Stakeholder Advisory Committee for Ohio Medicaid SUD 1115 Demonstration Waiver

August 16, 2022
Meeting Agenda

1. OhioMHAS Crisis Task Force Updates
2. Annual Provider Capacity Assessment Update
3. SUD 1115 Waiver Annual Public Forum
Housekeeping

• Please introduce yourself by entering your name, title, and organization in the chat feature
• All attendees may enter comments or questions using the chat feature
• ODM is committed to providing access and inclusion and reasonable accommodation in its services, activities, programs, and employment opportunities in accordance with the Americans with Disabilities Act and other applicable laws. For today’s presentation, participants can utilize the close captioning functionality in Teams by clicking the ellipsis and selecting turn on live captions. If you need assistance, please use the chat feature to indicate assistance is needed.
SUD 1115 Waiver Stakeholder Advisory Committee Meeting
Ohio’s Crisis Task Force Update

Tuesday, August 15, 2022
Alisia Clark, Assistant Director of Community Planning & Collaboration
These past few years have been unprecedented for our system in navigating multiple crises and epidemics simultaneously.
Crisis Services Update

“In the Ohio I see, fewer families face the unimaginable grief of losing a loved one to suicide or overdose. Shame, fear, stigma, and embarrassment are erased. Mental illness is treated as a health issue – not as a crime.”

Governor Mike DeWine,
March 23, 2022
Our Vision

• Visible and accessible crisis continuum of services.
• Supports that are person-centered and quality-driven.
• Ensuring people are stabilized and thriving in their community.
Crisis Work Underway: A Summary

CONNECT
- 988
- Ohio Careline
- Crisis Text Line
- Open Beds/Treatment Connection.com
- Web-based Statewide Directory
- Problem Gambling Helpline

RESPOND
- Mobile Response Stabilization Services for Youth (MRSS/OhioRISE)
- Community Mobile Response
- Co-Responder Response

STABILIZE
- Crisis Stabilization Units
- Residential/Respite Care
- Behavioral Health Urgent Care Centers

THRIVE
- Strong Families, Safe Communities
- First Episode Care for Serious Mental Illness
- Outpatient Service Capacity
- Housing
- School
- Employment
- Day Activities
988: Building on a Strong Foundation in Ohio

• Since 2005, the National Suicide Prevention Lifeline (1-800-273-8255) has helped thousands of Ohioans in emotional distress and crisis.

• Federal law requires that all states transition from the 1-800 number to the easy-to-remember 3-digit number 988 by July 16, 2022.

• 988 will help connect Ohioans in a mental health or addiction crisis with Ohio’s growing crisis response and support system.
The Crisis Continuum

- **80%** resolved on the phone
- **71%** resolved in the field
- **68%** discharged to the community
- **85%** remain stable in community-based care

Person in Crisis → Crisis Line → Mobile Crisis Teams → Crisis Facility → Post-Crisis Wraparound

Decreased Use of jail, ED, inpatient

Easy Access for Law Enforcement = Pre-Arrest Diversion

**LEAST Restrictive = LEAST Costly**

Ohio Crisis Task Force Committee
(July 1, 2021 – June 30, 2022)

- Sharing and identifying opportunities to enhance system coordination (hospitals, medical clinics, law enforcement, jails, etc.)
- Provide stakeholder input on the framework, design and implementation of Ohio’s Ideal Crisis Continuum
- The Ohio Crisis Landscape Analysis & Recommendation Report
Consultants: Healthcare Perspectives and Zia Partners
Connect
Respond
Stabilize & Thrive
Community Crisis Coordination
Performance Metrics & Data
Financing the Continuum
Crisis Task Force Recommendation Flow

**Subcommittees**
- Process data from Surveys
- Process Data from Other Sources – ODM/OMHAS
- Review Best Practices
- Answer Questions
- Make Initial Recommendations

**Committees**
- Process work from subcommittees
- Solicit additional input from all stakeholder groups identified for the process
- Submit final recommendations to Taskforce

**Taskforce**
- Consider collective recommendations that flowed through committee work
- Adopt an action plan to put recommendations into motion.
Ohio BH Crisis System Landscape Analysis Report

