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

January 31, 2020
1:00 – 3:00 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.
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Welcome and Introductions
SUD 1115 Waiver
Monitoring & Evaluation Requirements
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 evaluation design, especially how to get meaningful input from providers, consumers, and advocates.

• CMS requires evaluation by an “independent evaluator.”
  »Ohio has selected Government Resource Center
Evaluation Plan - Goals

The evaluation will focus on the impact of the demonstration on the goals and milestones set forth by CMS.

Goals:
1. Reduce preventable or medically inappropriate utilization of ED and IP treatment;
2. Increased identification, initiation, and engagement in treatment;
3. Increase adherence to and retention in treatment;
4. Improve access to care for physical health conditions;
5. Reduce overdose deaths, particularly those due to opioids; and
6. Reduce readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate.
Evaluation: Milestones

Milestones:

1. Coverage of SUD services across critical levels of care for OUD and other SUDs;
2. Assure use of evidence-based, SUD-specific patient placement criteria;
3. Nationally recognized, evidence-based SUD program standards for residential treatment;
4. Assure sufficient provider capacity at each level of care;
5. Implement comprehensive treatment and prevention strategies to address OUD;
6. Improve care coordination and transitions between levels of care.
Purpose

Reduce overdose and overdose deaths, particularly those due to opioids

Primary Drivers

1. Reduce hospital-based SUD service use and treatment readmissions
   • Preventable ED visits and inpatient admissions
   • Preventable and medically in appropriate readmissions at same or higher level

2. Increase adherence to and retention in treatment
   • Continuity of pharmacotherapy

3. Improve quality of care
   • Physical healthcare – primary care, screening measures (HIV)
   • Identification, initiation and engagement in Treatment – IET Measure

Secondary Drivers

Improve access to care
• Providers by LOC
• Driving distance
• Perceived access

Improve utilization
• Time to MAT
• MAT rate

Improve coordination and management
• Care Coordination
• ED follow-up
• High risk prescribing practices

Program Changes/Milestones

Coverage of SUD services across all critical levels of care for OUD and other SUDs

Use of evidence-based, SUD-specific patient LOC placement criteria; Utilization Management aligned with ASAM and MHPAEA *

Nationally recognized SUD program standards for residential treatment provider qualifications and access to MAT.

SUD provider capacity assessment; set standards at each LOC; MCO provider network development and management plan.

Comprehensive treatment and prevention strategies to address opioid abuse and OUD including expanded access and use of PDMP

Improve care coordination and transitions between levels of care.

*Mental Health Parity And Addiction Equity Act
Program Changes/Milestones

- Coverage of services across all critical levels of care for OUD and other SUDs. **Milestone 1**
- Use of evidence-based, SUD-specific patient LOC placement criteria; UM aligned with ASAM and MHPAEA. **Milestone 2**
- Nationally recognized, evidence-based SUD program standards for residential treatment provider qualifications and access to MAT. **Milestone 3**
- SUD provider capacity assessment; set standards at each LOC; MCO provider network development and management plan. **Milestone 4**
- Comprehensive treatment and prevention strategies to address opioid abuse and OUD including expanded access and use of PDMP. **Milestone 5**
- Improve care coordination and transitions between levels of care. **Milestone 6**
**Secondary Drivers**

**Improve access to care**
- Providers by LOC
- Driving distance
- Perceived access

**Improve utilization of care**
- MAT rate
- Time to MAT

**Improve coordination and management**
- Care Coordination
- ED follow-up
- High risk prescribing practices

**Program Changes/Milestones**

- Coverage of services across all critical levels of care for OUD and other SUDs.

- Evidence-based, SUD-specific patient LOC placement criteria; UM aligned with ASAM and MHPAEA.

- Nationally recognized SUD program standards for residential treatment provider qualifications and access to MAT.

- SUD provider capacity assessment; set standards at each LOC; MCO provider network development and management plan.

