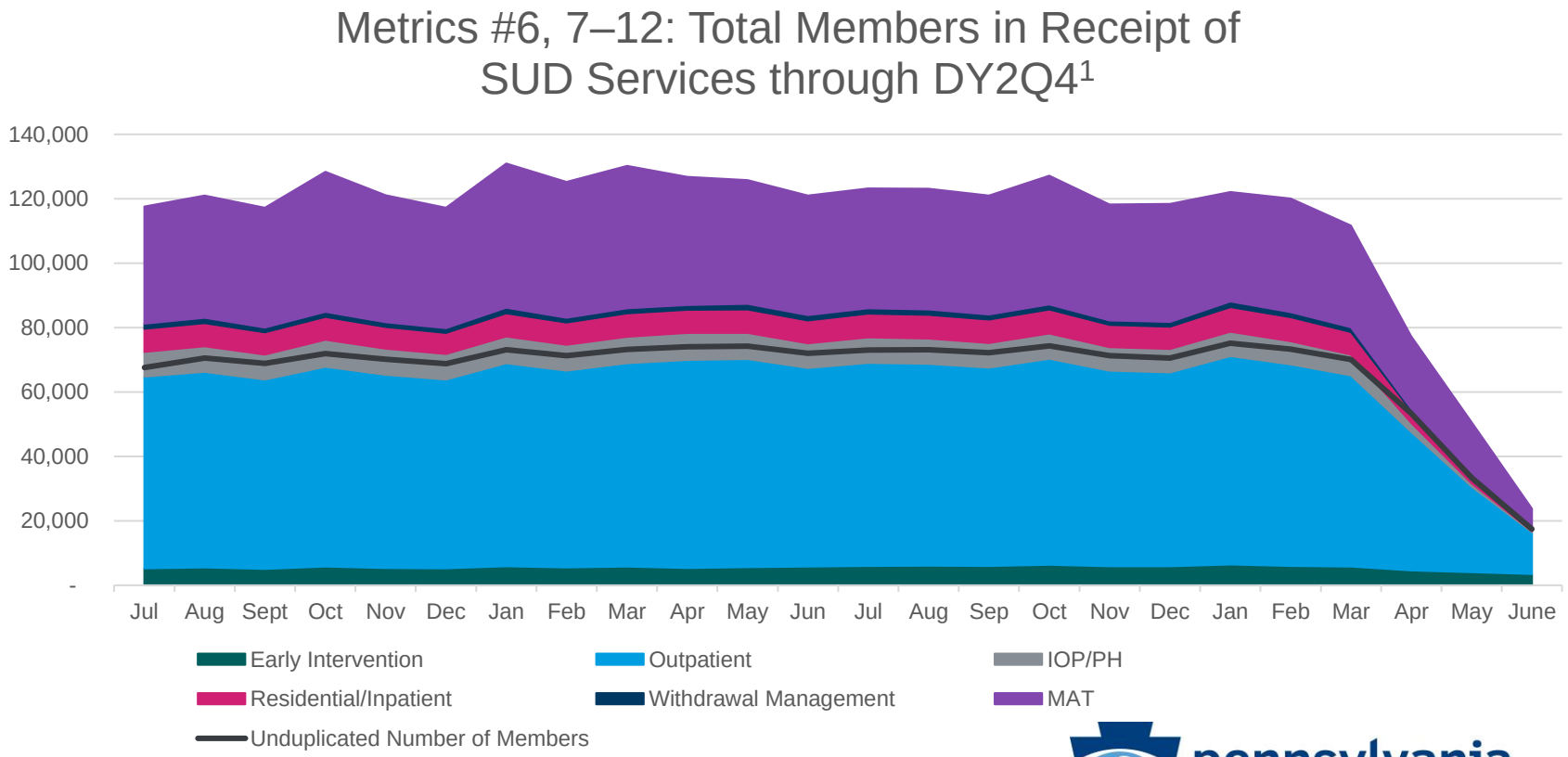
Metric #6. Beneficiaries receiving any SUD service

- The number of unduplicated Medicaid beneficiaries receiving any SUD service was generally constant until the pandemic began.



