

**8/28/20 Meeting Minutes of the
Stakeholder Advisory Committee (SAC)
For Ohio's SUD 1115 Waiver**

Introductions

- In addition to SAC members, Tina Bickert from Government Resources Center (GRC) - Ohio's independent evaluator for the SUD 1115 Waiver was present.
- Director Criss and Director Corcoran gave opening remarks.

Agenda

- Question was raised on the 16-bed limit for IMDs. Discussion occurred to clarify the federal Medicaid IMD rule.

GRC's Midpoint Assessment Review

- Tina Bickert of GRC, principal investigator for the SUD 1115 waiver midpoint assessment, presented this section.
- In January SAC meeting, GRC had provided an overview of the plan and today will talk about some of the key points of the midpoint assessment.
- CMS requires an independent evaluator. Goal is to provide CMS with a broad overview of waiver implementation progress. Also provide a view of challenges and hindrances. GRC will talk to agencies, providers, MCOS, advocacy groups, members and all other stakeholders. GRC will also see how COVID-19 has affected the progress.

Qualitative Research

- GRC will collect qualitative data for the midpoint assessment and that will serve as a baseline for some of the work on implementation down the road.
- Qualitative evaluation proposal is still in draft. GRC is looking for input from the SAC to finalize the qualitative work.
- GRC reviewed the progression of the qualitative framework.
- GRC will want to talk to various stakeholders to best understand SUD treatment in Ohio. A list of stakeholders who will be contacted by GRC was shared.
- GRC will also want to hear from those with lived experience so will talk to consumers. Focus groups may not work as well in the COVID environment. SAC discussed options.
 - Responses from SAC members:
 - People are getting better at using virtual means for treatment and they can also use the same skills for research participation so shouldn't be a shortage of people willing to participate.
 - Suggest reaching out to self-help groups like AA and NA. It might be easier for them to have their members in one place.
 - Can also talk about mutual support groups and the recovery community organizations across the state – working with those organizations would be good.

They have access to people who are in treatment now and those who have recovered.

Key Informant Interviews

- For key informant interviews, GRC talked about how they will work/help with the evaluation.
- There are 4 main buckets of primary informants. GRC will reach out to people in these categories to get information. Interviews will be tailored for each category.

Interview Areas of Focus

- Three main areas of focus for GRC for the key informant interviews: access to care, access to MAT, impact of COVID-19.
- These topics are broad but GRC plans to drill down during the interviews.
- GRC will give key informants a chance to talk about other topics that they might find important.
- SAC suggestion: Firstly, framing the conversation broadly may make it hard to gather good feedback. Instead be as specific as possible. Secondly, would like to see emphasis on long term recovery and what services got people to long term recovery and how to sustain that.
 - GRC is planning to include questions around recovery.
- SAC suggestion: Look at how housing and other services fit into the continuum. Those additional supports keep people from having to start over again. Suggest leveraging Recovery Housing expertise – they often have keen insight into what is effective. Consider the impact of COVID-19, which has made us go into single room facilities as opposed to multiple people per room, so capacity has decreased in order to practice safely. COVID-19 had also made it more expensive because we cannot have group meals but have to deliver to rooms, and operational costs have increased. These changes could be in place forever. Residential care centers need to test for COVID-19 and need to look at how that will work as well and that can be a part of this research.
 - GRC has questions on staffing and testing but will also address capacity.
- SAC suggestion: Suggest having someone with lived experience participate and facilitate in the interviews to help facilitate the conversation. At the state level, we tend to use jargon and language that is very policy specific.
 - GRC is working with researchers that have expertise in this area but will bring this back to the GRC team as they plan the focus groups.

Access to Care

- GRC will gather perspectives on access to care, retention, factors affecting participation etc.
- Focus on facilities with 16 or more beds.

Access to MAT

- Waiver requires SUD residential providers to provide MAT or access to MAT off-site.
- GRC will look at challenges providers face in doing this and other changes that are part of the waiver related to Medication for Opioid Use Disorder (MOUD).
- SAC feedback: Changes would relate to both OUD and alcohol.

