Monthly Meeting
Stakeholder Advisory Committee for Ohio’s Medicaid SUD 1115 Demonstration Waiver

August 28, 2020
1:00 – 3:00 pm

OhioMHAS Director Lori Criss
ODM Director Maureen Corcoran
Webinar Instructions

If you have dialed in using a telephone, be sure to mute the sound on your computer to avoid feedback.

If you are using sound via your computer, make sure sound is turned ON.

All participants, except members of the Stakeholder Advisory Committee and State staff, will have their microphones muted. However, anyone may enter comments or questions using the chat box feature in the webinar control panel.
Stakeholder Advisory Committee members will have their microphones unmuted and can speak during the webinar.

Please remember to **mute your microphone whenever you are not speaking.**
Agenda

1. Qualitative Evaluation of SUD 1115 Waiver – Overview from Government Resources Center
2. Review of July 19 Public forum & Next Steps
3. Update / Progress Report on Targeted Work Group Meetings
4. ODM policy changes re: ASAM 4.0 Inpatient Hospital Admissions
5. Revisions to SUD 1115 Waiver Work Plan
6. Other announcements and questions
Qualitative Evaluation of SUD 1115 Waiver – Overview from Government Resources Center
Mid Point Assessment Overview

CMS requires evaluation by an “independent evaluator.”

• Ohio has selected Government Resource Center

Goals:

• To understand the factors that may hinder or facilitate implementation of the SUD 1115 Waiver, such as access to appropriate levels of care, national program standards and staff credentials, and care coordination;

• To gain insight into how organizations, including state agencies, treatment providers, advocacy groups, and managed care organizations are addressing implementation challenges; and

• To understand how COVID-19 has impacted waiver implementation.

• To inform provider/beneficiary interviews and focus groups
Qualitative Research: Using Key Interviews and Focus Groups

- CMS recommends use of both qualitative and quantitative data and applying descriptive and impact analyses
- Qualitative data will be collected through key informant interviews and consumer focus groups
- The qualitative proposal is still under development

Key Informant Interviews
September-November 2020

Provider Survey and Interviews
January-March 2021

Beneficiary Focus Groups
February – April 2021
Qualitative Research: Using Key Interviews and Focus Groups

• CMS requires consultation with key stakeholders including, but not limited to:
  » Representatives of managed care organizations (MCO)
  » SUD treatment providers
  » Beneficiaries
  » Other key partners

• Key informant interviews will inform next steps in mid-point assessment
  » Input from consumers and individuals with lived experience is crucial
SUD 1115 Waiver
Key Informant Interviews
Key Informant Categories

- State Agency Leadership
  - Ohio Department of Medicaid (ODM)
  - Ohio Mental Health and Addiction Services (MHAS)

- Residential and Community Treatment Providers

- Treatment and Recovery Advocates

- Managed Care Plans
SUD 1115 Waiver
Interview Topics
Key Informant Interview Areas of Focus

Three key areas of interest:

• Access to care along the continuum
• Access to medication assisted treatment (MAT)
• The impact of COVID-19 on SUD treatment
Access to Care Along the Continuum

• Obstacles and improvements in access to the appropriate level of care
• Factors that impact retention in care
• Specific factors impacting access to or participation in residential treatment
Access to Medication-Assisted Treatment

• Impact of waiver access requirement in residential treatment
• Challenges faced by residential treatment providers
• Other changes in the MOUD landscape
Impact of COVID on SUD Treatment

• Changes in SUD treatment resulting from COVID-19
• Access to continuum of care, including MAT
• Impact of staffing
• COVID-related policy changes (e.g. telemedicine)
Questions & Discussion
Additional Input

• Send any comments, questions or suggestions to: 
  MCD_SUD1115@medicaid.ohio.gov

• State staff monitor this mailbox and will forward any related questions or comments to GRC
Review of July 16 Public Forum on Ohio’s SUD 1115 Waiver
SUD 1115 Waiver Public Forum

• ODM held the first public forum for the SUD 1115 Waiver on July 16 to gather input and feedback on the SUD system in Ohio, and particularly input regarding the SUD 1115 waiver.