- Comprehensive treatment and prevention strategies to address opioid abuse and OUD including expanded access and use of PDMP

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Reduce overdose and overdose deaths, particularly those due to opioids

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Reduce hospital-based SUD service use and treatment readmissions
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- Providers by LOC
- Driving distance
- Perceived access

Improve utilization
- Time to MAT
- MAT rate

Improve coordination and management
- Care coordination
- ED follow-up
- High risk prescribing practices
Qualitative Research – Using Key Interviews and Focus Groups

CMS Requirements

• CMS suggests using both qualitative and quantitative data and applying descriptive and impact analyses.

• Qualitative data will be collected through key informant interviews and consumer focus groups.

• CMS requires a description of the process for selecting the sample, interviewees and/or focus group attendees, and any incentives used in recruitment, as well as how any data will be analyzed and if the interviews/focus groups will be transcribed, the analysis approach the evaluation team will utilize (e.g., thematic analysis, grounded theory, etc.).

• The evaluation design will provide draft interview and/or focus group questions.
Qualitative Research – Using Key Interviews and Focus Groups

Focus Group Process/Timeframe

Consumer focus groups will be conducted during two points post-demonstration.

Goal: to gather perspectives about success of the implementation strategies and develop a better understanding of the lived experiences of individuals receiving treatment.

Questions focus on perceptions about:
1. Access to care that meets needs,
2. Coordination of care and transitions between levels of care,
3. Integration of primary care and other services and supports,
4. Factors that support recovery.
Seeking Input from Stakeholder Advisory Committee Members

Proposed approach to recruit participants:

1. Work with 10 to 15 residential treatment facilities

2. Recruit beneficiaries diagnosed with OUD and/or SUD who received residential treatment in the past 6 months.

3. Two rounds of focus groups over the course of the project will occur:
   - February through April, 2021
   - October through November, 2024

Questions:

- Feedback on proposed approach?
- How to best recruit focus group participants?
- How can treatment providers assist in this effort?
- How can we best partner with providers?
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 evaluation related questions or comments to GRC
SUD 1115 Waiver Overview and Implementation Milestones (Continued from Last Meeting)
<table>
<thead>
<tr>
<th>SUD 1115 Waiver Implementation Milestones*</th>
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<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
Milestone 5 – Treatment & Prevention of Opioid Abuse and Disorders
**Milestone 5: Implement Treatment and Prevention for Opioid Abuse and Disorders**

<table>
<thead>
<tr>
<th>CMS Requirements</th>
<th>Ohio Status</th>
</tr>
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<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>– Includes health information technology requirements dedicated to improving OARRS</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>
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TIMELINE: COLLECTIVE ACTION TO ADDRESS THE OPIOID CRISIS IN OHIO 2016 - 2019

**Opioid Prescribing Guidelines**

**2016**
- Acute Pain Outside of ED
  - Limit 1st use of opioids
  - Decrease availability of unused opioid medications
  - Discuss pain management expectations
  - 1st consider non-pharmacologic and non-opioid therapies
  - Limit pills per script
  - No long-acting opioids
  - 2 week check point

**2017**
- Bureau Workers’ Compensation Offers Full MAT Services
- Specialized Recovery Services (SRS) for Eligible Medicaid Recipients
- More BOP Oversight (requires terminal distributors license)

**2018**
- 21st Century Cures Grant
- Opioid Predictive Modeling and Point of Care Risk Tool Project
- Acupuncture Coverage for Chronic Pain

**2019**
- Behavioral Health Care-In
  - Update Billing Code Set for BH Providers to Align With National Standards (NCCI)
  - Coordinate Physical and BH Services Within Managed Care to Support SUD or Mental Illness Recovery
  - Ordering and Rendering (BH providers enroll as rendering providers)
  - BH System Transition for E&M (psychotherapy & interactive complexity add on & nursing activity codes)
  - Outpatient Hospitals Transition to the New BH Code Set
  - LICDCs Enroll as BH Practitioners

- Expanded Acupuncture Coverage for Chronic Pain
- School-Based Health Care Project
- Quality Withhold Inclusion of BH Measures

**Opioid Prescribing Guidelines**

**2016**
- Subacute Pain
  - At ≥ 50 MED, “press pause”
  - Informed consent
  - Screen for OUD
  - At ≥ 80 MED, subspecialty consultation
  - At 120 MED, pain medicine specialist