Impact of COVID-19

- GRC is also looking to evaluate the impact of COVID-19.
- GRC understands that the pandemic has affected activities related to the waiver and providers have also faced numerous challenges.
- GRC will assess what is being done in Ohio to face the challenges in terms of policy, operations, and process changes that were put in place.

Questions

- Questions or comments can be sent to MCD_SUD1115@medicaid.ohio.gov and they will be forwarded to GRC.

Review of July 16, 2020 Public Forum

- ODM provided a review of the July 16 public forum and mentioned that the State is required to hold it annually. At the recent forum, three people offered comments.
- These comments (detailed in the slides) will help ODM understand priorities and direct work. Some of this will also be covered in subcommittee work.

Targeted Work Group (TW) Meetings

- ODM reported most of the SAC members have participated in one or more of the 5 TW meetings.
- The State created the TWs because some areas required more focused work. In addition to SAC members, the TWs also include MCO reps. They have met a couple of times already and have had long discussions on several topics. ODM thanked the members for their participation.

Utilization Management (UM) TW

- ODM mentioned that as part of the waiver the State is required to have an UM policy and decided to look at the policy using data to determine if changes need to be made going forward. The TW is looking at short-term and long-term changes. Right now TW is focused on 3 areas:
 - Documentation and prior authorization forms (PA) by looking at other states. Currently providers spend a lot of time on PAs and the State is looking to create a more efficient process.
 - Also looking at the policy to have consistency in definition of a stay for SUD residential.
 - Develop means to identify date of admission and discharge.

Access to Medication TW

- MHAS provided an update for the remaining four TWs.
- Access to medication TW has met twice and State has asked for recommendations for how to make sure patients are informed about options for FDA approved medication and how they can be accessed during and after a residential treatment episode.
- MHAS noted the need to be flexible on how rules and policies are drafted so that additional medications can be used if approved by FDA. This is not specific to OUD but all FDA approved SUD medication.
- TW had extensive conversation about methadone patients. Because OTPs are not embedded in SUD residential; partnerships are needed which creates challenges such as transportation.

Residential centers have to provide some non-clinical services just because the person is living there.

ASAM LOC 3.1 & Recovery Housing TW

- Recovery housing has met twice so far.
- TW has tried to differentiate between ASAM 3.1 which is clinical and recovery housing which is not clinical and more informal.
- TW has also talked about payments for SUD treatment for people in recovery housing but that is a choice and they can choose where to get treatment.
- MHAS regulates the treatment portion, not the recovery portion.

Staffing Needs & Challenges TW

- Staffing needs has met twice.
- Looking at needs and staffing requirements and looking at it by different services.
- Talked to medical, clinical and paraprofessionals to understand those needs.
- TW had extensive conversation about 3.2 WM. TW is going by LOC and will also look at adolescent specific considerations.

Adult and Adolescent Considerations TW

- This TW has met once so far and is looking at defining adult & adolescent populations.
- Also looking at sub-populations and those can have many facets to them.
- MHAS mentioned that feedback from people will be essential here in working through this TW.
- TW also talked about regulatory framework and how that can help define and serve specialized populations.
- TW also suggested to address things from a best practices point of view rather than regulation to keep it flexible.
- MHAS mentioned that the output from these TWs will be the ASAM matrix where the TWs will provide recommendations for each area of the ASAM LOC to alter state guidelines.

ODM Policy Changes Re: ASAM LOC 4 Inpatient Hospital Admissions

- ODM provided an update to SAC on a recent policy change.
- The Managed Care Provider Agreement was updated to require the use of ASAM criteria when approving the admission of an inpatient hospital SUD stay.
- The intent of the change is to have consistency between residential/community SUD settings and inpatient hospital settings.
- Hospitals and MCOs will coordinate so that the information submitted at ASAM 4 will include information necessary to demonstrate ASAM 4 criteria
- Slide 34 provides links to additional information.

