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

December 20, 2019
11:00 am – 1:30 pm

Ohio Department of Medicaid Office
50 West Town St, Columbus OH
Room C621

OhioMHAS Director Lori Criss
ODM Director Maureen Corcoran
Welcome to the Stakeholder Advisory Committee Meeting

The presentation will begin in a few minutes.

If you are attending in person and logging on the webinar via laptop or phone: Please mute your computer audio or select the “no audio” participation option to prevent sound feedback during the broadcast.

If you are attending via webinar:
Make sure your computer audio is turned on in order to hear the broadcast. (There is no telephone dial-in option). If you are having trouble with the audio, please see instructions HERE.

You will not be able to ask questions verbally. However, a dialogue box is available on the right side of the webinar screen for you to share comments and questions.
## Agenda

<table>
<thead>
<tr>
<th>Slide #</th>
<th>TOPIC</th>
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<tr>
<td>4</td>
<td>Introductions and Stakeholder Advisory Committee Overview</td>
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<tr>
<td>10</td>
<td>Substance Use Disorder (SUD) 1115 Waiver Overview and Implementation Milestones</td>
</tr>
<tr>
<td>55</td>
<td>Upcoming Meetings</td>
</tr>
</tbody>
</table>
Introductions and Stakeholder Advisory Committee Overview
Introductions

Tell us a bit about yourself

» Organization name
» Geographic region and locations
» Services and support programs
» Organization’s customers – who do you serve
Stakeholder Advisory Committee – Membership and Purpose

Agencies/Members selected to represent
• Ohio geography
• Diverse range of services
• Beneficiaries served
• Associations and individuals
• Individuals with real-life experience

Stakeholder Advisory Committee role
• Offer advice, opinion, suggestions to the Directors and staff of ODM and OhioMHAS on topic specific policy proposals re: the SUD 1115 Milestones
• Seek and convey feedback from your constituents
Suggested Ground Rules

• Listen to one another
• Ask difficult questions and seek realistic answers
• Be transparent (all meetings will be public)
• Think strategically and creatively - “outside the box”
• Discuss and negotiate based on interests – don’t make it personal
• Use facts and data to inform, raise concerns or propose change
• Maintain realistic expectations about which problems can be solved within the span of influence of the SUD 1115 waiver
• Work collaboratively
• Keep your sights on the broader vision
• Seek progress, not perfection
• Committee role is advisory; decisions will not be made by consensus
Meeting Schedule and Logistics

Meetings will be held monthly or as determined necessary by the Directors.

Agenda template:

» Progress report on Milestone activity
» Topics of focus for the session
» Q&A period: member opportunity to share comments and questions
» Future topics / “parking lot” issues

Meeting materials and minutes will be posted to the Committee webpage at: https://bh.medicaid.ohio.gov/Provider/SUD-1115/SUD-1115-Advisory-Committee.
Questions & Discussion
SUD 1115 Waiver Overview and Implementation Milestones
Overview of Substance Use Disorder 1115 Waiver

• Continued federal financial participation for SUD residential services rendered in an IMD

• Significant enhancements to Medicaid’s care coordination services for individuals with SUDs.

• Improve clinical consistency while measuring service outcomes and performance.

• Work to improve care for pregnant women with opioid use disorder and their infants.

• Report on and achieve CMS mandated performance measures – heavy research component of the waiver.

SUD 1115 Waiver requirements are outlined in the 2017 State Medicaid Director letter from CMS, available on Ohio’s Medicaid BH website on the SUD 1115 webpage.
Ohio’s SUD 1115 Waiver: Goals

✓ Increase rates of identification, initiation, and engagement in treatment for SUD
✓ Increase adherence to and retention in treatment
✓ Reduce overdose deaths, particularly those due to opioids
✓ Reduce preventable or medically inappropriate use of emergency department and inpatient hospital settings for treatment by increasing access to other services
✓ Reduce readmissions to inpatient hospitals or higher levels of care when the readmission is preventable or medically inappropriate
✓ Work to improve care for pregnant women with opioid use disorder and their infants
✓ Improve access to care for physical health conditions among individuals with an SUD

Ohio has an opportunity to improve access to and quality of residential treatment and rebalance residential and community service capacity with the 1115 SUD waiver.
Monitoring and Evaluation Component of SUD 1115 Waiver

• The SUD 1115 waiver has a very significant monitoring and evaluation component required by CMS.