• ODM staff opened the meeting with an overview of the SUD 1115 Waiver Milestones

• The floor was opened to hear comments from stakeholders & three individuals offered comments...
Dr Richard Kruszynski, Case Western Reserve University, Center for Evidence Based Practice

• ASAM guidelines are vague on how residential providers can demonstrate their qualifications to offer co-occurring enhanced capacity
• CWRU has experience with the Dual Diagnosis Capability in Addiction Treatment evaluation scale, or DDCAT and currently offers TA in Ohio and other states on this subject.
• CWRU Center for Innovative Practice also has expertise in this area regarding youth and families.
• Dr Kruszynski offered CWRU as a resource on these topics throughout the SUD 1115 Waiver
Public Forum – Stakeholder Comments, 2

Marti Taylor, CEO, OneFifteen

- SUD Provider organization in Dayton offering multiple levels of care including outpatient, IOP and Crisis focused on addressing health equity and social determinants of health.
- Grantee from OhioMHAS to increase access to care for minority populations.
- Soon expanding to SUD residential treatment in a 58 bed residential facility; future plans to open an additional 32 bed treatment facility for clinically managed high intensity treatment.
- Ms. Taylor urges the continuation of Ohio’s SUD 1115 waiver beyond 2024 to allow ongoing SUD residential service in settings with > 16 beds.
Kristopher Vilamaa, CEO, HealthCare Perspective

• Sees a need to coordinate the many activities under Ohio’s SUD 1115 waiver, especially coordination with planned changes in Medicaid managed care using the new RFP for MCP procurement
• Also suggest need to coordinate with Ohio ADAMHS boards and providers
• Important to keep priorities, activities and policies in alignment with each other and with the future contracts with Medicaid MCPs.
• Use all of those levers and the tremendous opportunity to make important changes.
Update / Progress Report on Targeted Work Group Meetings
SUD 1115 Waiver Targeted Workgroups (TW) Within SAC

• Five targeted workgroups to make recommendations for policy, process and rule changes regarding:
  » Utilization Management
  » Access to Medications
  » ASAM 3.1 Residential & Recovery Housing
  » Staffing Needs & Challenges in SUD Residential Treatment
  » Adult and Adolescent Considerations

• Workgroup members include SAC representatives of providers and their State Associations, consumer advocates, ADAMHS boards, FQHCs and MCPs

• Workgroups have met up to two times with future meetings scheduled every two weeks.
Utilization Management TW

Purpose

• Review utilization management (UM) policy to make recommendations to improve SUD residential prior authorization process
• TW is working on recommendations for short term (within current policy and framework) and long term (changes to UM policy)

Discussion Highlights

• Changes to prior authorization (PA) forms and documentation requirements – currently reviewing forms from other states with goal of enhancing Ohio content
• Define what constitutes an SUD residential stay for purpose of determining when PA required
• Develop means to identify admission/discharge of a residential stay
Access to Medications TW

Purpose

• Develop recommendations re: how SUD residential treatment providers can assure patients are informed about options for FDA approved medications for the treatment of SUDs and how medications can be accessed during and after SUD residential treatment episode

Discussion Highlights

• Drafting/develop policies in a way that will be flexible to meet new FDA approved medications to treat substance use disorders
• Unique aspects of patients on Methadone and their provider partnership between the OTP and SUD residential treatment program
• Considerations for transportation including structure, services, and requirements as a component to quality clinical care
• Look at COVID impacts on treatment for alcohol use disorder withdrawal management services
ASAM LOC 3.1 & Recovery Housing TW

Purpose

• Clearly define ASAM LOC 3.1 and recovery housing so that they are easily distinguishable to people inside and outside of the behavioral health system. The TW will provide recommendations for policy guidance or changes on ASAM Residential Treatment Level of Care 3.1 and Recovery Housing to the full SUD 1115 Waiver SAC.

Discussion Highlights

• ASAM LOC 3.1 is SUD treatment (clinically driven) and requires treatment plan (formal, driven by medical necessity)
• Recovery housing (recovery driven) is not SUD treatment and uses recovery plan (“informal”, driven by individual)
• Payments for substance use disorder services in recovery housing
• Certification, licensing and regulation of SUD residential treatment
Staffing Needs & Challenges TW

Purpose

• Clearly define clinical and non-clinical staffing qualifications and knowledge, roles and expectations across all the ASAM residential levels of care including those applicable to sub-populations

Discussion Highlights

• Staffing – medical practitioners, clinical practitioners, para-professionals, and allied health practitioners
• Consider using existing staffing models used by providers as baseline to determine staffing policy – building on ASAM 3.2-WM LOC
• Will be addressing by each SUD residential LOC (including WM LOCs), including by adult and adolescent where needed
Adult and Adolescent Considerations TW

Purpose

• Make recommendations on how ODM and OhioMHAS can define SUD residential treatment program requirements for adult and adolescent populations, including applicable to sub-populations. The recommendations are needed to support ODM and OhioMHAS moving forward on Milestone 3 – using nationally recognized SUD program standards to set SUD residential provider qualifications.

