Section 1115 Waiver Implementation Plan

Oregon Health Plan
Substance Use Disorder Demonstration

Medicaid and Children's Health Insurance Program

Submitted: <DATE>

Oregon Health Authority

Oregon HEALTH PLAN

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Introduction

Oregon is among many states facing a public health crisis relating to substance use disorders (SUD). Of individuals accessing SUD treatment in Oregon, 33.5% (2017) had a primary diagnosis of opioid use disorder (OUD); this rate more than doubled over a four-year period from 2013 to 2017[1]. Oregon's opioid-related overdose deaths have increased during the past decade from 73 total deaths during 2000 to its high at 336 in 2011. In 2017 there were 6.8 deaths per 100,000 Oregon residents (276 total deaths) [2]. All deaths related to all drugs in Oregon have remained high, increasing slightly from 13.760 deaths per 100,000 population in 2009 (529) to 14.18 deaths in 2017 (578)[2]. The need is clear for continued system improvement across all substances of use.

In order to improve health outcomes and reduce deaths related to substance use disorders, Oregon must improve access to substance use disorder (SUD) treatment, increase provider capacity, and implement effective standards of care. Oregon proposes `to transform the SUD delivery system through evidence-based practices, tribal-based practices, and comprehensive care. Through the SUD waiver, Oregon will bolster existing programs and initiatives and implement new strategies to build comprehensive, continuum of care services and supports.

Specifically, Oregon has requested the waiver authority to:

a) Claim Federal reimbursement for services provided in an Institution for Mental Disease (IMD) with more than 16 beds, for the duration of time clinically deemed necessary.
b) Expand the full SUD continuum of care to include prevention, early intervention, crisis intervention and a full continuum of recovery support services. Recovery services will include certifying Peer Run Organizations (PROs), increasing the workforce and developing culturally relevant trainings (not all these initiatives require waiver authority).
c) Develop housing support services that will provide transition assistance and skill building for individuals with SUD.

This implementation plan provides details on OHA's strategic approach and how this project addresses CMS's goals and required milestones to ensure the full continuum of care succeeds in improving quality, accessibility, and outcomes for SUD/OUD treatment in the most cost-effective manner over the course of the five-year waiver period from July 1, 2020 to June 30, 2025.

[1] "SUD MMIS Treatment Data." *Oregon Health Authority*, November 28, 2018. Internal Data review

[2] "Prescribing and Overdose Data for Oregon." *Oregon Department of Education: 2018 Social Sciences Standards SBE First Reading Draft : Social Sciences : State of Oregon*, 2018, www.oregon.gov/oha/ph/preventionwellness/substanceuse/opioids/pages/data.aspx.

Section 1- Milestone Criteria

1. Access to Critical Levels of Care for OUD and other SUDs

Milestone 1 Criteria	Current State	Future State	Summary of Actions Needed
Criteria for completion of milestone	Provide an overview of current SUD treatment services covered by the state in each level of care. For services currently covered in the state plan, list the benefit category and page location; for services currently covered in a demonstration, include the program name and Special Term and Condition number.	Provide an overview of planned SUD treatment services to be covered by the state in each level of care: indicate whether planned services will be added to the state plan or authorized through the 1115.	Provide a list of action items needed to be completed to meet milestone requirements, if any. Include persons or entities responsible for completion of each action item. Include timeframe for completion of each action item.
Coverage of outpatient services	Outpatient services are currently covered under Oregon's Medicaid State Plan. (ASAM 1.0) State Plan: SUD services-Attachment 3.1-A, section 13.d-Rehabilitation, page 6-d.10 thru 6-d.19 Adult benefit Plan-TN 17-0003 form ABP 5 coverages outpatient hospital	OHA has robust monitoring and evaluation services Capacity of the Peer Support Services workforce has been increased (State Plan). OHP SUD system benefits provide full continuum of care to include prevention, early intervention, and crisis intervention services (State Plan) Each year we will improve rates of	Develop robust quarterly report for internal quality improvement strategies for SUD services (All levels) (0-6 months); Addiction Treatment, Recovery & Prevention Services; Medicaid; and Health Policy & Analytics within OHA. Set scope of work for the workforce regarding prevention, early intervention, and crisis intervention services and establish reimbursement rate. (12-24months); Addiction Treatment Recovery & Prevention unit with Health Systems Division

