Minutes of the 4/24/20 Meeting
Stakeholder Advisory Committee for Ohio’s Substance Use Disorder 1115 Waiver

Slides 1-5: Welcome and Introductions
- Members and the public were welcomed to the meeting which was held via webinar. Agenda was reviewed and it was noted that meeting slides were attached to the webinar.
- OhioMHAS Director Criss commented that it is important to stay connected to the SAC during this time and encouraged ongoing input. She noted that OhioMHAS’s priority is to keep in focus that behavioral health (BH) services are health care and ongoing access to BH services is the department’s top priority and providers of BH services are part of the essential workforce. The State has rapidly rolled out telehealth and will keep assessing its effectiveness even after the emergency is over. In-person services remain essential although they are difficult at this time. We will be assessing how to continue in-person services and operations safely as the health emergency is lifted. OhioMHAS is also struggling with in-person delivery of services at the State-operated hospitals. The State expects a surge in the need for behavioral health services as part of the COVID-19 landscape. We are preparing for and working to mitigate that surge by keeping BH services open and in the forefront of healthcare.
- ODM Director Corcoran commented the Governor and Dr. Acton have been very helpful in guiding and leading us during these times. We are hoping in the days ahead that we will be able to reopen the economy and restore aspects of our daily lives, but this is one of the most difficult times any of us has experienced. In thinking of the recovery, it’s difficult to not think about it as “turning on a light switch,” but recovery from this health emergency will not be an immediate change. Given what we know about COVID-19, normalcy will be slow and deliberate. This means that the work we do will continue to be critical in the foreseeable future.

Slide 6: Milestone 2
- State reviewed the information regarding Milestone 2.
- SAC Q: Is the State looking at MCO claims and utilization data for all SUD residential facilities including those that meet the definition of Institutions for Mental Disease (IMDs)? Some fall under the IMD rule too.
  - State A: We asked MCOs for utilization management (UM) data related to SUD residential level of care 3 and SUD admissions to inpatient hospitals in both general hospitals and IMD settings to the extent that they are covered under managed care in the “in lieu of” provision. Data includes number of PA requests, approval patterns including initial and concurrent, appeal and denial rates.
- SAC Q: In the past, MCOs have used continued stay criteria other than the American Society of Addiction Medicine (ASAM) criteria. Will we be able to have the MCOs use just the ASAM standards going forward so there are UM standards that are uniformly applied? It is important to understand whether MCOs are using standards other than ASAM in making their decisions.
  - State A: In addition to the data collected, the MCOs have also provided the State their policies and procedure documents which will help our UM analysis.

Slide 7: Milestone 3
• State reviewed the slide information regarding SUD residential provider program standards and levels of care. Noted that we held a detailed discussion of this topic during the February meeting and planned to pick up that discussion again in the May committee meeting.

• This milestone refers to site visits to residential providers. State agencies will have to consider this activity and the timing of it with consideration of the current health emergency. The State will keep committee members and providers updated as more information is available.

• The CARF/ASAM accreditation standards have been delayed until late May. Providers can apply to receive those publications at that time and can apply for certification after the material release.

• SAC Q: Suggesting some factors for consideration by state agencies. How can providers maintain social distancing and safety in SUD residential facilities as long as COVID-19 exists? Many facilities have double room occupancy. There are not guidelines on this yet and this will be a factor in affecting service delivery and capacity including workforce. Also, how do we continue to serve individuals with co-morbid mental health and SUD conditions in a congregate care setting?
  o State A: We appreciate the comment and will be considering the impact of COVID-19, e.g., on the potential need for increased withdrawal management strategies for both alcohol and opioids.

• SAC Q: Have the state agencies considered that this future CARF/ASAM accreditation might affect the requirement of providers to request utilization management and prior authorizations for services?
  o State A: State will take this into account as we move to enhanced program standards.