• Landscape Analysis on where Ohio’s crisis services are throughout the state
• Where is Ohio based on National Best Practices (NAASP & Crisis Now Scorecard and the National Council’s Roadmap to the Ideal Crisis System)
• Interim Lexicon of Crisis Definitions
• Sample Implantation Plan
• Recommendations
Next Steps
More Information

http://mha.ohio.gov/
RecoveryOhio.gov

Join our OhioMHAS e-news listserv for all of the latest updates
SUD 1115 Demonstration Waiver: Provider Capacity Assessment
2018 – 2021
SUD 1115 Waiver Provider Capacity Assessment Agenda

• Geographical analysis for changes over time in SUD and OUD utilization and provider capacity for the Medicaid population
  » SUD Level of Care
    • Mapping
    • Statewide totals

• Comparisons of SUD service utilization before and during Public Health Emergency
  » Telehealth utilization

• Changes over time in SUD Residential providers & MAT
SUD Level of Care Definitions for Provider Capacity Assessment

• Early Intervention: Includes screening and SBIRT services (some of which overlap with Outpatient Metric #8 value sets). G0396, G0397, H0049, H0050, 99408, 99409
• Outpatient: Includes various outpatient services that are not Residential Treatment or IOP/PH, including services billed by PT 95.
• Intensive Outpatient and Partial Hospitalization: Includes just Intensive Outpatient and Partial Hospitalization services billed with HCPCS H0015.
• Withdrawal Management: Includes withdrawal management and detox (acute and sub-acute). Detoxification spans are collapsed for gaps of less than 1 day for inpatient claims and fewer than 3 days for professional and outpatient claims.
• SUD Residential: Includes residential treatment and inpatient SUD services (Ohio ASAM 3.1, 3.3, 3.5, 3.7). Residential treatment spans are collapsed for gaps of 2 days or fewer, and inpatient stays for gaps of no more than 1 day.
• Inpatient: Inpatient claim with primary SUD diagnosis (Ohio ASAM 4)
Key Points from Overall Analysis

• Rates of SUD in Medicaid have remained consistent (12%-13%) between 2018 and 2021, as seen in claims for recipients with a primary or secondary SUD diagnosis.

• The geographical distribution of county rates of SUD have also remained consistent between 2018 and 2021.

• Ratios of providers to patients across most SUD Levels of Care appear to be consistent between 2018 and 2021.

• There has been a steady increase in both the number of MAT prescribers and provider to patient ratios between 2018 and 2021.

• While looking at Medicaid provider capacity, the increased utilization of telehealth has been an important component to ensuring Medicaid recipients had access to non-acute/non-emergent SUD services. Utilization rates for these SUD services remained consistent throughout the PHE.
Trending SUD and Provider Capacity for Ohio’s Medicaid Population
2018-2021
Medicaid Overdoses Compared to Overall Ohio

Intentional Self-Poisoning by Month of Death, Medicaid and Ohio, 2019-2021

Unintentional Poisonings by Month of Death, Medicaid and Ohio, 2019-2021

Data Source: ODH’s Data Warehouse, March 2022
Ohio’s Age-Adjusted Overdose Rates (2018-2021)

Data Source: ODH's Data Warehouse, August 2022
County-Level View
Percent of Medicaid Members with SUD Primary/Secondary Diagnosis
2018-2021

Data Source: ODM’s EDW HHSP, July 2022
Census Tract-Level View
Percent of Medicaid Members with SUD Primary/Secondary Diagnosis
2018-2021

Data Source: ODM’s EDW HHSPP, July 2022
Statewide Total Counts and Comparisons with Medicaid Members with SUD for SUD Early Intervention Providers

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<thead>
<tr>
<th>Year</th>
<th>SUD LoC Early Intervention</th>
<th>Medicaid Members with SUD Primary or Secondary Diagnosis</th>
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<tbody>
<tr>
<td></td>
<td>Provider Count</td>
<td>Providers per 1,000 patients</td>
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<tr>
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<td>117</td>
<td>0.285</td>
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<tr>
<td>2019</td>
<td>136</td>
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<td>2020</td>
<td>136</td>
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<td>2021</td>
<td>137</td>
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Difference in Number of Medicaid SUD Early Intervention Providers Between 2018 and 2021

Data Source: ODM’s EDW HHSPP, August 2022
Statewide Total Counts and Comparisons with Medicaid Members with SUD for Outpatient Providers