Milestone 1 Criteria	Current State	Future State	Summary of Actions Needed
	SUD services, Physician services. TCM- Targeted group: Substance Abusing Pregnant Women and Substance Abusing Parents with Children under Age 18. Supplement 1 to Attachment 3.1-A, pages 19-22.a Additional services covered under State Plan: Individual/Group counseling therapy/Individual family and/or couple counseling: Attachment 3.1-A, section 13.d-SUD rehab, page 6.d.11 Acupuncture: Attachment 3.1-A, section 13.d-SUD rehab, page 6.d.13. Adult benefit Plan-TN 17-0003 form ABP 5	identification, initiation, and engagement Provider capacity has expanded to adequate level for these services Develop provider review process around staffing levels Each provider will have been reviewed and confirmed has adequate staffing for this level of care	Set standards for identification, initiation, and engagement. Educate and engage providers around these standards and implementation. (12-24 months); Health Systems Division Develop requirement for CCOs to have a mechanism to ensure that they have adequate capacity to serve those in their region around SUD services (12-24 months); Health Systems Division Develop standard range of client to clinician ratio (12-24 months); Addiction Treatment Recovery & Prevention unit with Health Systems Division Develop provider review process around staffing levels; (12-24 months); Addiction Treatment Recovery & Prevention unit with Health Systems Division
Coverage of intensive outpatient services	Intensive outpatient services are currently covered under Oregon's	OHA has robust monitoring and evaluation services Capacity of the Peer Support Services	Develop robust quarterly report for internal quality improvement strategies for SUD services (All levels) (0-6 months); Addiction Treatment, Recovery &

Milestone 1 Criteria	Current State	Future State	Summary of Actions Needed
	Medicaid State Plan. (ASAM 2.1; 2.5) State Plan: SUD services- Attachment 3.1-A, section 13.d- Rehabilitation, page 6-d.10 thru 6-d.19 Adult benefit Plan- TN 17-0003 form ABP 5 coverages outpatient hospital SUD services, Physician services. TCM- Targeted group: Substance Abusing Pregnant Women and Substance Abusing Parents with Children under Age 18. Supplement 1 to Attachment 3.1-A, pages 19-22.a	workforce has been increased (State Plan). OHP SUD system benefits provide full continuum of care to include prevention, early intervention, and crisis intervention services (State Plan) Each year we will improve rates of identification, initiation, and engagement Provider capacity has expanded to adequate level for these services Develop provider review process around staffing levels Each provider will have been reviewed and confirmed has adequate staffing for this level of care	Prevention Services; Medicaid; and Health Policy & Analytics within OHA. Set scope of work for the workforce regarding prevention, early intervention, and crisis intervention services and establish reimbursement rate. (12-24 months); Health Systems Division Set standards for identification, initiation, and engagement. Educate and engage providers around these standards and implementation. (12-24 months); Health Systems Division Require CCOs to have a mechanism to ensure that they have adequate capacity to serve those in their region around SUD services (12-24 months); Health Systems Division Develop alternative payment methodologies for Day Treatment Services (12-24months); Health Systems Division Develop standard range of client to clinician ratio (12-24 months); Health Systems Division

Milestone 1 Criteria	Current State	Future State	Summary of Actions Needed
Coverage of Medication Assisted Treatment (medications, as well as counseling and other services with sufficient provider capacity, to meet needs of Medicaid beneficiaries in the state)	Medication Assisted Treatment services are currently covered under Oregon's Medicaid State Plan. (All levels of Care) State Plan: MAT- Attachment 3.1-A, section 13.d-SUD rehab, page 6.d.12 Also covered under State Plan: Medication management and monitoring: Attachment 3.1-A, section 13.d-SUD rehab, page 6.d.12	OHA has robust monitoring and evaluation services Capacity of the Peer Support Services workforce has been increased (State Plan). OHP SUD system benefits provide full continuum of care to include prevention, early intervention, and crisis intervention services (State Plan) Each year we will improve rates of identification, initiation, and engagement Increase rates of identification, initiation, and engagement Provider capacity has been increased adequately at varying clinical settings (such as office-based, Emergency Department, Primary Care, Tele-health, bridge clinics, residential etc.)	Develop robust quarterly report for internal quality improvement strategies for SUD services (All levels) (0-6 months); Addiction Treatment, Recovery & Prevention Services; Medicaid; and Health Policy & Analytics within OHA. Set standards for identification, initiation, and engagement. Educate and engage providers around these standards and implementation (12-24 months); Health Systems Division Develop requirement for CCOs to have a mechanism to ensure that they have adequate capacity to serve those in their region around SUD services (12-24 months); Health Systems Division Develop standard range of client to clinician ratio (12-24 months); Health Systems Division Engage with CCOs around adequate capacity levels for MAT and their service areas. (12-24 months); Health Systems Division Develop provider review process around staffing levels (12-24 months); Health System Division