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Milestone 2: CMS Requirements

- Use of evidence-based, SUD-specific patient placement criteria.
  - Implementation of requirement that providers assess treatment needs based on SUD-specific, multidimensional assessment tools, such as the ASAM criteria or other patient placement assessment tools, that reflect evidence-based clinical treatment guidelines.
  - Implementation of a utilization management approach, such that a) beneficiaries have access to SUD services at the appropriate level of care, b) interventions are appropriate for the diagnosis and level of care, and c) there is an independent process for reviewing placement in residential treatment settings.

Commonwealth Activities to support Milestone 2

- Pennsylvania has trained nearly 9,800 Pennsylvania professionals in the use of *The ASAM Criteria, 2013* via 2-day, in person training events. On-line training began January 1, 2020.
- OMHSAS requires primary contractors and BH-MCOs to utilize ASAM for utilization review.
- Providers are utilizing ASAM Criteria for admission determinations of LOC, but because the service definitions are not yet fully aligned, the service delivery is not fully aligned with ASAM.

Milestone 3: CMS Requirements

- Use of nationally recognized, evidence-based SUD program standards to set residential treatment provider qualifications.
  - Implementation of residential treatment provider qualifications in licensure requirements, policy manuals, managed care contracts, or other guidance. Qualification should meet program standards in the ASAM criteria, or other nationally recognized, evidence-based SUD-specific program standards regarding, in particular, the types of services, hours of clinical care, and credentials of staff for residential treatment settings.
  - Implementation of state process for reviewing residential treatment providers to ensure compliance with these standards.
  - Requirement that residential treatment facilities offer MAT on site or facilitate access off site.

Commonwealth Activities to support Milestone 3

- Residential Standards
  - The Commonwealth has faced challenges implementing residential provider alignment with ASAM because of the number of providers affected, the number of changes required for ASAM alignment, and the timing of the changes.
  - Providers have expressed concerns about staffing/client ratios and credentialing, rates, and costs.
  - Preliminary designations for residential services were issued based on provider reported staffing. Staffing alone does not assure that the services described by the criteria are being delivered.
  - ASAM 3.7: This newly updated LOC will increase staffing hours and provide challenges to providers.

More Activities to support Milestone 3

- Monitoring Activities
  - DHS and DDAP are working to ensure that a cohesive provider monitoring program is in place.
  - OMHSAS is analyzing its options for ensuring that the 16 identified Medicaid only providers who do not have contracts with the Single County Authorities (SCAs) will comply with ASAM requirements.
- Access to Medication Assisted Treatment (MAT)
  - Providers are required to comply with the MAT accessibility requirement, but there remains some degree of stigma regarding MAT and philosophical barriers with providers.
  - The Commonwealth is trying to address this via education, awareness campaigns, etc.

Milestone 4: CMS Requirements

- Sufficient provider capacity at critical levels of care, including for medication assisted treatment for OUD.
  - Completion of assessment of the availability of providers enrolled in Medicaid and accepting new patients in the critical levels of care throughout the state (or at least in participating regions of the state), including those that offer MAT.

Commonwealth Activities to Address Milestone 4

- Capacity monitoring is anticipated to be embedded in the provider monitoring effort.
- With the alignment of provider standards to ASAM, DDAP, and OMHSAS believe:
  - There will be sufficient OP and IOP capacity.
  - ASAM 3.5 should have sufficient access.
  - ASAM 3.7 capacity is undetermined because this LOC is also undergoing major changes from the previous definitions.
  - The WM roll out has not started yet so there may be some capacity issues. This is an area where there may be a fair amount of work to do to build capacity.

Metrics

Goal	
Milestone 4: Sufficient provider capacity at critical levels of care, including medication-assisted treatment for OUD	13. SUD Provider Availability – Required 14. SUD Provider Availability MAT – Required

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Milestone 5: CMS Requirements

- Implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD, including:
  - Implementation of opioid prescribing guidelines, along with other interventions, to prevent opioid abuse.
  - Expanded coverage of, and access to, Naloxone for overdose reversal.
  - Implementation of strategies to increase utilization and improve functionality of prescription drug monitoring programs.

Commonwealth Activities under Milestone 5

- On October 28, 2019, Governor Wolf announced that health care providers prescribing controlled substances are required to do so electronically, unless they meet certain exceptions.
- Act 96 requires the electronic prescribing of controlled substances, which is a deterrent against prescription fraud.
- Since 2016, Pennsylvania has had a standing Naloxone order that allows any Pennsylvanian to obtain the medication.