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<td>Recipient Count</td>
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<td>410,519</td>
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<tr>
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<td>410,051</td>
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<td>2021</td>
<td>4853</td>
<td>436,346</td>
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<table>
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<tr>
<th>Year</th>
<th>Providers per 1,000 patients</th>
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Difference in Number of Medicaid Outpatient Providers Between 2018 and 2021

Data Source: ODM's EDW HHSPP, August 2022
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<th>SUD LoC Detox Provider Count</th>
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<tr>
<td>2019</td>
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<td>2021</td>
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**Medicaid Members with SUD Primary or Secondary Diagnosis**

<table>
<thead>
<tr>
<th>Year</th>
<th>Recipient Count</th>
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<tr>
<td>2018</td>
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Difference in Number of Medicaid Detox Providers Between 2018 and 2021

Data Source: ODM’s EDW HHSP, August 2022
### Statewide Total Counts and Comparisons with Medicaid Members with SUD for Intensive Outpatient/Partial Hospitalization Providers

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<td>404,235</td>
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<td>2020</td>
<td>410,051</td>
</tr>
<tr>
<td>2021</td>
<td>436,346</td>
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**SUD LoC Intensive Outpatient / Partial Hospitalization**

**Medicaid Members with SUD Primary or Secondary Diagnosis**
Difference in Number of Medicaid Intensive Outpatient/Partial Hospitalization Providers Between 2018 and 2021

Data Source: ODM’s EDW HHSPP, August 2022
Statewide Total Counts and Comparisons with Medicaid Members with SUD for Withdrawal Management Providers

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<th>Year</th>
<th>SUD LoC Withdrawal Management</th>
<th>Medicaid Members with SUD Primary or Secondary Diagnosis</th>
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<td>2021</td>
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<td>0.140</td>
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Difference in Number of Medicaid Withdrawal Management Providers Between 2018 and 2021

Data Source: ODM’s EDW HHSPP, August 2022
### Statewide Total Counts and Comparisons with Medicaid Members with SUD for SUD Residential Treatment Providers

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<th>Provider Count</th>
<th>Providers per 1,000 patients</th>
<th>Recipient Count</th>
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<tr>
<td>2018</td>
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<td>0.302</td>
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<td>2020</td>
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<td>2021</td>
<td>121</td>
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Difference in Number of Medicaid SUD Residential Treatment Providers Between 2018 and 2021

Data Source: ODM's EDW HHSP, August 2022
Statewide Total Counts and Comparisons with Medicaid Members with SUD for SUD Inpatient Providers

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<th>Provider Count</th>
<th>Providers per 1,000 patients</th>
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<tbody>
<tr>
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<tr>
<td>2021</td>
<td>265</td>
<td>0.607</td>
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Medicaid Members with SUD Primary or Secondary Diagnosis

<table>
<thead>
<tr>
<th>Year</th>
<th>Recipient Count</th>
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<tbody>
<tr>
<td>2018</td>
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<td>2019</td>
<td>404,235</td>
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<td>410,051</td>
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<tr>
<td>2021</td>
<td>436,346</td>
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Difference in Number of Medicaid SUD Inpatient Providers Between 2018 and 2021

Data Source: ODM's EDW HHSP, August 2022
Statewide Total Counts and Comparisons with Medicaid Members with OUD for MAT OUD Prescribing Providers

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<th>Year</th>
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<td>2019</td>
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<td>2021</td>
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<table>
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<th>Year</th>
<th>Medicaid Members with OUD Primary or Secondary Diagnosis</th>
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<tbody>
<tr>
<td></td>
<td>Recipient Count</td>
</tr>
<tr>
<td>2018</td>
<td>164,141</td>
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<tr>
<td>2019</td>
<td>162,099</td>
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<tr>
<td>2020</td>
<td>162,679</td>
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<tr>
<td>2021</td>
<td>169,195</td>
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Difference in Number of Medicaid MAT OUD Prescribing Providers Between 2018 and 2021

Data Source: ODM’s EDW HHSPP, August 2022
# Statewide Total Counts and Comparisons with Medicaid Members with OUD for MAT OUD Billing Providers

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<th>Year</th>
<th>Provider Count</th>
<th>Providers per 1,000 patients</th>
<th>Medicaid Members with OUD Primary or Secondary Diagnosis</th>
<th>Recipient Count</th>
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<tbody>
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<td>2018</td>
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<td>2021</td>
<td>2656</td>
<td>15.7</td>
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<td>169,195</td>
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Difference in Number of Medicaid MAT OUD Billing Providers Between 2018 and 2021