Discussion Highlights

• Need to recognize the needs and provide services for various specialized populations in Ohio
• Incorporate feedback from recipients
• Place more emphasis on establishing best practices for serving specialized populations as opposed to creating regulatory standards
ODM Policy Changes Re: ASAM LOC 4
Inpatient Hospital Admissions
Overview of Managed Care update:

- On July 1, 2020 the managed care plan (MCP) provider agreement was amended to include the use of ASAM Criteria® for when approving the admission of an inpatient hospital substance use disorder (SUD) treatment stay.
- The Ohio Department of Medicaid (ODM) issued guidance to all MCPs to implement this change. MCPs have 90 days to implement the change.
- Applies to general hospital and psychiatric hospital.
- Prior to July 1, MCPs only had to use ASAM Criteria® for utilization management determinations for SUD treatment provided in a community behavioral health center (Ohio Department of Mental Health Provider and OMHAS certified/licensed treatment program)
What does this mean for hospitals?

Hospitals are required to obtain authorization for inpatient hospital services. Inpatient hospital services will be authorized if either of the following apply:

1. The request for admission or continued stay meets inpatient level of care criteria using the MCP’s clinical guidelines for hospital services (i.e. MCG or InterQual), or:

2. The request for admission or continued stay meets ASAM level 4 criteria
What does this mean for hospitals?

- Hospitals will have the option of using either the existing clinical criteria such as Milliman (MCG) or the ASAM Criteria® when submitting a request for the inpatient authorization for SUD treatment (or both).
- MCPs may request additional documentation from hospitals in order to review against The ASAM Criteria®
- MCPs must consider ASAM Criteria® prior to denying inpatient hospital services.
- If a hospital does not provide documentation to support the review using the ASAM Criteria® and the individual does not meet inpatient level of care using existing clinical criteria guidelines, the MCP must communicate to the hospital the request for additional documentation to determine level of care using The ASAM Criteria®
Links

• MEMO:
  https://medicaid.ohio.gov/Portals/0/Providers/ProviderTypes/Managed%20Care/PolicyGuidance/Use-of-ASAM-Criteria-in-Hospital-Settings.pdf

• Provider Agreements
  » MyCare
    https://medicaid.ohio.gov/Portals/0/Providers/ProviderTypes/Managed%20Care/ICDS/2020_07_MCOP_Final.pdf

  » Medicaid
    https://medicaid.ohio.gov/Portals/0/Providers/ProviderTypes/Managed%20Care/Provider%20Agreements/2020_07_MMC_Final.pdf
Revisions to SUD 1115 Waiver Work Plan
### Milestone 2: Assure Evidence-Based, SUD-Individual Specific Placement Criteria

<table>
<thead>
<tr>
<th>CMS Requirements</th>
<th>Ohio Activities</th>
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</thead>
<tbody>
<tr>
<td>• Provider assessment of an individual’s treatment needs must be based on SUD specific, multi-dimensional tools, such as ASAM</td>
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<tr>
<td>• Utilization management should assure access equivalent with patient diagnosis &amp; level of need</td>
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<tr>
<td>• Independent process for reviewing placement in residential treatment</td>
<td></td>
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<tr>
<td>• Assure use of ASAM in patient assessment &amp; placement tools</td>
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<tr>
<td>• Review managed care organization (MCO) utilization management (UM) policies</td>
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<tr>
<td>• Collect &amp; analyze utilization data &amp; develop &amp; make UM policy changes (comply with ASAM &amp; Mental Health Parity &amp; Addiction Equity Act-MHPAEA)</td>
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<tr>
<td>• Develop guidance for MCOs &amp; providers</td>
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Milestone 2: Assure Evidence-Based, SUD-Individual Specific Placement Criteria

**Timeline**

- **SUD 1115 waiver approval**
  - October 2019
- **UM Targeted Workgroup**
  - February 2020
- **Implement and operationalize short term UM recommendations**
  - August 2020
- **Review MCO UM data utilization policies**
  - October 2020
- **December 2020
  - January 2021
- **April 2021
  - Potential long term UM/PA policy changes

*Future UM/PA policy changes will be considered for longer term changes*
Milestone 3: Use Nationally Recognized SUD Program Standards to set SUD Residential Provider Qualifications

<table>
<thead>
<tr>
<th>CMS Requirements</th>
<th>Ohio Activities</th>
</tr>
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<tbody>
<tr>
<td>• Residential provider qualifications must meet ASAM standards re: services, hours, &amp; staff credentials</td>
<td>• Update state policy to meet CMS requirements for provider standards</td>
</tr>
<tr>
<td>• State process must exist to review compliance of residential providers with ASAM standards</td>
<td>• Site visits to residential providers to assess program standards &amp; offer technical assistance as needed</td>
</tr>
<tr>
<td>• All residential providers must either offer MAT on-site or facilitate access off-site</td>
<td>• Assess MAT access for individuals in residential treatment</td>
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<td></td>
<td>• Assess the need for changes to standards to assure ASAM compliance and MAT access</td>
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<tr>
<td></td>
<td>• Require MCOs to comply with state credentialing &amp; SUD residential program standards</td>
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</tbody>
</table>
Milestone 3: Use Nationally Recognized SUD Program Standards to set SUD Residential Provider Qualifications