• Numerous monitoring metrics which we must measure and report on throughout the five year waiver period. E.g., changes in:
  • Consumer access to various American Society of Addiction Medicine (ASAM) levels of care
  • Utilization of Emergency Department / Inpatient Hospital Treatment
  • Utilization of/adherence to pharmacotherapy
  • Care coordination and transitions of care

• Request Committee member input on aspects of evaluation design, especially re: *how to get the most meaningful input from providers, consumers, and advocates.*
<table>
<thead>
<tr>
<th>SUD 1115 Waiver Implementation Milestones*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Coverage of SUD Services across ASAM Continuum from Outpatient Services to Inpatient Hospitalization and MAT</td>
</tr>
<tr>
<td>2. Assure Evidence-Based, SUD-Specific Placement Criteria</td>
</tr>
<tr>
<td>3. Use Nationally Recognized SUD Program Standards to set SUD Residential Provider Qualifications</td>
</tr>
<tr>
<td>4. Assure Provider Network Capacity for ASAM Levels of Care and MAT</td>
</tr>
<tr>
<td>5. Implement Treatment and Prevention for Opioid Abuse and Disorders</td>
</tr>
<tr>
<td>6. Improve Care Coordination and Transitions Between Levels of Care</td>
</tr>
</tbody>
</table>

*Additionally, future amendment to be proposed will extend Medicaid eligibility to 12 months post partum for Medicaid enrolled women with SUD*
The Milestones are Six Different Buckets of Work – Not Linear, but Interconnected and Concurrent

• Six streams of interconnected activity requiring different:
  – Timelines
  – Scopes of work
  – Expertise and data to inform the work

• Stakeholder input and advice is needed for each one of the Milestones

• ODM and OhioMHAS may need to seek external subject matter expertise for some discussions

• Topic specific discussions at meetings
## Milestone 1: Medicaid Coverage of SUD Services Across the ASAM Continuum: Outpatient to Inpatient Hospitalization and MAT

<table>
<thead>
<tr>
<th>CMS Requirements</th>
<th>Ohio Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Service measures need to be based on ASAM levels of care</td>
<td>• Medicaid BH benefits already meet the CMS requirement because they include all required ASAM levels of care as of January 1, 2018 because of BH Redesign</td>
</tr>
<tr>
<td>• Services must include ASAM Levels 1.0, 2.1, 3.5 or 3.7, 4.0, and WM-3.7, as well as MAT</td>
<td></td>
</tr>
</tbody>
</table>
**Milestone 1: Medicaid Coverage of SUD Services Across the ASAM Continuum: Outpatient to Inpatient Hospitalization and MAT**

- Implementation of new BH benefit package*
  - January 2018

- SUD 1115 waiver approval
  - October 2019

- Ohio covers ASAM levels: 0.5 through 4.0, as well as SUD medications
  - 2019

*The new BH benefit package was offered to outpatient hospitals beginning August 1, 2017

Milestone 1 is complete
Questions & Discussion on Milestone 1
### Milestone 2: Assure Evidence-Based, Individualized Placement Criteria

<table>
<thead>
<tr>
<th>CMS Requirements</th>
<th>Ohio Status</th>
</tr>
</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>
<td>• Assure use of ASAM in patient assessment &amp; placement tools</td>
</tr>
<tr>
<td>• Utilization management should assure access equivalent with patient diagnosis &amp; level of need</td>
<td>• Review MCO UM policies</td>
</tr>
<tr>
<td></td>
<td>• Collect &amp; analyze utilization data &amp; develop &amp; make UM policy changes (comply with ASAM &amp; MHPAEA)</td>
</tr>
<tr>
<td></td>
<td>• Develop guidance for MCOs &amp; providers</td>
</tr>
</tbody>
</table>
Milestone 2: Assure Evidence-Based, SUD-Individually Specific Placement Criteria

Timeline

- **July 2019**: SUD 1115 waiver approval
- **October 2019**: Review MCO UM policies
- **February 2020**: Develop new PA/UM model
- **July 2020**: Implement the new UM policy (target for OAC rule change to become effective)
- **January 2021**: Milestone

- **July**: Require MCOs to use ASAM for patient utilization management decisions
Status Report on Milestone 2

ASAM Criteria

• ASAM level of care framework is already required:
  – OhioMHAS certification
  – ODM Behavioral health service and provider rules
  – Managed care contracts
Utilization Management

