Next Steps on Provider Capacity Assessment
ODM summarized SAC feedback from the October SAC meeting and stated additional analysis will be completed in early 2021 and brought back to this group for additional discussion.

Targeted Workgroup Summaries
State team reviewed Milestone 3 focused on using nationally recognized SUD standards to set SUD residential provider standards. State reviewed the timeline and stated that rule work was planned for the January 2021 timeframe.
State asked Targeted Workgroup (TW) representatives to provide a report out of each of the Workgroups.

Staffing Needs & Challenges
The targeted workgroup on staffing provided a summary of their work.
State team and TW participants noted some of the challenges that were considered through their work:
• Geography has direct impact on resources available including access to methadone treatment
• Ohio’s BH system has an overall workforce challenge causing a shortage of providers particularly in NW Ohio.
• There are a few for-profit providers that have entered the market to deliver MAT, but they are not necessarily following OhioMHAS recommendations (i.e. not providing MAT along with counseling services)
State team noted they will use recommendations from the Targeted Workgroups to determine the policy work and decisions needed in the future.

SAC Comment: The co-occurring LOC is an area with special staffing issues. Providers of this level of care should not be required to meet the ASAM criteria with regular full-time staff. Agencies may only be able to meet the ASAM level of care requirements with staff outside the agency.

ASAM LOC 3.1 & Recovery Housing
TW reported out on their work. The main theme of the workgroup discussions was that “housing is housing and “treatment is treatment”, and it is important to delineate the differences between those. Housing differs from treatment in that people are able to self-select based on their needs and legal rights. Recovery housing involves a recovery plan, but does not include clinical treatment. SUD residential treatment does not have the characteristics described above.

TW representatives reported having a lot of discussion on comparing and contrasting recovery housing and ASAM LOC 3.1. TW representative noted there is ambiguity about ASAM 3.1 LOC in Ohio because sometimes providers are referencing NARR Level IV Recovery Residences. In Ohio these are seen as residential treatment, not recovery housing.

TW also focused on the differences between youth and adult needs.
TW representatives developed the following recommendations

1. Ohio needs to evaluate the specific needs for Recovery Housing for young people and adolescents, with the consideration that Qualified Residential Treatment Programs (QRTPs) will be developed in compliance with the Federal Families First legislation.

2. Providers certified for residential and withdrawal management services are not Recovery Housing.

3. OhioMHAS should review the “Residential and Withdrawal Management SUD Services” rule to identify opportunities to clarify how ASAM LOC 3.1 should be described in Ohio. This recommendation may be influenced by the recommendations of the staffing needs and challenges workgroup.

4. Assure consistent application of the ASAM criteria by OhioMHAS certified providers and Medicaid managed care plans.

5. Additional work, whether done under the SUD 1115 stakeholder advisory committee or elsewhere, needs to occur to assure that people receiving SUD treatment are informed about the possibility of recovery housing and people in recovery housing are informed about access to SUD treatment. Examples include:
   a. People transitioning from a residential LOC are informed about outpatient treatment recommendations and housing options.
   b. People receiving treatment at an outpatient LOC should be informed about housing options based on their needs as reflected in dimension.
   c. People in recovery housing due to a substance use disorder (SUD) have free choice of treatment providers, a resident driven length of stay and landlord tenant lease agreement protections and assurance the recovery housing is drug-free, provides peer support, assists residents with obtaining alcohol and drug addiction services along with providing other SUD recovery assistance. All of this would need to occur in alignment with state and federal laws, including federal inducement and anti-kickback laws.

SAC comment: Need to keep in mind that SUDs are a chronic disease and supports for this should be looked at from a long term perspective.

SAC comment: We are fortunate in Ohio to have a legal definition for recovery housing and a lot of work that was done to put together what is recovery housing. As we move forward we should use the language and regulations that already exist where applicable.

**Medication Access Targeted Workgroup**

TW developed four recommendations that were reviewed during the discussion.