Data Source: ODM's EDW HHSP, August 2022
SUD Providers for All Levels of Care
Overlayed on County-Level Percent of Medicaid Members with SUD Primary/Secondary Diagnosis
2018-2021

Data Source: ODM's EDW HHSPP, August 2022
SUD All Levels of Care Medicaid Providers: Changes Between 2018 and 2021
Overlayed on County-Level Percent of Medicaid Members with SUD Primary/Secondary Diagnosis
2018-2021

SUD Providers Billing in 2018
and Not Billing in 2021

SUD Providers Billing in
2021 and Not Billing in 2018

Data Source: ODM’s EDW HHSPP, August 2022
County-Level View
Percent of Medicaid Members with OUD Primary/Secondary Diagnosis
2018-2021

Data Source: ODM’s EDW HHSPP, August 2022
Census Tract-Level View
Percent of Medicaid Members with OUD Primary/Secondary Diagnosis
2018-2021

Data Source: ODM’s EDW HHSPP, August 2022
OUD MAT Medicaid Prescribing Providers
Overlayed on County-Level Percent of Medicaid Members with OUD Primary/Secondary Diagnosis
2018-2021

Data Source: ODM’s EDW HHSP, August 2022
OUD MAT Medicaid Prescribing Providers: Changes Between 2018 and 2021
Overlayed on County-Level Percent of Medicaid Members with OUD Primary/Secondary Diagnosis

2018-2021

OUD MAT Prescribing Providers Billing in 2018 and Not Billing in 2021

OUD MAT Prescribing Providers Billing in 2021 and Not Billing in 2018

Data Source: ODM’s EDW HHSP, August 2022
OUD MAT Medicaid Billing Providers
Overlayed on County-Level Percent of Medicaid Members with OUD Primary/Secondary Diagnosis
2018-2021

Data Source: ODM’s EDW HHSPP, August 2022
OUD MAT Medicaid Billing Providers: Changes Between 2018 and 2021
Overlayed on County-Level Percent of Medicaid Members with OUD Primary/Secondary Diagnosis 2018-2021

OUD MAT Billing Providers Billing in 2018 and Not Billing in 2021

OUD MAT Billing Providers Billing in 2021 and Not Billing in 2018

Data Source: ODM’s EDW HHSPP, August 2022
Percent of Medicaid Members with OUD Taking OUD MAT Medicaid Overlayed on County-Level Percent of Medicaid Members with OUD Primary/Secondary Diagnosis

2018-2021

Data Source: ODM’s EDW HHSPP, August 2022
SUD Residential Medicaid Providers: Changes Between 2018 and 2021
Overlayed on County-Level Percent of Medicaid Members with SUD Primary/Secondary Diagnosis
2018-2021

SUD Residential Providers Billing in 2018 and Not Billing in 2021

SUD Residential Providers Billing in 2021 and Not Billing in 2018

Data Source: ODM’s EDW HHSPP, August 2022
Proportion of Medicaid Members with MAT During SUD Residential Stay (+/- 15 days), 2018 vs. 2021 (Top 20 Providers by unique Patient Count)

Data Source: ODM’s EDW HHSPP, August 2022
Ohio Medicaid’s SUD Utilization
Pre- and During-Public Health Emergency
Ohio Medicaid’s SUD Utilization Trends
Pre- and During-Public Health Emergency
Key Take-Aways

• Medicaid members continued to have access to mental health and SUD services throughout the PHE, especially those considered non-acute/non-emergent providers (i.e., Community Mental Health Centers, SUD clinics, and outpatient services)
  » Consistent access across age groups, races, and geographical areas
  » Access issues were mainly addressed via Telehealth
    • In Early March of 2020, ODM implemented a few emergency rules to quickly expand access to physical and behavioral health services through telehealth during the COVID-19 public health emergency. The latest policy, Ohio Administrative Code rule 5160-1-18 effective 11/15/2020, ensured the expanded access would continue after the expiration of emergency rules and will remain in effect until ODM makes changes through the formal rule filing process.