- First job is to review current utilization management policy and processes
- ODM/MHAS staff are in the process of:
  - Reviewing UM policies and protocols from other states
  - Collecting and reviewing claims data in FFS and managed care
    - Examples of types of data that Ohio is reviewing:
      - # and rates of approvals, denials, partial denials
      - # of unique members enrolled
      - Avg. length of stay
      - Total # of days authorized
  - Surveying MCOs re: their PA processes & decision making guides
  - Gathering input from stakeholders (will focus specifically on this topic at a future meeting)
Questions & Discussion on Milestone 2
## Milestone 3: Use Nationally Recognized SUD Program Standards to set SUD Residential Provider Qualifications

<table>
<thead>
<tr>
<th>CMS Requirements</th>
<th>Ohio Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Residential provider qualifications must meet ASAM standards re: services, hours, &amp; staff credentials</td>
<td>• Update state policy (OAC rules, manuals) 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>• Plan &amp; implement site visits to residential providers to assess program standards for services, hours of clinical treatment, staff credentials, regulatory compliance &amp; offer TA as needed</td>
</tr>
<tr>
<td>• All residential providers must either offer Medication-Assisted Treatment (MAT) on-site or facilitate access off-site</td>
<td>• Assess MAT access for individuals in residential treatment</td>
</tr>
<tr>
<td></td>
<td>• Assess the need for changes to state policy or credentialing standards to assure ASAM compliance and MAT access</td>
</tr>
<tr>
<td></td>
<td>• Require MCOs to comply with state credentialing &amp; SUD residential program standards</td>
</tr>
</tbody>
</table>
Milestone 3: Use Nationally Recognized SUD Program Standards to set SUD Residential Provider Qualifications

Timeline

- **October 2019**: SUD 1115 waiver approval
- **October 2020**: Conduct onsite visits
- **July 2021**: Update policy to meet CMS provider qualification requirements
- **January 2022**: Implement policy and process for ongoing provider reviews including MAT access
- **April 2022**: Conduct onsite visits
- **October 2022**: Implement policy and process for ongoing provider reviews including MAT access
- **2024**: Milestone
Status Report on Milestone 3

• State staff are reviewing existing OAC rules in comparison to ASAM requirements.
  (Refer to separate attachment on ASAM level 3.7)
  This analysis will be a basis to develop proposals for OAC rule change and changes to the BH Provider Manual
  – Will seek committee input on draft OAC changes prior to public rulemaking process.

• Assuring residential patient access to MAT:
  – State staff are developing data analysis methodology to ID all Ohio providers of SUD medications in order to geo-map with residential providers.
  – Policy changes may be proposed.
Comparison of Ohio Administrative Code with ASAM Requirements for Level 3.7

• Review document. Available via:
  – In-person printout
  – Webinar attachment
  – Medicaid Behavioral Health Web Site: https://bh.medicaid.ohio.gov/Provider/SUD-1115/SUD-1115-Advisory-Committee
Status Report on Milestone 3: Plan and Implement Site Visits to Residential Providers

• Just starting this phase
• Beginning with determining the location of all the SUD residential providers, ASAM Levels of care, characteristics, capacity, etc.
• Goals of the visits include:
  – Reviewing alignment of treatment with ASAM levels of care
  – Assessment of SUD medication access for people receiving SUD residential treatment
  – Assess provider need for training and technical assistance
  – Assessing whether facility meets IMD definition
Questions & Discussion on Milestone 3
## Milestone 4: Assure Provider Network Capacity for ASAM Levels of Care and MAT

<table>
<thead>
<tr>
<th>CMS Requirements</th>
<th>Ohio Status</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>
</tr>
<tr>
<td>– Intensive outpatient</td>
<td>• Require MCOs to meet access standards</td>
</tr>
<tr>
<td>– Withdrawal management</td>
<td></td>
</tr>
<tr>
<td>– Residential</td>
<td></td>
</tr>
<tr>
<td>– Inpatient services</td>
<td></td>
</tr>
<tr>
<td>– Accepting new patients</td>
<td></td>
</tr>
</tbody>
</table>
Milestone 4: Assure Provider Network Capacity for ASAM Levels of Care and MAT

Timeline

- SUD 1115 waiver approval: October 2019
- Perform provider survey: May 2020
- Analyze survey results: July 2021
- Review MCO access standards and implement needed changes: January 2024
- Implement new MCO access standards through 2024:
Status Report on Milestone 4

- State staff gathering existing data sources to inform this assessment. E.g., Medicaid claims data, OhioMHAS provider certification information; SAMHSA N-SSATS* provider survey data.
- We will share some preliminary Medicaid claims data today.
- After collecting existing data if there are still gaps in knowledge of required elements, ODM and OhioMHAS will work with SAC to develop and field (electronically) a provider survey to gather missing information. These data sources will inform the development of statewide network capacity baseline.
- Then work will begin to determine any needed capacity improvements and develop strategies to implement them.