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Metrics

Goal	
Milestone 5: Implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD	15. Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment – Required 18. Use of Opioids at High Dosage in Persons Without Cancer – Required 19. Use of Opioids from Multiple Providers in Persons Without Cancer – Recommended 20. Use of Opioids at High Dosage and from Multiple Providers in Persons Without Cancer – Recommended 21. Concurrent Use of Opioids and Benzodiazepines – Required 22. Continuity of Pharmacotherapy for Opioid Use Disorder – Required Additional state-designated metrics for HIT are required for PDMP and HIT connectivity.

The Commonwealth plans to complete programming of metrics 15, 18, 21, and 22 prior to the DY3Q1 report.

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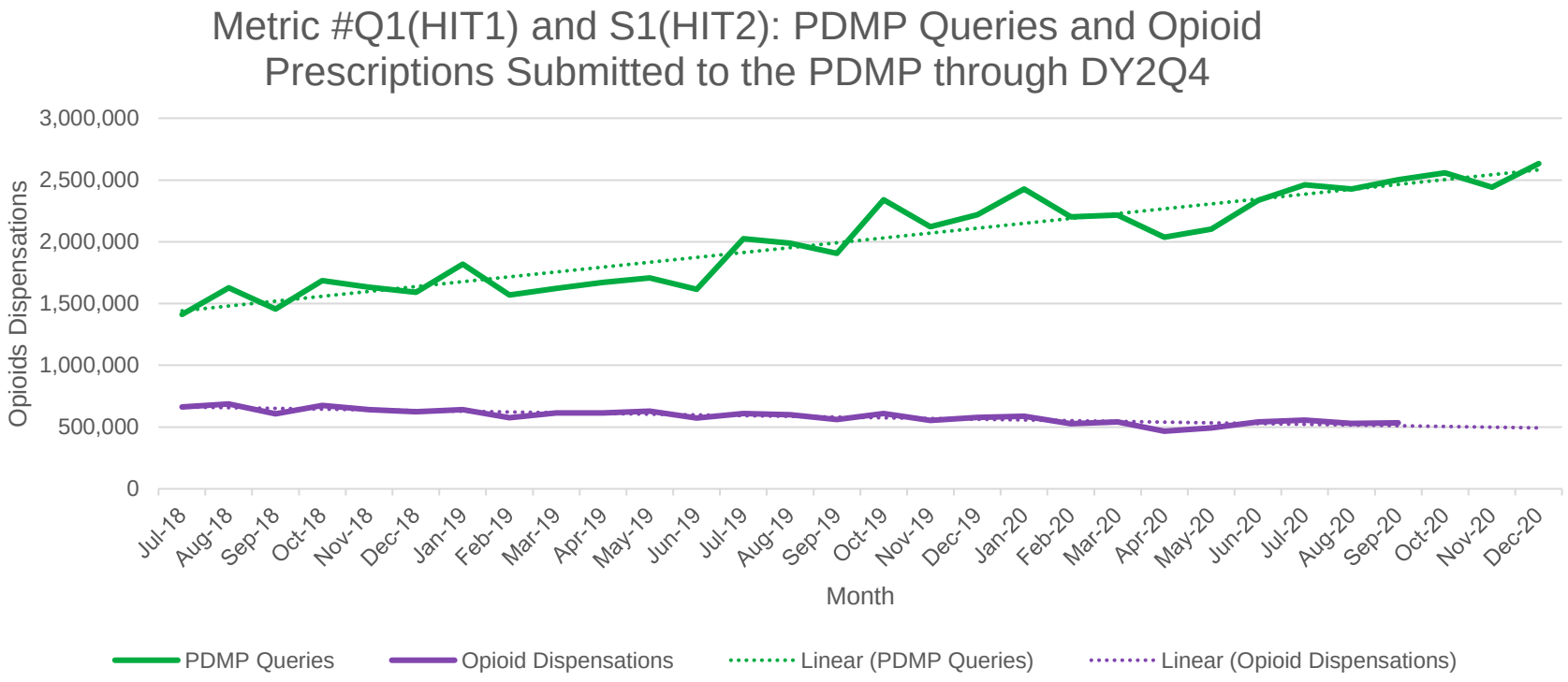
PDMP queries have increased as Opioids decreased

- The number of prescription drug monitoring program queries has increased since the inception of the demonstration; the number of opioid prescriptions dispensed have decreased.