1. Informed consent is critical to ensuring patients understand all the options of medication available to them and their preferences. TW noted that informed consent should be documented in the medical record, and the field should be flexible to allow for new medications.

2. Education of other partners on early planning for continuity of care. Early planning for transitions between LOCs is important to ensure that someone doesn't slip in their recovery
due to not having continuity of medications between LOCS. The TW developed examples of what that may look like in practice.

3. TW recommended seeking an opinion from the DEA on Withdrawal Management. Currently there are different interpretations at various DEA offices about what it means to be “in ownership of medication.” This is an issue for providers that might want to provide different LOCs.

4. Recommended that a letter be submitted from OhioMHAS, ODM, and Board of Pharmacy to the DEA to note that providers should be able to store medication onsite without an OTP designation.

State team noted that we don’t want to implement anything that could be a barrier to MAT access.

SAC question: Is there still room to work on updating some of these recommendations?
State Answer: Yes, we will be moving forward towards rule work, but can always discuss particular items if necessary.

SAC comment: Our members have told us that there are certain MAT drugs that are people’s “drug of choice” [for abuse]. We need to be mindful of clients who might be around their “drug of choice” in a residential setting. We should discuss how to best support these organizations and their clients when these situations arise.

SAC comment: Agree with the suggestion above, we have clients that do not want to be around suboxone and want to make sure folks are aware of that.

**Utilization Management Workgroup**

The group is not yet ready to make final recommendations. Meetings will be continuing.

ODM presented a refresher of what is included in Milestone 2 of the waiver and reviewed the high level timeline. ODM then reviewed the process used to develop the draft Prior Authorization form and reviewed the form section by section.

Team discussed the desire to add Section V: Client perspective. The group had discussed how although providers may treat people in a strength based model, prior authorization forms tend to focus on failure. In this form the group removed language that was patient blaming and included a recovery focus, trying to remove references to the stigma associated with addiction.

Team discussed Section VI: ASAM Criteria summary and noted this section provides a lot of great information on the ASAM dimensions and balances between rigorous information and an efficient way to display the information. The additional text boxes allow for providers to add narrative as needed.

Section VII: Request for Continuing Services could be for either an initial request or a request for continued stay.

SAC comment: This was a difficult conversation, but the hope is that using this form will reduce the administrative burden on providers when submitting Prior Authorization, and also represent the client
perspective which is important. The group spent a lot of time discussing the fact that addiction is a chronic recurring disease and wanted to reflect that in this work.

SAC comment: Streamlining administrative burden will allow us to direct more resources to customer care, and ensure that customer receives the LOC based on their level of functioning as outlined by ASAM.

SAC comment: After sharing this with my Prior Authorization staff they felt it got to the point and was provider friendly. They also appreciated asking for client participation which has not been done in the past.

SAC question: Could we ask Electronic Health Records (EHR) vendors and build some of this into our EHRs?
SAC comment: Agree, that could be helpful. Think there would be development costs and time needed to do that and would be helpful if resources were made available to get that done.

SAC comment: As you are looking at the fiscal intermediary and how Prior Authorization will flow differently due to procurement is there an opportunity to leverage thinking about this in a different way?
State: We will take that under consideration.
Next steps will be to finalize the content on this form with the TW members and then discuss operational issues. Additionally, we will continue to review the data work suggest by the TW.

**Meeting schedule for 2021**
State team presented the proposed meeting schedule for 2021 moving to a bi-monthly frequency. This will allow more time for Targeted Workgroups as needed. SAC members agreed with the schedule for 2021.

**Announcements and Upcoming Meetings**
State team provided update on Ohio’s participation in a CMS Medicaid Learning Collaborative on how to use Medicaid to finance housing related supports for people being treated for SUD. Team noted this work will complement the work that we are doing with the Waiver, and plan to share updates and relevant materials going forward.

Next SAC meeting is scheduled for 12/18. Meeting was ended.