**2017**
- Mail Order Opioid Restrictions
  - Episodes of Care & Dental Opioid Safety Measures

**2018**
- Increased Refill Threshold on Controlled Medications to 90%
- FFS Managed Care Behavioral Health Dashboards
- MOMS+ 2.0

**2019**
- Removing Barriers to MAT
  - (Eliminate PA on all brand & generic forms of oral short acting buprenorphine for all prescribers of MAT for FFS & Managed Care)
- Behavioral Health Care Coordination (BHCC) Model

**MEDICAID INITIATIVE**

**2016**
- Hepatitis C Fibrosis Level Requirement Eliminated

**2017**
- SUD 1115 Waiver Application & Implementation Plan

**2018**
- Laboratory Contract & Community SUD Treatment Providers (SUD providers can perform on-site lab services)
# Progressive Opioid Prescribing Guidelines for a Safer Ohio

<table>
<thead>
<tr>
<th></th>
<th>Emergency Department &amp; Acute Care Facilities</th>
<th>For Chronic, Non-Terminal Pain</th>
<th>For Acute Pain Outside of Emergency Department</th>
<th>Prescribing Limits For Acute Pain</th>
<th>For Subacute Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective Date</td>
<td>April 2012</td>
<td>October 2013</td>
<td>January 2016</td>
<td>August 2017</td>
<td>October 2018</td>
</tr>
<tr>
<td>Specific Goals</td>
<td>Stop inappropriate prescribing from ED &amp; Urgent Care Centers</td>
<td>Ensure long-term patient safety</td>
<td>Limit first use of opioids and decrease availability of unused opioid medications</td>
<td>Limit type &amp; amount of opioids for acute pain</td>
<td>Establish a continuum of safe prescribing with express informed consent</td>
</tr>
<tr>
<td>Prescribing Limitations</td>
<td>• No more than 3 day supply</td>
<td>• At ≥ 80 mg MED “press pause”</td>
<td>• Discuss pain management expectations</td>
<td>• 7 day supply for adults</td>
<td>• At ≥ 50 MED, “press pause”</td>
</tr>
<tr>
<td></td>
<td>• No recurrent refills for chronic conditions</td>
<td>• Caution with co-prescribing of benzodiazepines</td>
<td>• First consider non-pharmacologic and non-opioid therapies</td>
<td>• 5 day supply for youth</td>
<td>• Informed consent</td>
</tr>
<tr>
<td></td>
<td>• No long-acting opioids</td>
<td>• Mandatory written agreement</td>
<td>• Limit pills per script</td>
<td>• 30 MED average</td>
<td>• Screen for OUD</td>
</tr>
<tr>
<td></td>
<td>• Connect to usual source of chronic care</td>
<td>• Prescribe Naloxone</td>
<td>• No Long-acting opioids</td>
<td></td>
<td>• At ≥80 MED, subspecialty consultation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Mandatory OARS checks and monitoring</td>
<td>• 2 week check point</td>
<td></td>
<td>• At 120MED, pain medicine specialist</td>
</tr>
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Progressive Opioid Prescribing Guidelines for a Safer Ohio
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<td>Establish a continuum of safe prescribing with express informed consent</td>
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• No recurrent refills for chronic conditions  
• No long-acting opioids  
• Connect to usual source of chronic care | • At ≥ 80 mg MED “press pause”  
• Caution with co-prescribing of benzodiazepines  
• Mandatory written agreement  
• Prescribe Naloxone  
• Mandatory OARRS checks and monitoring | • Discuss pain management expectations  
• First consider non-pharmacologic and non-opioid therapies  
• Limit pills per script  
• No Long-acting opioids  
• 2 week check point | • 7 day supply for adults  
• 5 day supply for youth  
• 30 MED average | • At ≥ 50 MED, “press pause”  
• Informed consent  
• Screen for OUD  
• At ≥80 MED, subspecialty consultation  
• At 120MED, pain medicine specialist |
Prescription Drug Monitoring Program (PDMP)
• Database of all outpatient prescriptions dispensed by Ohio licensed facilities.
  » Controlled substances
  » Gabapentin (since 12/1/2016)
  » Naltrexone (since 3/19/2019)