Overview of Ohio Medicaid SUD Data
## Medicaid Recipients on a Medicaid Claim with an SUD Diagnosis

<table>
<thead>
<tr>
<th>Recipients with ANY SUD Diagnosis (Excluding remission and Unspecified)</th>
<th>Recipients with Primary SUD Diagnosis (Excluding remission and Unspecified)</th>
<th>Recipients with ANY SUD Diagnosis (Including remission and Unspecified)</th>
<th>Recipients with Primary SUD Diagnosis (Including remission and Unspecified)</th>
</tr>
</thead>
<tbody>
<tr>
<td>251,874</td>
<td>162,830</td>
<td>299,266</td>
<td>178,973</td>
</tr>
</tbody>
</table>

MITS Data, SFY 2019
Those with primary diagnoses have received treatment for SUD
# Medicaid Providers of Substance Use Disorder Treatment

<table>
<thead>
<tr>
<th>How Provider is Enrolled in Medicaid</th>
<th># of active provider agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>MITS Provider type 95, i.e., SUD Treatment Provider</td>
<td>402</td>
</tr>
<tr>
<td>General Outpatient Specialty Only (MITS Specialty 950)</td>
<td>254</td>
</tr>
<tr>
<td>Methadone OTP (MITS Specialty 951)</td>
<td>35</td>
</tr>
<tr>
<td>Buprenorphine OTP (MITS Specialty 953)</td>
<td>18</td>
</tr>
<tr>
<td>SUD Residential (MITS Specialty 954)</td>
<td>102</td>
</tr>
</tbody>
</table>

- Includes only provider agencies certified by OhioMHAS
- Data from MITS, 7-1-2019
- Specialty count is not mutually exclusive, i.e. some providers have multiple specialties
# Medicaid Expenditures for Select SUD Treatment Services - CY 2018

<table>
<thead>
<tr>
<th>Services</th>
<th>Medicaid payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential</td>
<td>$90,595,801</td>
</tr>
<tr>
<td>Withdrawal management (H0010, H0011)</td>
<td>$32,886,871</td>
</tr>
<tr>
<td>Partial hospitalization (H0015 TG)</td>
<td>$40,692,704</td>
</tr>
<tr>
<td>Intensive outpatient (H0015)</td>
<td>$121,900,699</td>
</tr>
<tr>
<td>Methadone admin (H0020)</td>
<td>$25,545,881</td>
</tr>
<tr>
<td>Buprenorphine admin (T1502)</td>
<td>$9,020,845</td>
</tr>
<tr>
<td>All other</td>
<td>$154,496,418</td>
</tr>
<tr>
<td>Total</td>
<td>$475,139,218</td>
</tr>
</tbody>
</table>

MITS provider type 95 only
SUD Intensive Outpatient, Partial Hospitalization, and Residential by Medicaid Recipients and Providers

SFY 2019 – Fee for service and Managed Care Claims
# of unduplicated recipients and billing providers (agencies) at each Level of Care

<table>
<thead>
<tr>
<th>ASAM LOC</th>
<th>H0015 (2.1)</th>
<th>H0015 TG (2.5)</th>
<th>H2034 (3.1)</th>
<th>H2036 (3.5)</th>
<th>H2036 HI (3.3)</th>
<th>H2036 TG (3.7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recipients</td>
<td>32,436</td>
<td>6,876</td>
<td>2,802</td>
<td>11,223</td>
<td>394</td>
<td>1,680</td>
</tr>
<tr>
<td>Providers</td>
<td>511</td>
<td>150</td>
<td>38</td>
<td>103</td>
<td>10</td>
<td>24</td>
</tr>
</tbody>
</table>

Based on paid claims in MITS, SFY 2019
# SUD Residential and Medications - Total

<table>
<thead>
<tr>
<th>6 month period</th>
<th>Recipients Receiving SUD Medication while in Residential SUD Treatment</th>
<th>Unduplicated Count of Recipients with Residential SUD Treatment (may be included in multiple months)</th>
<th>% of Residential SUD Recipients Receiving Medication During Residential Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan-Jun 2018</td>
<td>2,918</td>
<td>9,059</td>
<td>32.2%</td>
</tr>
<tr>
<td>Jul-Dec 2018</td>
<td>4,133</td>
<td>12,659</td>
<td>32.6%</td>
</tr>
<tr>
<td>Jan-Jun 2019</td>
<td>3,742</td>
<td>10,804</td>
<td>34.6%</td>
</tr>
</tbody>
</table>

