Meeting Minutes
12/20/2019 - Substance Use Disorder (SUD) Stakeholder Advisory Committee (SAC)

Welcome and Introductions
- OhioMHAS Director Lori Criss opened this first meeting of the Stakeholder Advisory Committee (SAC) by welcoming committee members and audience participants attending in person and via webinar.
- SAC members introduced themselves and the organization they represent, followed by audience members introducing themselves.
- Director Criss introduced the purpose/ground rules of the SAC and noted that meeting materials and future opportunities for public participation can be found on the SAC webpage.

Waiver Overview
State staff provided an overview of the SUD 1115 waiver and the waiver goals/milestones.
- State is working with the Government Resource Center (GRC) to develop plans for monitoring the implementation as well as compiling evaluation data over the 5 year life of the waiver.
- More detailed monitoring and evaluation reports will be shared with SAC in future meetings.
  - **Question:** Why are the milestones focused on treatment activities rather than prevention and relapse?
  - **Answer:** Milestones are very specifically defined and required by Federal CMS and Ohio must comply with those definitions. However, this does not preclude Ohio from also looking at and working on prevention and recovery activities and outcomes.
  - **Question:** Will other patient placement criteria besides ASAM be considered?
  - **Answer:** No, Ohio has selected ASAM for SUD patient placement criteria.
  - **Question:** Is it too late to change the stated goals of the waiver?
  - **Answer:** Yes, it is too late. The milestones cannot change at this point given the structure of this type of waiver. What we can do is work with Stakeholders and CMS to craft the monitoring and evaluation metrics to ensure we are measuring the right things.
  - **Question:** Request for materials from other states implementing a SUD 1115 Waiver.
  - **Answer:** ODM staff will provide.

Ohio met Milestone 1 with the implementation of BH Redesign in Jan. 2018 because the new benefit package covers all ASAM levels of care. However, Ohio is uncertain about the specific provider and consumer capacity at each level of care. This will be measured as part of the waiver.
- SAC members suggest that Ohio’s work should include a focus on ASAM level 0.5 (prevention).
- SAC members recommend that when assessing SUD Residential utilization and capacity that state staff try to assess the impact of Prior Authorization as a significant influencing factor that may skew the data.

Milestone 2: Assure Evidence-Based, Individualized Placement Criteria
- Utilization management (UM) is a big component of this milestone. State staff are reviewing UM policies and will be collecting UM data from the MCOs to understand differentiation and to inform future policy making.
- State will solicit feedback from the SAC as part of this process. Goal is to implement an updated UM policy in 2021.
Question: Is ASAM the only criteria that is being used? Some MCOs are using criteria other than ASAM to make UM decisions.

Answer: Yes, MCOs have been required since July 1, 2019, to use only ASAM in making UM decisions. However, state staff will be collecting more process-oriented information from MCOs regarding how they are making UM determinations.

- State will seek recommendations from SAC regarding areas in which more consistency would be beneficial in UM processes across the MCOs.

Milestone 3: Use Nationally Recognized SUD Program Standards for SUD Residential Providers

- State will conduct site visits (through a vendor) to residential providers to assess the use of ASAM program standards as part of this milestone. Site visits will seek information and focus on identifying training and technical assistance opportunities.
- State will engage the SAC in planning for this process.
  - Question: Will there be coordination with the Ohio Department of Rehabilitation and Corrections (ODRC) regarding MAT access?
    - Answer: Yes, ODRC has been working to ensure that MAT is made available and we will coordinate with them on our strategy.
  - Question: Will the access to care evaluation also look at length of stay discussions?
    - Answer: Yes, we expect those conversations to include that level of detail.
- State will also look at patient access to MAT while in residential care as part of Milestone 3.
  - Question: Will discharge criteria be looked at as well?
    - Answer: Yes, all elements of ASAM will be considered.
  - Question: How will the State handle the evolution of ASAM requirements moving forward?
    - Answer: The goal is to align to national standards, so any changes to ASAM standards will be considered moving forward.
- State will assess whether a facility meets the IMD definition as part of the site-visits to assess the IMD landscape across Ohio. This is one of the activities CMS has required of ODM as part of the waiver. ODM and OhioMHAS feel that there is an opportunity to work on this collaboratively with providers and see this as an opportunity to find out what is happening throughout the state.
  - Question: Will the site visits include freestanding facilities including hospitals?
    - Answer: The waiver requires us to assess all SUD residential providers including freestanding hospitals. There will also be a secondary focus on SUD Residential facilities that meet the definition of Institutions for Mental Disease (IMD).
  - Question: Will the State evaluate the MCOs and their policies around prior authorization in addition to evaluating providers?
    - Answer: Yes, as stated earlier.
- SAC encouraged state staff to be thoughtful about approaching philosophies and sensitivities regarding how Medication assisted treatment is viewed by some SUD providers. Try to avoid the unintended consequence of forcing some providers out of the SUD residential business because of the MAT requirements in SUD residential.
  - Response: The federal requirement is to offer and facilitate access to MAT for residential consumers. This can be done on site but also via an arrangement with an off-site MAT provider. State staff appreciate this point and will look to the SAC for advice as this milestone is implemented.
  - Question: Once an on-site survey is done and a facility is found to have the characteristics of an IMD, what are the next steps? How can state staff help to educate
other state entities with authority to conduct Medicaid reviews (i.e., Attorney General or Auditor of State)? What is the risk of retrospective repercussions for providers?