• Dispensing data submitted daily

• Prescribers (except veterinarians) must report what they personally furnish (including samples). Includes physicians, advance practice providers, dentists, optometrists, podiatrists

• Can be accessed by prescribers, pharmacists, licensing boards, law enforcement, subpoenas (e.g. for prosecution), coroners, individual

• Wholesalers selling to Ohio pharmacies and prescribers also report what has been sold to an Ohio-licensed terminal distributor
The Law: Prescribers Checking OARRS

All Opioid Prescriptions > 7 days

All Opioid or Benzodiazepine Treatment Exceeding 90 Days
  • Terminally ill patients (e.g. cancer patients) excluded
  • Drugs administered within hospital, nursing facility, residential care facility excluded

Pharmacists Check OARRS When:
  • Any new or different controlled substance is added
  • A review has not been done in the last 12 months according to profile
  • The prescriber or patient is outside usual geographic region for pharmacy
  • There are multiple prescribers who may not be part of same practice
  • There are signs of potential abuse or diversion (e.g. early refills, intoxicated behavior at time of pick up)
  • Pharmacists can make a determination about the legitimacy of a prescription
Over a Million Daily OARRS Queries

Requests by Method/Requests per Weekday
Prescriber & Pharmacy OARRS Integration

% Prescribers Integrated

% Pharmacies Integrated

© 2019 Mapbox © OpenStreetMap
Prescribers Use OARRS Most
41% Reduction in Opioid Doses Dispensed (2012-2018)
Ohio Medicaid Members with Opioid Rx

Medicaid Members with Opioid Rx

Medicaid Members using 4 or more Pharmacies

Medicaid New Opioid Users

- Members w/Opioid Rx
- Members using 4 or more Pharmacies
- New Opioid Users
Prescriber & Pharmacist PDMP Data Sharing with 33 Other States (especially important for border states)

<table>
<thead>
<tr>
<th>PMP InterConnect Search</th>
</tr>
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<tbody>
<tr>
<td>To search in other states as well as your home state for patient information, select the states you wish to include in your search.</td>
</tr>
<tr>
<td>A</td>
</tr>
<tr>
<td>C</td>
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<tr>
<td>D</td>
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<td>F</td>
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</table>
Cross-state Benchmarking through Prescription Drug Monitoring Program

**Rate of Multiple Provider Episodes** for Opioids for the Treatment of Pain per 100,000 Population

- **State:**
  - Kentucky
  - Ohio
  - Tennessee

**% Opioid Naïve Patients Among Those Prescribed Long-Acting Opioids for the Treatment of Pain**

**Notes:**
- **Multiple Provider Episodes** means a patient who received a prescription from 5 or more prescribers dispensed at 5 or more pharmacies within the 6-month period beginning with the indicated quarter.
- **% Opioid Naïve** means the patient has not been dispensed an opioid prescription in the 60 days prior to the patient’s earliest dispense within the quarter.
NarxCare

• New as of November 20, 2017
• Available on OARRS Website as well as in integrated EHR/Pharmacy software systems
• Narcotics, Stimulant and Sedative risk scores
• Overdose risk score
• Red flags
• Provider-to-provider communication
• MAT locator
## Predictive Analytics within Prescription Drug Monitoring Program

### NarxCare: Patient view

<table>
<thead>
<tr>
<th>NARX SCORES</th>
<th>OVERDOSE RISK SCORE</th>
<th>ADDITIONAL RISK INDICATORS (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Narcotic 672</td>
<td>Sedative 512</td>
<td>Stimulant 190</td>
</tr>
<tr>
<td></td>
<td></td>
<td>650 (Range 0-999)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>! &gt; = 4 opioid or sedative dispensing pharmacies in any 90 day period in the last 2 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>! &gt; = 5 opioid or sedative providers in any year in the last 2 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>! Patient has Benzodiazepine/ Narcotic overlap</td>
</tr>
</tbody>
</table>