MITS data, Fall 2019.
Includes Codes and ASAM Levels of care:
H0010 (3.2 WM), H0011 (3.7 WM), H2034 (3.1) , H2036 (3.3, 3.5, 3.7)
Medicaid Recipients with Opiate Use Disorder
Overlay with Percentage Getting BOTH Psychosocial Treatment and SUD Medication
SFYs 2015-2018

- Consumers receiving both psychosocial treatment and SUD medication increased from 36% in 2015 to 45% in 2018
- Much variation between counties: lowest rate in Mercer at 24%; the highest rate in Vinton and Lucas at 54%

*OUD defined as a recipient with claim for OUD any diagnosis
Data Source: Medicaid claims, QDSS
Overall Ohio View: OTPs and OBOTs

Medication Assisted Treatment (MAT) Programs in Ohio
Current Locations and Proposed Locations

Map Information:
The following map shows locations of Ohio’s MAT programs. Ohio has 123 office-based opioid treatment sites (OBOTs) and 63 federally licensed opioid treatment programs (OTPs). Additionally, 44 OTP applicants are displayed. Not shown are the active OBOTs who are still going through the Board of Pharmacy’s licensing process, the sites that serve 30 or fewer buprenorphine patients, and stand-alone Vivitrol programs.

OhioMHAS anticipates nearly all applicants opening within the next 24 months. Some locations overlap one another, so it may be difficult to see all current and proposed sites.

Data Source:
Data from OhioMHAS and SBOP
Map produced December 2019
Questions & Discussion on Milestone 4
## Milestone 5: Implement Treatment and Prevention for Opioid Abuse and Disorders

<table>
<thead>
<tr>
<th>CMS Requirements</th>
<th>Ohio Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Implement state guidelines for all prescribers</td>
<td>- Continue to expand use of electronic health records &amp; Rx dispensing software</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>
</tr>
<tr>
<td>- Increase utilization of Prescription Drug Monitoring Programs (In Ohio this is the Prescription Reporting System - OARRS)</td>
<td>- Expand data collected in the Ohio OARRS</td>
</tr>
<tr>
<td></td>
<td>- Flag individuals in drug court programs</td>
</tr>
<tr>
<td></td>
<td>- Fatal &amp; nonfatal overdoses</td>
</tr>
<tr>
<td></td>
<td>- Utilization of naltrexone</td>
</tr>
<tr>
<td></td>
<td>- Enforce inappropriate overprescribing &amp; prescribing outside of accepted guidelines</td>
</tr>
</tbody>
</table>
Milestone 5: Implement Treatment and Prevention for Opioid Abuse and Disorders

Timeline

• Continue to implement treatment and prevention for opioid abuse and disorders

2019
SUD 1115 waiver approval

2020

2021

2024

October

October
Status Report Milestone 5

• This is the most technical Milestone requiring subject matter expertise in prescribing and dispensing pharmaceuticals and controlled substances

• An area in which Ohio has already done a lot of work

• ODM and OhioMHAS will be working with the Ohio Pharmacy Board and prescribers

• Will request Committee members to review and provide input on proposals
Questions & Discussion
on Milestone 5
## Milestone 6: Improve Care Coordination and Transitions Between Levels of Care

### CMS Requirements
- Implement policies to ensure residential & inpatient facilities link individuals with community-based services upon discharge
- Add policies to ensure coordination of care for individuals with SUDs & co-occurring physical & mental health conditions

### Ohio Status
- Continue Targeted Case Management (TCM), which includes care coordination activities
- Enhance care coordination:
  - Review & analyze Medicaid claims data
  - Use data analysis to develop care coordination models specific for highest need target populations
  - Implement care coordination for identified target populations
A New Model for Behavioral Health Care Coordination

- Returning to “the drawing board” to rethink and revise the behavioral health care coordination model and policy
- Moving away from a one size fits all care coordination model
- Recognizing that different target populations require different types of care coordination
  » Multi-system youth and their families
  » Individuals with SUD and co-occurring / chronic conditions
  » Individuals with mental illness and co-occurring / chronic conditions
## Enhancing Behavioral Health Care Coordination