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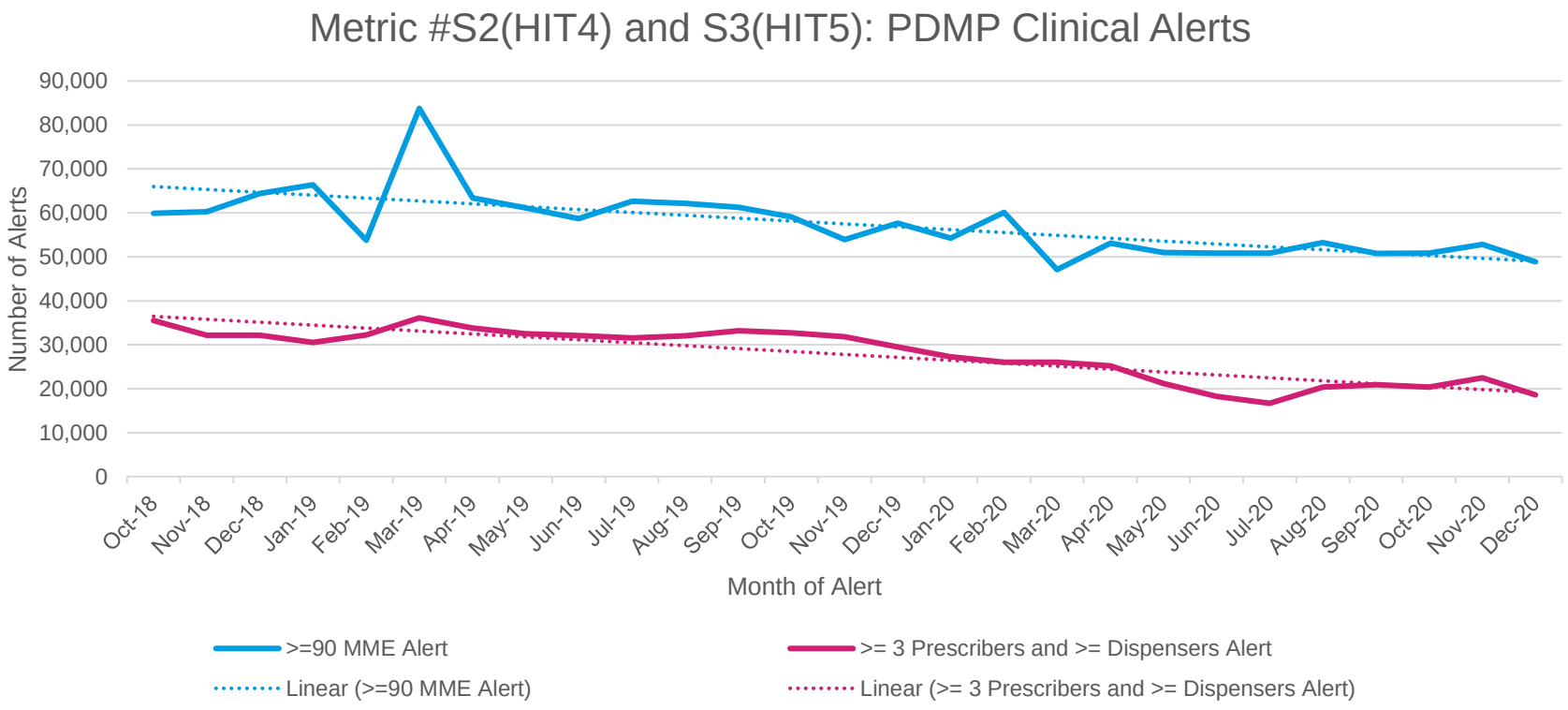
PDMP clinical alerts have decreased

- Since the inception of PDMP clinical alerts in October 2018, the number of multiple prescriber and dispenser alerts and the number of high dosage alerts have decreased.