Milestone 1 Criteria	Current State	Future State	Summary of Actions Needed
		Increased qualified workforce Each provider will have been reviewed and confirmed has adequate staffing for this level of care	
Coverage of intensive levels of care in residential and inpatient settings	Residential and inpatient services are currently covered under Oregon's Medicaid State Plan. (ASAM 3.1,3.3,3.5, 3.7, 4) Currently, State funding supplements treatment that is not Medicaid-covered due to the IMD exclusion. State Plan: Attachment 3.1-A, section 13.d-SUD rehab, page 6.d.12	OHA has robust monitoring and evaluation services Increase the Peer Support Services workforce Each year we will improve rates of identification, initiation, and engagement Increase provider capacity Each provider will have been reviewed and confirmed has adequate staffing for this level of care	Develop robust quarterly report for internal quality improvement strategies for SUD services (All levels) (0-6 months); Addiction Treatment, Recovery & Prevention Services; Medicaid; and Health Policy & Analytics within OHA. Set scope of work for the workforce regarding SUD crisis intervention services and establish reimbursement rate. (12-24 months); Health Systems Division Set standards for identification, initiation, and engagement. Educate and engage providers around these standards and implementation (12-24 months); Health Systems Division Develop requirement for CCOs to have a mechanism to ensure that they have adequate capacity to serve those in their region around SUD services (12-24 months); Health Systems Division Develop standard range of client to clinician ratio (12-24

Milestone 1 Criteria	Current State	Future State	Summary of Actions Needed
			months); Health Systems Division Develop provider review process around staffing levels (12-24 months); Health System Division
Coverage of medically supervised withdrawal management	Medical Withdrawal services are currently covered under Oregon's Medicaid State Plan. (ASAM 3.7, 4) Currently, State funding supplements treatment that is not Medicaid-covered due to the IMD exclusion. State Plan: Detox- Attachment 3.1-A, section 13.d-SUD rehab, page 6.d.13. Adult benefit Plan-TN 17-0003 form ABP 5	OHA has robust monitoring and evaluation services Each year we will improve rates of identification, initiation, and engagement Each provider will have been reviewed and confirmed has adequate staffing for this level of care Each provider will have been reviewed and confirmed has adequate staffing for this level of care	Develop robust quarterly report for internal quality improvement strategies for SUD services (All levels) (0-6 months); Addiction Treatment, Recovery & Prevention Services; Medicaid; and Health Policy & Analytics within OHA. Set scope of work for the workforce regarding SUD crisis intervention services and establish reimbursement rate. (12-24 months); Health Systems Division Set standards for identification, initiation, and engagement. Educate and engage providers around these standards and implementation (12-24 months); Health Systems Division Develop requirement for CCOs to have a mechanism to ensure that they have adequate capacity to serve those in their region around SUD services (12-24 months); Health Systems Division Develop standard range of client to clinician ratio (12-24

Milestone 1 Criteria	Current State	Future State	Summary of Actions Needed
			months); Health Systems Division Develop provider review process around staffing levels (12-24 months); Health System Division
Coverage of Peer Delivered Services across the continuum.	Peer Support Services are a covered available benefit. (All levels of Care) Oregon is currently pursuing a Medicaid State Plan Amendment (SPA) to allow certification of Peer Run Organizations (PRO) Oregon and The Nine Federally Recognized Tribes of Oregon and the Urban Indian Program developed Tribal- Specific Curriculum for the Family Support Peers including some SUD work.	Peer Delivered Support Services have been adequately expanded for SUD services. (12-24 months) SPA to certify PROs is completed Expand peer service array beyond current "in-treatment only" model to include crisis intervention, prevention, and recovery support services. (12-24 months) The number and diversity of culturally specific peers within the workforce has been expanded	Measure long-term operational outcomes and abilities for PROs. Provide state support for administrative development as needed (12-24 months); Addiction Treatment, Recovery & Prevention Services; Medicaid; and Health Policy & Analytics within OHA. Pursue SPA to certify Peer Run Organizations (12-24 Months); Health Systems Division Oregon will meet with PROs and agencies that currently provide Peer Support Services (funded through state funds and federal grants) to develop a structure and draft regulations for this service. (6-12 months); Behavioral Health Develop reimbursement rates for PROs to provide this service (12-24 months); Actuarial Services, Medicaid & Addiction Treatment, Recovery & Prevention Services.