Timeline

- **Finalize draft regulatory (rule) package**: January 2021
- **Implement policy and process for ongoing provider reviews including MAT access**: October 2021

2019
- SUD 1115 waiver approval

2020
- Provider Standards Targeted Workgroups

2021
- Update policy to meet CMS provider qualification requirements
- Conduct onsite visits

2023

2024
Milestone 4: Assure Provider Network Capacity for ASAM Levels of Care and MAT

<table>
<thead>
<tr>
<th>CMS Requirements</th>
<th>Ohio Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Assess &amp; assure adequate provider capacity for:</td>
<td>• Perform baseline data review re: provider location, service array, capacity &amp; acceptance of new patients</td>
</tr>
<tr>
<td>» MAT</td>
<td>• Identify providers who are accepting new patients</td>
</tr>
<tr>
<td>» Outpatient</td>
<td>• Develop access standards for ASAM levels of care</td>
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<tr>
<td>» Intensive outpatient</td>
<td>• Require MCOs to meet access standards</td>
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<tr>
<td>» Withdrawal management</td>
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<tr>
<td>» Residential</td>
<td></td>
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<tr>
<td>» Inpatient services</td>
<td></td>
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<tr>
<td>» Accepting new patients</td>
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Milestone 4: Assure Provider Network Capacity for ASAM Levels of Care and MAT

Timeline

- **Gather existing data and complete initial provider capacity**
- **Evaluate gaps in provider data and determine next steps**
- **Review MCO access standards and implement needed changes**

- SUD 1115 waiver approval
  - October 2019
  - January 2020
- Ohio Ti 41
  - October 2021
  - December 2022
  - January 2024
## Milestone 5: Implement Treatment and Prevention for Opioid Abuse and Disorders

<table>
<thead>
<tr>
<th>CMS Requirements</th>
<th>Ohio Activities</th>
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</thead>
<tbody>
<tr>
<td>• Implement state guidelines for all prescribers</td>
<td>• Continue to expand use of electronic health records &amp; Rx dispensing</td>
</tr>
<tr>
<td>• Expand coverage of &amp; access to naloxone</td>
<td>Correlate long term opioid use to clinician prescribing (ODM work with the Ohio Board of Pharmacy)</td>
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<tr>
<td>• Increase utilization of Prescription Drug Monitoring Programs (In Ohio this is</td>
<td>• Expand data collected in the Ohio OARRS</td>
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<td>the Prescription Reporting System-OARRS)</td>
<td>– Flag individuals in drug court programs</td>
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<td>» Includes health information technology requirements dedicated to improving</td>
<td>– Fatal &amp; nonfatal overdoses</td>
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<tr>
<td>OARRS</td>
<td>– Utilization of naltrexone</td>
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<td></td>
<td>• Enforce inappropriate overprescribing &amp; prescribing outside of accepted guidelines</td>
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</tbody>
</table>
Milestone 5: Implement Treatment and Prevention for Opioid Abuse and Disorders

Timeline

- **2019**: SUD 1115 waiver approval
- **2020**: Continue to implement treatment and prevention for opioid use disorders (PDMP monitoring)
- **2024**: 

2019 2020 2021 2024
## Milestone 6: Improve Care Coordination and Transitions Between Levels of Care

<table>
<thead>
<tr>
<th>CMS Requirements</th>
<th>Ohio Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Implement policies to ensure residential &amp; inpatient facilities link individuals with community-based services upon discharge</td>
<td>• Continue Targeted Case Management (TCM), which includes care coordination activities</td>
</tr>
<tr>
<td>• Add policies to ensure coordination of care for individuals with SUDs &amp; co-occurring physical &amp; mental health conditions</td>
<td>• Enhance care coordination:</td>
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<td></td>
<td>– Review &amp; analyze Medicaid claims data</td>
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<td></td>
<td>– Use data analysis to develop care coordination models specific for highest need target populations</td>
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<td></td>
<td>– Implement care coordination for identified target populations</td>
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</table>
Milestone 6: Improve Care Coordination and Transitions Between Levels of Care

Timeline

- **October 2019**: SUD 1115 waiver approval
- **January 2020**: Review data and conduct analysis for individuals with SUD
- **July 2020**: Development of Care Coordination models in progress*

*Note: implementation of Care Coordination models is to be determined*
Other Announcements and Questions
Upcoming Meetings

Next Meeting of Stakeholder Advisory Committee

• September 25
• 1-3 pm

• Registration here:
  https://register.gotowebinar.com/rt/6562744516890665997