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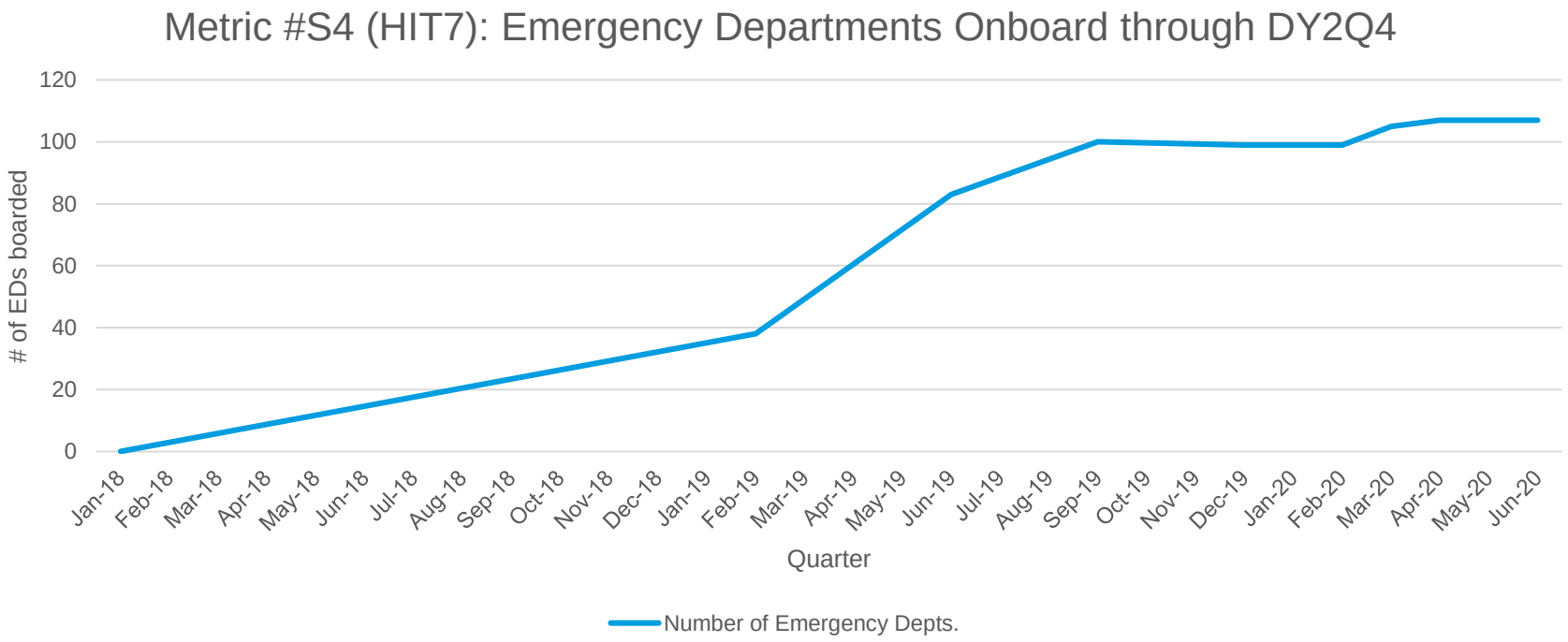
Emergency Departments Onboarded with HIE

- The number of emergency departments that have been onboarded with the health information exchanges have increased over the life of the Demonstration.