Milestone 1 Criteria	Current State	Future State	Summary of Actions Needed
			Implement services within 24 months from Agreement (12-24 months); Health Systems Develop more culturally relevant training for peer workers, including a tribal-specific course and Latino-specific course (12-24 months); Office of Equity & Inclusion & Behavioral Health Expand the number and diversity of culturally specific peers within the workforce (12-24 months); Health Systems division & Office of Equity and Inclusion
Parity of Coverage in SUD service array.	Case Management Services for individuals with only SUD are not a covered Oregon Medicaid State Plan benefit. State Plan: Peer Support Services: Attachment 3.1-A, section 13.d-SUD rehab, page 6.d.14. Case Management Services (listed as care coordination) 3.1-A, section 13.d-SUD rehab, page 6.d.12	A SPA and OAR changes are completed to expand the use of case management for pre and post treatment and for community-based services and supports such as housing and employment	Oregon will meet with agencies that provide these services (funded through state funds and federal grants) to develop a structure and draft regulations for this service. (12-24 months); Behavioral Health & Medicaid Develop reimbursement rates for agencies to provide this service (12-24 months; Actuarial Services & Addiction Treatment, Recovery & Prevention Services Implement service by 24 months past start (12-24 months); Health Systems Division The state will pursue a SPA and OAR changes to expand

Milestone 1 Criteria	Current State	Future State	Summary of Actions Needed
			the use of case management for pre and post treatment and for community-based services and supports such as housing and employment (12-24 months); Health Systems Division

2. Use of Evidence-based, SUD specific Patient Placement Criteria

Milestone 2 Criteria	Current State	Future State	Summary of Actions Needed
Criteria for completion of milestone	Provide an overview of current state use of evidence-based, SUD-specific patient placement criteria and utilization management approach to ensure placement in appropriate level of care and receipt of services recommended for that level of care	Provide an overview of planned state implementation of requirement that providers use an evidence-based, SUD-specific patient placement criterion and use of utilization management to ensure placement in appropriate level of care and receipt of services recommended for that level of care.	Specify a list of action items needed to be completed to meet milestone requirements. Include persons or entities responsible for completion of each action item. Include timeframe for completion of each action item
Implementation of requirement that providers assess treatment needs based on SUD-specific, multi-dimensional assessment tools that reflect evidence-based clinical treatment guidelines	Current State OARs 309-018 and 309-019 require SUD outpatient (O/P) and residential assessments to include all ASAM PPC dimensions.	State OARs 309-018 and 309-019 continue to require SUD O/P and residential assessments to include all ASAM PPC dimensions.	None
Implementation of a utilization management	For over 20 years Oregon has required,	CCOs will be monitored to ensure	Refine contract language with CCOs to include ASAM (12-24

Milestone 2 Criteria	Current State	Future State	Summary of Actions Needed
approach such that (a) beneficiaries have access to SUD services at the appropriate level of care	and continues to require, SUD Providers to assess treatment needs based on multi-dimensional ASAM assessment tools that reflect evidence-based clinical guidelines for all levels of care, per licensing regulation and state contracts Within contracts, the CCOs are required to ensure prior authorization staff are adequately trained in ASAM Criteria and SUD treatment services	prior authorization staff are adequately trained in ASAM criteria and SUD treatment services	months); Health Systems Division Monitor CCOs to ensure prior authorization staff are adequately trained in ASAM criteria and SUD treatment services
Implementation of a utilization management approach such that (b) interventions are appropriate for the diagnosis and level of care	Current State OARs 309-018 and 309-019 require SUD outpatient and residential service plans to reflect information included in the assessment. Health Services Division (HSD) reviews a sample of the plans for compliance during renewal reviews.	State OARs 309-018 and 309-019 will be revised to specify services that must be provided for each ASAM level of care. State licensing/certification site reviews will include assessment of compliance with this requirement to ensure that service plans reflect appropriate interventions for the diagnosis and the ASAM level of care.	Consult with DOJ – (3-6 months); Health Systems Division Consult with providers and other stakeholders – (6-12 months); Health Systems Division Develop and implement policy and OAR amendments – (12-18 months); Health Systems Division Provide training to providers regulated by the new rules (in person, onsite technical assistance and webinar.) – (12-24 months); Health Systems Division
Implementation of a utilization management	HSD's Licensing and Compliance Unit	Continue to monitor placement criteria	None