Revisions to SUD 1115 Waiver Work Plan

- MHAS mentioned that previously SAC had requested an update on the waiver implementation plan.
- State is still on track with CMS required milestones but have updates on some of the activities.

Milestone 2

- This milestone is focused on assuring evidence-based treatment criteria
- Currently working with the Utilization Management TW to develop short term recommendations. Hope to have this work wrapped up by October and implement short term recommendations by April 2021.
- There will be potential for long term recommendations coming out of the TW that would require more intensive work to implement, which we will tackle post January 2021.

Milestone 3

- This milestone is focused on having program standards for SUD residential providers that meet ASAM standards. Four of the TWs are working on items related to this milestone.
- Currently in the TW process. Wrap up of TWs is expected in the fall so by January we will have a draft rules and regulatory package. The State will work with providers to implement these in the middle of 2021.
- State will also conduct onsite visits around residential care. These will begin fall of 2021 and will be phased over 2 years. Currently just focused on developing the standards.

Milestone 4

- This milestone is focused on assuring provider capacity for all ASAM LOCs.
- This year gathered data to understand provider capacity. Previously we shared preliminary data with SAC and will provide another update with more details as data becomes available.
- State will ask the SAC to identify gaps and suggestions on where to focus to develop additional capacity to address those gaps.
- State will also consider managed care network requirement changes as part of the waiver implementation.

Milestone 5

- This milestone is focused on prevention for opioid use and disorders, in particular, about the prescription drug monitoring program.
- The State has the PDMP monitoring in place, and is working with board of pharmacy, which will continue and make improvements when needed.
- ODM will also collect data as required by CMS.

Milestone 6

- This milestone is focused on care coordination between LOCs.
- Currently in development phase for care coordination models.

Questions and Announcements

- SAC: Is there a way to look at the ASAM matrix to see what changes have been made per the TWs?
 - Answer: MHAS is compiling recommendations from the TW and will send it to everyone after changes are made.
- SAC: As we went through the documents, understand that waiver is for residential, but we are focused on the entire continuum and so for MAT, are there thoughts on how those will be

impacted in terms of outpatient and partial hospitalization? Is there any thought about how lower levels of IOP and PHP could be affected?

- Answer: Waiver milestones are not exclusively about residential. What you are suggesting may fall under milestone 4 which is about all ASAM LOCs. So far, our focus has been on milestone 3 which is specific to residential. But access is an important question under the waiver.
- Answer: Under access to medication TW, we will talk about discharge and if we look at outpatient, then we are looking at both before and after discharge.
- ODM mentioned that SAC members are welcome to provide agenda topics for future meetings. State's intention is to have discussions and hear the members' thoughts.
- SAC: One of the biggest barriers we see is when someone is in a criminal justice setting and may have been receiving treatment but are no longer able to access medication or treatment once released. Suggest this be considered via the Access to Medication TW.
 - Answer: Needs of someone in that population are broader than just access to medication, but also safe, sober places to live and other treatment needs. From Medicaid's perspective we have worked with DRC to ensure that those leaving prisons have a Medicaid card when they are released but recognize that the comment goes beyond that.
- SAC: Erin Helms mentioned that she would like to contribute to making better connections with treatment and the criminal justice system. There is an unmet need for having lines of communications open to help these folks.
 - Cherri Walter would also like to participate in this work group if convened.
- SAC: Transitions of care between settings are important. Often there is overlap between providers so transition of care across providers is important.
- SAC: Interested to know capacity across LOCs and recovery support as well and requested an update on what data the State is looking at.
- SAC: Related to pandemic effects, requested to look at statistics on overdosing and what issues have been exacerbated and what capacity issues we may face due to Covid-19.
 - State will share information about overdose monitoring in a future meeting.
- SAC: Request to see where MAT is available in the state and in what form.
 - Answer: State is looking at access of various treatments across the state and MAT is part of that. This may be included this as part of the September or October SAC meeting after checking with the data team.

Upcoming Meeting

- Next SAC meeting will be held on September 25, 1-3pm