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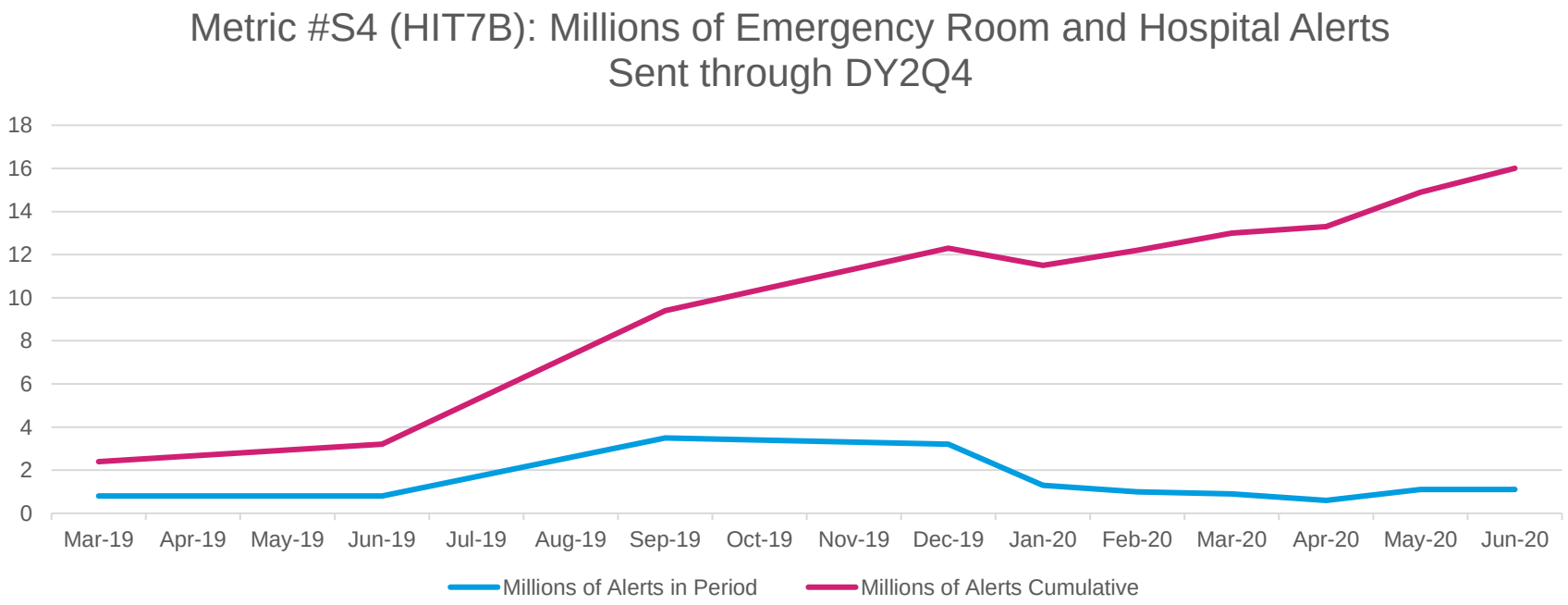
Number of Emergency Room and Hospital Alerts

- The cumulative number of emergency room and hospital opioid prescription alerts have increased over the life of the demonstration.



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Health Information Technology Advances

- Information technology is increasing the number of providers registered and using the Pennsylvania Prescription Drug Monitoring Program (PDMP).
- The number of opioid prescriptions dispensed is dropping slightly.
- The number of PDMP alerts for high dosage and multi prescribers/dispensers is dropping slightly.
- Information technology is being used to better integrate corrections facilities, emergency departments, and inpatient hospitals with the health information exchange (HIE) and PDMP, leading to an increase in the number of cumulative alerts sent over time.

Milestone 6: CMS Requirements

- Improved care coordination and transitions between levels of care.

  - Implementation of policies to ensure residential and inpatient facilities link beneficiaries, especially those with OUD, with community-based services and supports following stays in these facilities.

Activities under Milestone 6

- Licensure regulations within the Commonwealth require linkage/referral to services as necessary.
- The ASAM alignment will emphasize the required provider standards for transition between LOCs.

Metrics

Goal	
Milestone 6: Improved care coordination and transitions between levels of care	17. Follow-up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence – Required

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Metrics

Goal	
Other SUD-related metrics	23. Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries – Required 24. Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries – Required 25. Readmissions Among Beneficiaries with SUD – Required 26. Overdose Deaths (count) – Required 27. Overdose Deaths (rate) – Required 32. Access to Preventive/ Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD – Required