• Audience Q: Will there be a new ASAM standards manual released?
  o State A: Work that is being delayed is having the CARF standards linked with the ASAM standards. We don’t think there is an intention to release another ASAM book, just linking the CARF and ASAM standards.

• Plan for May 29th committee meeting is to continue to walk through the ASAM residential LOC and MAT program standards where Doug Day of OhioMHAS last left off at the Feb. 28th committee meeting.

Slide 8: Milestone 4

• State reviewed the slide information regarding provider assessment of ASAM levels of care among Ohio Medicaid providers.

• Baseline data is being reviewed by State including Medicaid claims, managed care plan encounter data, and N-SSATS survey results. This data will all be pre-pandemic, and so we will keep the changes to delivery systems in mind over time. Goal is to have the baseline capacity assessment done by October 2020. State staff will share draft versions of the results with this committee at future meetings.

• SAC Comment: Important that we recognize there is a difference in the treatment needs of adolescents and adults in assessing system capacity for treatment.

• SAC Q: How will COVID-19 affect this data analysis? Is it just done remotely using data sources?
  o State A: This particular Milestone work will just use data analysis to perform a baseline; there will be no onsite work. Milestone 3 has a dependency on onsite visits in order to collect information. Obviously, we will need to consider COVID-19 impact.
• SAC Q: Will we be able to include recovery homes in collection of system capacity data review? Problem is that there is no real comprehensive list of data that exists for recovery homes.
  o State A: OhioMHAS would like to assess capacity for recovery homes as part of its point in time capacity measurement of the full BH treatment continuum. Hope is to use that activity to collect some of this information, though it will be difficult because not everyone wants to be counted. We appreciate the need to try to collect this information.
• SAC Q: In 2013, there was an environmental scan done on recovery housing. Is there a possibility of doing a follow up on that previous work?
  o State A: OhioMHAS will look into this.

Slide 9: Milestone 6
• State reviewed the slide information on behavioral health care coordination and transitions between levels of care. State staff are still conducting policy development and data analysis for who the target populations might be for care coordination based on MH or SUD diagnoses and service utilization. The State will be sharing with the committee soon a concept paper summarizing the care coordination proposals and hold discussions on the models.
• State Q: Is there anything we should be considering re: provider experience in the context of the current health emergency?
  SAC Comment: In our experience with case management/PSR/TBS, our community-based work has been significantly impacted by COVID-19 social distancing and stay-at-home orders. As long as the virus is with us this will be a consideration. Differences between urban, rural and care coordination for different populations have all been impacted by COVID-19. We want Ohio’s waiver to be successful but have had to remain flexible in how we provide treatment. The increased use of telehealth services has been a big help with care coordination during these times.
  SAC Comment: We are seeing a trend with COVID-19 that home health providers are unwilling to serve clients in their homes. So some of our case managers are needing to fill in for the work that home health staff would be performing. E.g., if a client has tested positive or are under watch, BH agencies are filling in with transportation and filling in for home health providers. We understand everyone is being affected by the pandemic, but we wanted to let the State know and ask if others are seeing this.
  SAC Comment: Recovery housing providers are having to fill in for the needs of their residents in similar way.
  SAC Comment: As case managers begin to take over these other functions, could this possibly lead to better outcomes for clients? This would be interesting to see whether creative ways of delivering services might improve client care and outcomes.

Slide 10: Other Waiver Activities
• State reviewed the slide information on updates to the SUD 1115 waiver monitoring efforts. Post award public forum was delayed, and State staff are still considering how and when to hold that meeting. We will give at least a 30-day notice publicly.
• State has submitted to the CMS a draft of the waiver evaluation design. CMS is reviewing it and will provide feedback. We are working on considerations of possible effects of the current health emergency on certain evaluation measures.
Slides 11-13: Wrap Up

- SAC Q: Would it be possible to adjust these SAC meetings from Friday afternoons to another time earlier in the week?
  - State A: State will consider whether this is possible given that dates have already been set for the rest of the year.