• Medication Assisted Treatment (MAT) for SUD utilization increased throughout PHE

• Largest impact on decreased Medicaid mental health and SUD utilization on acute & emergent services during PHE was the Shut Down from March-June 2020
Medicaid Patient’s Utilization of Telehealth Services
All Providers and Claims Eligible for Telehealth

Telehealth Utilization Ratio - Recipients

Data Source: ODM’s Telehealth Dashboard, 4/21/22
Medicaid Patient’s Utilization of Telehealth Services
CMHC & SUD Clinic Claims Eligible for Telehealth

Telehealth Utilization Ratio - Recipients

Data Source: ODM’s Telehealth Dashboard, 4/21/22
Medicaid’s Methodology to Identify SUD Non-Acute/Non-Emergent Services

- Outpatient & Professional claims were used to identify mental health and SUD. ED claims were excluded.

- **SUD**
  - SUD primary diagnosis
  - SUD Procedure Code
  - PT 95 Billing Provider
  - Place of service code 55 or 58
  - SUD Revenue Center Code
Medicaid’s Non-Acute/Non-Emergent SUD Service Utilization Trends Pre- & During-PHE Patients
The number of Medicaid members receiving non-acute/non-emergent SUD services before and throughout the PHE increased over time, corresponding to increased number of people enrolled in Medicaid due to Maintenance of Effort required by CMS to freeze dis-enrollments. The percent of Medicaid members receiving non-acute/non-emergent SUD services remained consistent before and throughout the PHE.
Medicaid Members Using Non-Acute/Non-Emergent SUD Services
2018, 2020, 2021

Comparing Pre-PHE to December 2021 dates of service, Medicaid members receiving non-acute/non-emergent SUD services increased from 69,460 to 79,930 (15%) between December 2019 and 2021.

The percent of Medicaid members using these services was consistent, 2.5%. The lowest number of Medicaid members using these services during the PHE was in April 2020 (68,122).

Data Source: EDW, HHSPP, 4/21/22
Medicaid providers were able to continue providing non-acute, non-emergent SUD services to a substantial number of patients during the PHE through telehealth. At different points during the PHE up to 48% of those Medicaid members using these services were via telehealth.

Data Source: EDW, HHSPP, 4/21/22
Comparing Pre-PHE to the most current December dates of service, total Medicaid monthly expenditures for non-acute, non-emergent SUD services slightly increased from $63,015,888 to $78,341,447 (18%) between December 2019 and 2021. The lowest monthly expenditure during the PHE was in April 2020 ($61,146,837).

Data Source: EDW, HHSPP, 4/21/22
Medicaid’s Non-Acute/Non-Emergent Mental Health and SUD Telehealth Utilization

Geography & Race

Pre- and During-PHE
During Q2 2020, the utilization of non-acute, non-emergent telehealth SUD services ranged from 21-77% between Ohio counties, with 80 counties having 40% or more of these services provided via telehealth.

Data Source: EDW, HHSPP, 4/21/22
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<thead>
<tr>
<th>County</th>
<th>Q1 2019</th>
<th>Q2 2019</th>
<th>Q3 2019</th>
<th>Q4 2019</th>
<th>Q1 2020</th>
<th>Q2 2020</th>
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<th>Q2 2021</th>
<th>Q3 2021</th>
<th>Q4 2021</th>
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Medicaid providers were able to continue providing non-acute, non-emergent MH services to a substantial number of patients during the PHE through telehealth. At different points during the PHE up to 57-60% of those Medicaid members using these services for both black and white populations.

Data Source: EDW, HHSPP, 4/21/22
Medicaid’s Acute and Emergent Mental Health and SUD Trending
Pre- and During-PHE
The number and percent Medicaid members with SUD inpatient admissions remained consistent before and throughout the PHE, with the exception of March-May 2020 during the height of the PHE health care shut down. Patient volumes decreased from 1,220 in January 2020 to 857 April 2020 (30% decrease).
Emergency Department Visits
The number and percent Medicaid members with SUD ED visits was consistent throughout the PHE compared to 2019, with the exception of March-May 2020 during the height of the PHE health care shut down. Patient volumes decreased from 3,286 in January 2020 to 2,489 April 2020 (24% decrease). However, the number and rate of patients with MH ED visits increased in 2021 comparable to those in 2019 and 2020.

Data Source: EDW, HHSPP, 4/21/22
Medicaid’s Mental Health Pharmaceutical Utilization for Specific Conditions Pre- and During-PHE
Medicaid Members with OUD and MAT Utilization
Pre- and During-PHE

The percent of Medicaid members with OUD receiving MAT during a quarter steadily increased from Q1 2018 through Q3 2021, including the quarters during the PHE.