[Explain these scores](#)

[Explain this score](#)

[Explain these indicators](#)
Per CDC guidance, the conversion factors and associated daily morphine milligram equivalents for drugs prescribed as part of medication-assisted treatment for opioid use disorder should not be used to benchmark against dosage thresholds meant for opioids prescribed for pain.
Milestone 5: Implement Treatment and Prevention for Opioid Abuse and Disorders

Timeline

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

- October 2019
  - SUD 1115 waiver approval

- October 2020

- October 2021

- October 2024
Questions & Discussion on Milestone 5
Milestone 6 – Care Coordination
### 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

• SUD care coordination under SUD 1115 waiver is targeted, though the State also sees it as a much larger initiative as part of continuum of care. More to come revising the previous (2018) 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 and intensities 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>Considerations for Future Care Coordination Models</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target Population</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 by ODM with more transparent methodology that can be replicated and updated at regular intervals</td>
</tr>
<tr>
<td>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>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>TBD based on care coordination activities and provider requirements</td>
</tr>
<tr>
<td>Federal Authority</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>
Status Report Milestone 6

• 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.

• SUD care coordination under SUD 1115 waiver is targeted, though the State also sees it as a much larger initiative as part of continuum of care. More to come.
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**: June 2021
- **Implement care coordination for identified populations in a phased-in approach**: July 2024
Questions & Discussion on Milestone 6
Announcements/Updates
1. Partnership with Arnold Foundation to obtain technical assistance in various goals aimed at increasing access and utilization of MAT

2. Medicare Bundled payment for Opioid Treatment Programs

3. March 27th Advisory Committee Meeting
Partnership with Arnold Ventures: Expand Access to and Quality of MAT In Ohio

Early 2019, representatives of Arnold Ventures – charitable foundation (Laura and John Arnold Foundation) – approached ODM on ways to expand access to Medication Assisted Treatment in Ohio.

Technical Assistance to accomplish these priorities:
1. Improve MAT Practice by Creating MAT Centers of Excellence
2. Improve Methadone Access in Buprenorphine Only Settings
3. Improve MAT Quality through performance monitoring
Medicare Bundled Payment for Opioid Treatment Programs
Stakeholder Public Forum Scheduled for March 27th

The March 27th SAC Meeting will be designated as the official “public forum” for stakeholder input on SUD 1115 waiver progress to date.

- Open to input from any interested stakeholder
- Seeking comments on the implementation – so far – of Ohio’s SUD 1115 waiver
- Refer to the Monitoring Report which will be released end of Feb
  - Will publicize the report when issued
- Seeking input from Medicaid consumers as well as providers and other interested parties
- Asking Committee members to help publicize/encourage their members to participate
Stakeholder Public Forum March 27th, continued

• Ways to participate:
  » Attend in person
  » Attend via webinar (will unmute any speakers)
  » Submit written comments

» Will establish registration link on BH.Medicaid.Ohio.Gov site for interested parties
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, February 28</td>
<td>1:00 – 3:00 pm</td>
<td>Lazarus, C621</td>
</tr>
<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>
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<tr>
<td>Friday, May 29</td>
<td>1:00 – 3:00 pm</td>
<td>Lazarus, C621</td>
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<tr>
<td>Friday, June 26</td>
<td>1:00 – 3:00 pm</td>
<td>Lazarus, C621</td>
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<tr>
<td>Friday, July 31</td>
<td>1:00 – 3:00 pm</td>
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<tr>
<td>Friday, August 28</td>
<td>1:00 – 3:00 pm</td>
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<tr>
<td>Friday, September 25</td>
<td>1:00 – 3:00 pm</td>
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<td>Friday, October 30</td>
<td>1:00 – 3:00 pm</td>
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<td>Friday, November 20</td>
<td>1:00 – 3:00 pm</td>
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<tr>
<td>Friday, December 18</td>
<td>1:00 – 3:00 pm</td>
<td>Lazarus, C621</td>
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</tbody>
</table>

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