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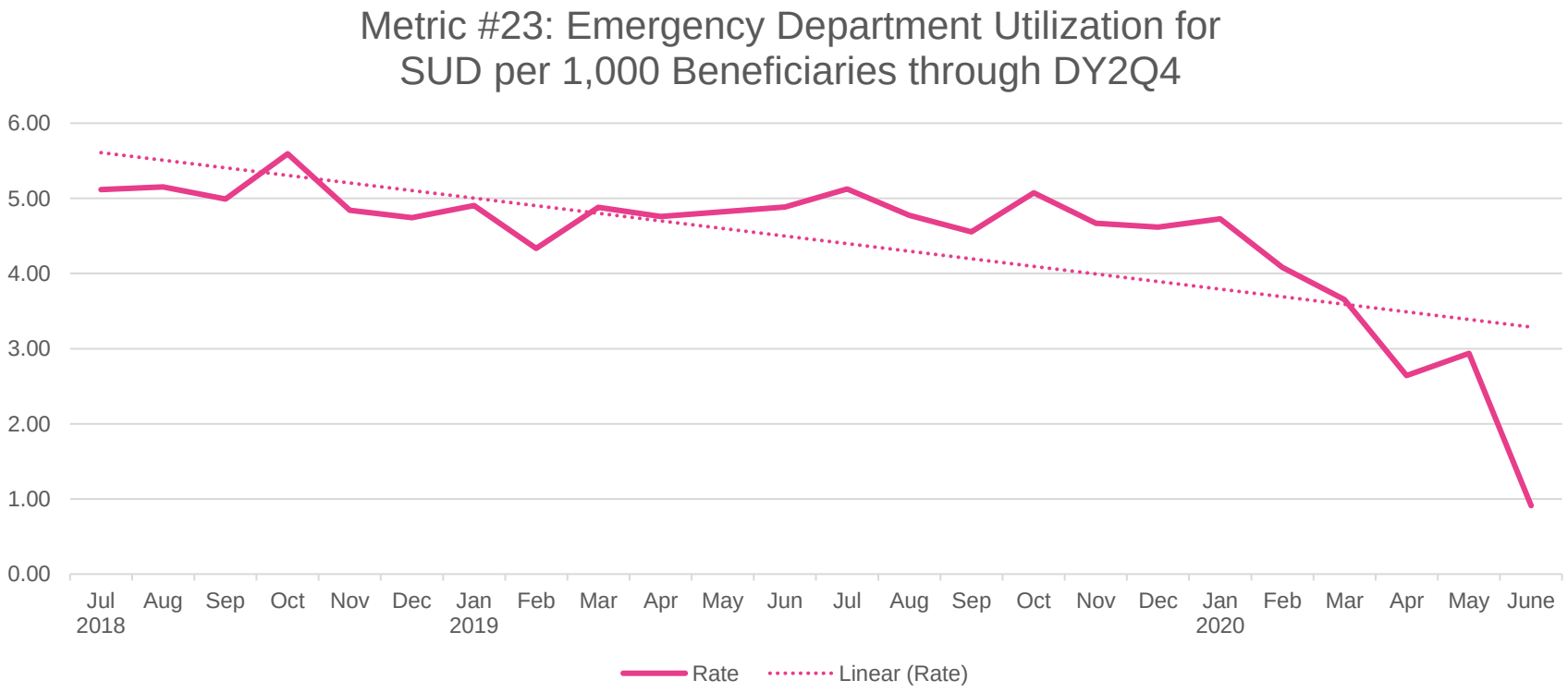
Metric #23 Emergency Department Utilization

- The rate of Emergency Department Utilization for SUD has dropped over the demonstration.