<table>
<thead>
<tr>
<th>Model Component</th>
<th>Prior Behavioral Health Care Coordination Model</th>
<th>Considerations for Future Care Coordination Models</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target Population</td>
<td>Single set of MH and SUD selection criteria with limited focus on youth</td>
<td>Multiple attributes to be considered within MH and SUD populations, with greater focus on youth (especially multi-system involvement)</td>
</tr>
<tr>
<td>Attribution Process</td>
<td>Data driven attribution of clients to providers by ODM</td>
<td>Data driven attribution by ODM with more transparent methodology that can be replicated and updated at regular intervals</td>
</tr>
<tr>
<td>Care coordination activities</td>
<td>Single health home model of care coordination activities</td>
<td>Multiple tiers of care coordination (including lower levels) and revisiting existing services with care coordination components (ACT, TCM, CPST, etc.)</td>
</tr>
<tr>
<td>Provider criteria</td>
<td>Single set of provider selection criteria</td>
<td>Provider criteria that aligns with care coordination needs (managing chronic physical health conditions, team-based approach, multi-system needs, pregnant women)</td>
</tr>
<tr>
<td>Medicaid Payment Rate</td>
<td>Single monthly case rate</td>
<td>TBD based on care coordination activities and provider requirements</td>
</tr>
<tr>
<td>Federal Authority</td>
<td>Health Homes</td>
<td>Multiple, including health homes plus possible changes to existing behavioral health benefits with care coordination components (ACT, TCM, CPST)</td>
</tr>
</tbody>
</table>
Milestone 6: Improve Care Coordination and Transitions Between Levels of Care

Timeline

- **SUD 1115 waiver approval**: October 2019
- **Review data and conduct analysis for individuals with SUD**: January 2020
- **Develop care coordination models specific to target populations**: July 2021
- **Implement care coordination for identified populations in a phased-in approach**: July 2024
• All the model components will be revisited.
• There will be an open and transparent process in developing care coordination policy and we will report back to this Committee on progress.
• Plan to use “concept paper” development and review process as the means for discussion and stakeholder input on this and other Milestones.
Medicaid Consumers with SUD and Another Chronic Condition
SFY 2019

- Total with SUD and no Co-Morbid Chronic Condition: 70,534 (28%)
- Total with SUD and a Co-Morbid Chronic Condition: 181,340 (72%)

Total with SUD: 251,874
Questions & Discussion on Milestone 6
Next Steps for the Committee....
Upcoming Meetings
## Next Committee Meetings: Calendar Year 2020

<table>
<thead>
<tr>
<th>Meeting Date</th>
<th>Time</th>
<th>Location*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friday, January 31</td>
<td>1:00 – 3:00 pm</td>
<td>Lazarus, C621</td>
</tr>
<tr>
<td>Friday, February 28</td>
<td>1:00 – 3:00 pm</td>
<td>Lazarus, C621</td>
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<tr>
<td>Friday, March 27</td>
<td>1:00 – 3:00 pm</td>
<td>Lazarus, C621</td>
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<tr>
<td>Friday, April 24</td>
<td>1:00 – 3:00 pm</td>
<td>Lazarus, C621</td>
</tr>
<tr>
<td>Friday, May 29</td>
<td>1:00 – 3:00 pm</td>
<td>Lazarus, C621</td>
</tr>
<tr>
<td>Friday, June 26</td>
<td>1:00 – 3:00 pm</td>
<td>Lazarus, C621</td>
</tr>
<tr>
<td>Friday, July 31</td>
<td>1:00 – 3:00 pm</td>
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</tr>
<tr>
<td>Friday, August 28</td>
<td>1:00 – 3:00 pm</td>
<td>Lazarus, C621</td>
</tr>
<tr>
<td>Friday, September 25</td>
<td>1:00 – 3:00 pm</td>
<td>Lazarus, C621</td>
</tr>
<tr>
<td>Friday, October 30</td>
<td>1:00 – 3:00 pm</td>
<td>Lazarus, C621</td>
</tr>
<tr>
<td>Friday, November 20</td>
<td>1:00 – 3:00 pm</td>
<td>Lazarus, C621</td>
</tr>
<tr>
<td>Friday, December 18</td>
<td>1:00 – 3:00 pm</td>
<td>Lazarus, C621</td>
</tr>
</tbody>
</table>

*Lazarus Building is located at Ohio Department of Medicaid  
50 W. Town Street Columbus, OH 43215
Questions & Discussion