- **Answer:** This is an excellent point. ODM and OhioMHAS will use this opportunity to educate other State entities about the purpose and intention of the waiver which is not a compliance audit for punitive purposes. The end goal of the waiver is to have a full continuum of options, but we don’t have a predetermined idea of what that means. Our limitation is that the waiver period is five years, so we will have to justify our stated capacity needs through data review and evaluation outcomes. If some residential facilities meet the federal definition of an IMD, we will work with them on an individual basis to seek options.

- **Question:** Will the waiver look at various housing options and consider modifying the administrative definition of recovery housing?

- **Answer:** ODM is not considering changing the definition of recovery housing. That relates more to OhioMHAS licensure and certification standards. However, we understand there is a need to differentiate between what is housing and what is treatment. All this work is connected to the goal of having a full continuum of care.

**Milestone 4: Assure provider network capacity for ASAM Levels of Care and MAT**

- **Milestone 4** is focused on assuring that Medicaid service capacity is available for all ASAM levels of care and MAT and that there is sufficient network capacity to meet consumer needs. The State will gather existing data to inform this work: Medicaid claims, OhioMHAS provider certification, N-SSATS provider survey, etc. If some data is still missing, state will conduct a survey of Ohio providers to obtain additional information.

- State staff reviewed with SAC members several slides showing some preliminary Medicaid data including:
  - # of Medicaid recipients with a SUD diagnosis who were served in SFY 2019
  - # Medicaid providers of SUD Treatment in SFY 2019 by ASAM Levels of care
  - # and % of Medicaid recipients receiving MAT while in SUD residential settings
  - Geomap of Ohio locations of Medicaid recipients with an Opioid Use Disorder who received both psychosocial treatment and SUD Medications. Noted that data captures individuals with diagnosis codes including remission.
  - Geomap of locations of Medicaid enrolled Opioid Treatment Programs and Office Based Opioid Treatment providers

  - **Question:** what constitutes remission of SUD?

  - Remission is identified by ICD-10 diagnosis codes. CMS evaluation categories excludes data on individuals in remission. ODM will be discussing this with CMS because we believe this data is important to represent people who are in recovery and should be supported to remain in recovery.

    - SAC members encouraged the State to define and measure recovery to see how many people in Ohio are benefiting from SUD services. ODM and OhioMHAS are committed to working with CMS on this and have noted this as a topic for future discussion.

    - **Action Item:** State to share the ICD-10 codes for remission with SAC members. *(ICD code list posted to SUD 1115 Waiver web site.)*

    - Can we include vivitrol in future slides re: MAT? *(ODM staff will do so.)*
• Can we look at how long people continue to get medication after no longer using psychosocial treatment? (ODM staff are working on this.)
• Can we look at the progression of people who have gotten treatment and are now in recovery? (ODM staff are working on how to measure treatment success.)
  o ODM asked SAC to communicate data that would be helpful to review as part of this analysis.
    ▪ Duration of treatment is something that ODM is looking at and can share data on in a future meeting.

Milestone 5: Implement Treatment and Prevention for Opioid Abuse and Disorders
• Milestone 5 is specific to prescribing and will require coordination with other entities that have expertise in this area.
  o Question: Can we broaden the discussion to expand beyond just opiates? Concern that the next waive of addiction is among other drugs (gabapentin?)
    ▪ Answer: Yes, ODM and OhioMHAS will note this as a future discussion item. May need to pull in more prescribing expertise to inform these conversations.

Milestone 6: Improve Care Coordination and Transitions Between Levels of Care
• Milestone 6 is about improving care coordination between LOCs and will build on the work that was previously done.
  o Question: Does CMS require specific outcomes for care coordination or is that something that the State can define like the previous BHCC health indicators?
    ▪ Answer: There are specific metrics required by CMS, but the state has the option to add outcomes measures. No decisions have been made yet on this but will seek stakeholder input.
  o Question: How will we measure outcomes other than by looking at traditional claims data?
    ▪ Answer: This milestone will involve conversation with stakeholders on how to measure care coordination, both in theory and practice.

Closing and Next steps
• ODM and OhioMHAS staff have noted the comments of committee members made today and will work to continue having robust conversations about these items at upcoming meetings. State staff actively seek and encourage committee member discussion and input. Meetings should be more than just policy updates and progress reports.
• Directors Corcoran and Criss acknowledged that there has been an incredible sense of resiliency and passion among BH stakeholders. We are excited about the next year and appreciate the assistance and participation of key stakeholders.
• SAC members can send any comments/ questions prior to the next meeting to Mary Haller.