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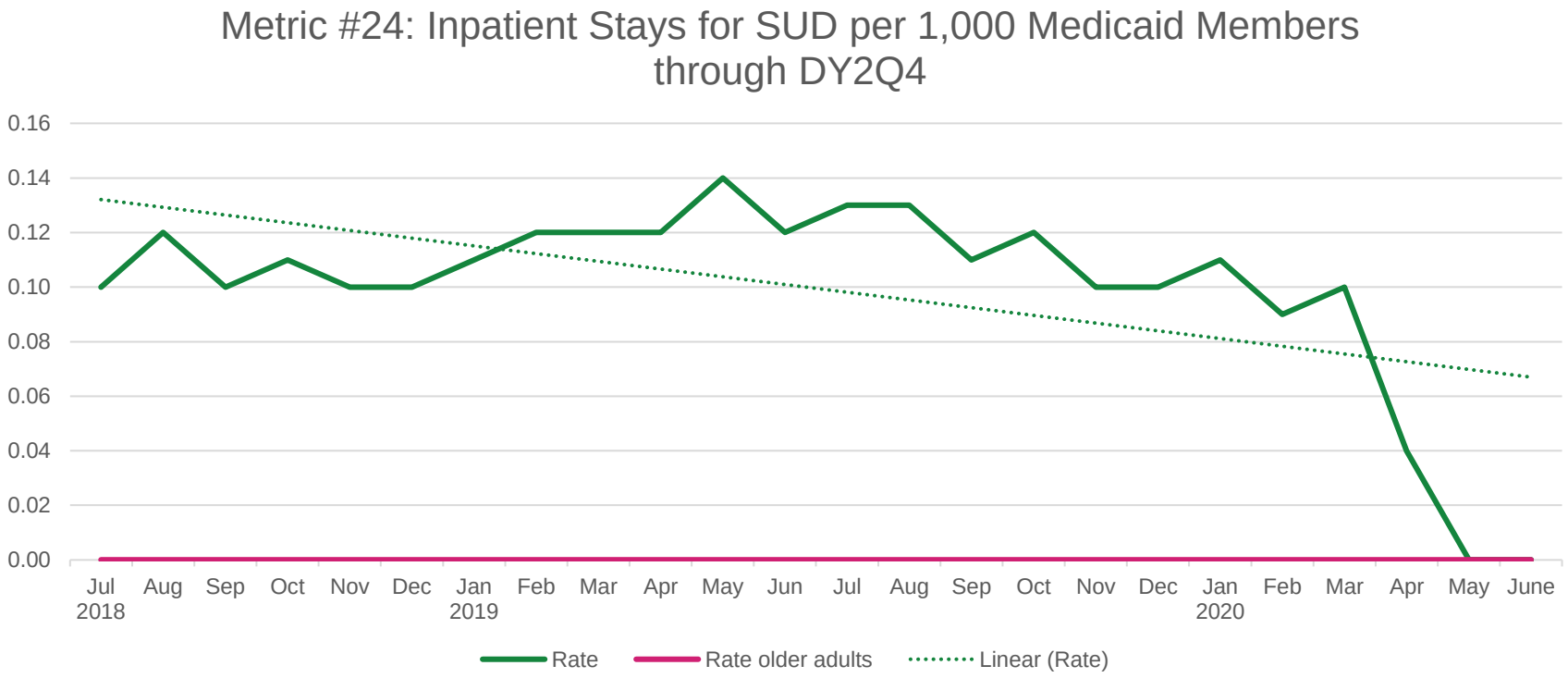
Metric #24 Inpatient Stays for SUD

- The rate of inpatient stays for SUD initially increased through DY1 but decreased throughout DY2.



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Annual Complaint Reporting

- Comparing SFY 2019/2020 to SFY 2018/2019, there was an increase in the SUD complaints filed and a decrease in the combined MH/SUD complaints filed.
- Total number of SUD complaints was still smaller than MH complaints.
- There was an upward trend in quarterly percentages with one break over eight quarters.
- There were clusters of SUD complaints in OP SUD providers that were newer or had turnover of staff.
- COVID-19 precautions/ protocols were a newer complaint area as providers/members tried to adjust to the pandemic (April, May, and June 2020).
- Newer services related to the opioid epidemic having new learning processes for providers had relatively more complaints.
- BH-MCOs identify collaboration opportunities when a provider or area has been identified through review.

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Annual Grievance Reporting

- There was a sharp decrease in the SUD grievances filed and the combined MH/SUD grievances filed in SFY 2019/2020 compared to SFY 2018/2019.
- In May 2020, the 1135 waiver of pre-authorization requirements during the pandemic decreased denials and thus grievances.
- More frequent peer-to-peer consultations has decreased denials as well as decreasing grievance numbers.
- Common application of ASAM guidelines and medical necessity guidelines for SUD treatment has decreased denials and grievances.
- One BH-MCO's automated authorization and notification through the provider portal lessened the need for prior authorization of SUD services.
- Another BH-MCO removed the precertification requirements for partial hospitalization and adopted an alternative payment arrangement.

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Budget Neutrality

- The Demonstration is below the cumulative budget neutrality limit for both of the first two years of the Demonstration.
  - $18.5 million below the target for DY1.
  - $33.9 million below the target for DY2.
- The expenditures for all MEGs except the SSI DualMEG were under the BN limits.
  - For the SSI DualMEG, the actual expenditures are $991,040 and the limit was $933,174.