Data Source: EDW, HHSPP, 2/15/22
The percent of pregnant Medicaid members with OUD receiving MAT during their pregnancies steadily increased from Q1 2018 through Q3 2021, including the quarters during the PHE.

Data Source: EDW, HHSPP, 2/15/22
Substance Use Disorder (SUD) 1115
Demonstration Waiver

Annual Public Forum
SUD 1115 Demonstration Waiver Overview

• The SUD 1115 Waiver was approved effective October 1, 2019 through September 30, 2024
• The waiver provides the state with authority to provide high-quality, clinically appropriate treatment to beneficiaries with a SUD diagnosis. Through the waiver, the State of Ohio seeks to:
  o Increase provider capacity
  o Promote care coordination strategies
  o Integrate wholistic treatment options to improve the continuum of care
  o Enhance residential treatment services
  o Increase support for individuals in a variety of residential settings
  o Improve access to a continuum of SUD evidence-based services at varied levels of intensity
SUD 1115 Demonstration Waiver Activities

Recent activities related to the SUD 1115 Waiver over the past year include:

- **SUD Prior Authorization (PA) Request Form**: Implemented in summer of 2021 and aims to help improve processes for SUD residential utilization management.

- **SUD Residential Notification of Admission Form**: An optional, standardized form and process for SUD residential providers to notify the MCE of patient admission was released on 8/12.

Upcoming activities related to the SUD 1115 Waiver include:

- **Provider Site Visits**: Visits to Medicaid-enrolled provider certified by OhioMHAS for residential and withdrawal management substance use disorder services to begin summer of 2022 through spring 2023.
  - These site visits are intended to help providers meet requirements related to the OhioMHAS rule 5122-29-09 (effective July 1, 2023).
  - A final report detailing observations and recommendations will be shared with ODM in summer of 2023.

SUD 1115 Waiver Stakeholder Advisory Committee Meeting – 8/16/2022
Activities that will continue related to the SUD 1115 Waiver include:

- **Annual Provider Capacity Assessment:** This assessment will continue to be regularly updated. Findings will be shared publicly as they become available.

- **Utilization Management Targeted Workgroup Data Analysis:** The workgroup will continue to monitor and review analyses of residential treatment utilization data to inform policy and process considerations.
  
  - In the most recent review, the data was analyzed by level of care (LOC), length of stay (LOS), and trends from 2019 to 2021. Some key findings include:
    - A significant portion of patients had LOS between 0-7 days.
    - The adult patient count dropped significantly after approximately 30 days.
    - The average LOS for youth patients was greater than 30 days for all three years (SFY2019 – SFY2021).
    - The number of patients that experienced an inpatient or emergency department admission following residential treatment across all fiscal years and ASAM LOCs showed a significant decrease after 30 days post residential treatment.
Medicaid Behavioral Health Website

Don’t forget to visit our website to:

• Learn about upcoming SUD 1115 Stakeholder Advisory Committee Meetings and see past meeting slides
• Stay up-to-date on news via MITS Bits Releases
• Sign up for the BH Newsletter
• Access resources for providers (e.g., forms, trainings, resource guides, manuals, and rates)
• Review Medicaid Section 1115 SUD Demonstrations Monitoring Reports
Annual Public Forum Now Open

How to provide live comments during the public forum:

• **Step 1:** Select the “Reactions” button at the top of the Teams screen
• **Step 2:** From the drop-down, select the “Raise Hand” button
• **Step 3:** Once your name is called, unmute yourself by pressing the “Mic” button. The slash on the icon will disappear indicating you are unmuted. If you called in and were muted during the meeting, you must press *6 to unmute
• **Step 4:** Once you have spoken, place yourself back on mute by pressing the “Mic” button again. A slash on the icon will reappear indicating you are muted
• **Step 5:** Remove your “Raise Hand” by following Steps 1 & 2 again. The purple line under the icon will disappear
Reminders

- Additional written comments or questions for the public forum may be submitted via email to MCD_SUD1115@medicaid.ohio.gov
- The slides from this meeting will be available following the meeting on the SUD 1115 Waiver webpage
- The next SAC Meeting is scheduled on Tuesday, October 18th at 1 PM
Thank you!