Milestone 2 Criteria	Current State	Future State	Summary of Actions Needed
approach such that (c) there is an independent process for reviewing placement in residential treatment settings	conducts site visits and clinical review of charts and notes every 2 years to determine compliance with OARs.	within the site and clinical reviews.	

3. Use of Nationally recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities

Milestone 3 Criteria	Current State	Future State	Summary of Actions Needed
Criteria for completion of milestone	Provide an overview of current provider qualifications for residential treatment facilities and how these compare to nationally recognized SUD-specific program standards, e.g., the ASAM Criteria	An overview of planned use of nationally recognized SUD-specific program standards in improving provider qualifications for residential treatment facilities is provided.	Specify a list of action items needed to be completed to meet milestone requirements. Include persons or entities responsible for completion of each action item. Include timeframe for completion of each action item
Implementation of residential treatment provider qualifications in licensure requirements, policy manuals, managed care contracts, or other guidance. Qualification should meet program standards in the ASAM Criteria or other nationally recognized, SUD-specific program standards regarding, in particular, the types of services, hours of clinical care,	Current Oregon OARs 309-018 and 309-019 specify qualifications and competencies that must be met to qualify to provide SUD treatment. There is no distinction in the qualifications or competencies pertaining to levels of care.	State OARs 309-018 and 309-019 will be revised to specify requirements for qualifications and competencies for individuals providing treatment services in each level of care, consistent with ASAM. OAR 309-018 and 309-019 will be revised to specify	Consult with DOJ – (3-6 months)); Health Systems Division Consult with providers and other stakeholders – (6-12 months); Health Systems Division Develop and implement policy and OAR amendments – (12-18 months); Health Systems Division

Milestone 3 Criteria	Current State	Future State	Summary of Actions Needed
and credentials of staff for residential treatment settings	Current Oregon OAR 309-018 identifies some types of services in residential settings including smoking cessation, parenting and some life skills. There are no staffing ratios, or number of hours specified.	requirements and standards for clinical care including comprehensive services that address clinical needs and social determinants of health, staffing ratios and total hours of care provided in each level of care, consistent with ASAM.	Provide training to providers regulated by the new rules (in person, onsite technical assistance and webinar.) – (18-24 months); Health Systems Division
Implementation of a state process for reviewing residential treatment providers to ensure compliance with these standards	OARs 309-008 and 415-012 specify processes and standards for certification and licensure of SUD O/P and residential programs. Current licensure allows programs to provide all levels of residential services. Current certification allows programs to provide all levels of outpatient services.	OARs 309-008 and 415-012 will be revised to specify the process and standards for certification and licensure of each ASAM level of care in both O/P and residential programs. OHA/HSD-issued certificates and licenses will identify specific levels of care for each provider.	Update and implement the process for initial and renewal certification and licensure – (6-12 months); Licensing and Certification Unit • Licensing and Certification Unit: Develop certificate and license types for each level of care – (6-12 months) Update licensing and certification data base – (6-12 months); Licensing and Certification Unit:
Implementation of requirement that residential treatment facilities offer MAT on-site or facilitate access to MAT off-site	In residential programs, current OAR requires that providers assist individuals to access MAT by coordinating services and making transportation available. O/P	OAR will be revised to require that residential providers make MAT available on-site or provide coordination services to off-site MAT services including assisting with access, payment issues,	Consult with DOJ – (3-6 months); Health Systems Division Consult with providers and other stakeholders – (6-12 months); Health Systems Division Develop and implement policy and OAR

Milestone 3 Criteria	Current State	Future State	Summary of Actions Needed
	programs are not required to provide this service, although they are not permitted to deny entry to individuals who currently receive MAT.	transportation and daycare.	amendments – (12-25 months); Health Systems Division

4. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment of OUD

Milestone 4 Criteria	Current State	Future State	Summary of Actions Needed
Criteria for completion of milestone	Provide an overview of current provider capacities throughout the state to provide SUD treatment at each of the critical levels of care listed in Milestone 1.	An overview of planned improvements to provider availability and capacity intended to improve Medicaid beneficiary access to treatment throughout the State at each of the critical levels of care listed in Milestone 1 is provided.	Specify a list of action items needed to be completed to meet milestone requirements. Include persons or entities responsible for completion of each action item. Include timeframe for completion of each action item
Completion of assessment of the availability of providers enrolled in Medicaid and accepting new patients in the following critical levels of care throughout the state (or at least in participating regions	Oregon is conducting a provider capacity study for key levels of care in the state. A capacity management and referral tracking data base is currently being implemented through a contract with a vendor: Lines	Provider capacity study will be completed and used to identify areas of high need. SUD services are available at appropriate client to provider ratios including reasonable access, admittance	Create action plan to address deficits within the delivery system identify within the capacity study. (6- 12 Months); Health Systems Division Implement the plan to address the delivery system deficits (12-24 months); Health Systems Division Assess current client to provider ratios for all levels of treatment (0-

Milestone 4 Criteria	Current State	Future State	Summary of Actions Needed
of the state) including those that offer MAT; Outpatient Services; Intensive Outpatient Services; Medication Assisted Treatment (medications as well as counseling and other services); Intensive Care in Residential and Inpatient Settings; Medically Supervised Withdrawal Management.	for Life. In 2019 the focus will be on SUD Outpatient services including Office Based Opioid Treatment (OBOT) settings and Opioid Treatment Program (OTP) as well as MAT services Oregon has identified statewide Opioid Use Disorder treatment capacity in both OBOT settings and OTP settings.	times, and reasonable geographic distances for patients to travel to clinically appropriate services. The capacity management and referral tracking data base will be implemented statewide for all critical levels of care Regional needs have been identified and addressed for MAT in both OTP and OBOT treatments.	6 months); Health Systems Division Develop the appropriate client to provider ratios (6-12 months); Health Systems Division Develop a plan to address any gaps in provider ratio (12-18 months); Health System Division Begin to implement changes addressing the gaps in provider ratios that were identified in service areas (18-24 months); Health Systems Division Implement the capacity management and referral tracking data base for all SUD residential services (ASAM levels 3-4) including MAT and withdrawal management (12-24); vendor: Lines for Life. Identify needs for MAT in OTP and OBOT settings. (6-12 months); Health Systems Division Develop plan to meet needs of MAT in OTP and OBOT settings (12-18 months); Health Systems Division Implement plan to address needs of MAT in OTP and OBOT settings (18-24 months); Health Systems Division Assess the number of covered lives, availability of prevalence, incidents and diagnosis rates by region/ CCO (12-24 months); Health Systems Division

Milestone 4 Criteria	Current State	Future State	Summary of Actions Needed
Increase provider capacity across all levels	Oregon has contracted with the Farley Center to conduct a Healthcare Workforce Assessment was completed March 2019	The Healthcare workforce needs will be identified and addressed.	Asses the needs of the Healthcare workforce identified in the assessment. (12-24 Months); Health Systems Division Develop the plan to address workforce issues to include activities such as (focus groups, partnerships with providers and CCOs, etc…) (12-24 months); Health Systems Division

5. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD

Milestone 5 Criteria	Current State	Future State	Summary of Actions Needed
Criteria for completion of milestone	Provide an overview of current treatment and prevention strategies to reduce opioid abuse and OUD in the state.	Provide an overview of planned strategies to prevent and treat opioid abuse and OUD.	Specify a list of action items needed to be completed to meet milestone requirements as detailed above. Include persons or entities responsible for completion of each action item. Include timeframe for completion of each action item
Implementation of opioid prescribing guidelines along with other interventions to prevent opioid abuse	In 2016, the Oregon Health Authority (OHA) convened a task force to develop opioid prescribing guidelines around chronic pain and for dentists. These guidelines include recommendations for working directly with patients on treatment planning, emphasis on non-pharmacologic and	OHA will continue to emphasize individualized patient care, non-pharmacologic treatment options, and awareness around OUD in the primary care as well as ED settings. Educated providers and implemented new guidelines and best practices around opioid use and prescribing.	Provide greater behavioral health supports (TA, education, etc.) for opioid prescribers and health systems. Especially in primary care and emergency settings to both assist patients in reducing total Morphine equivalent doses (MED) and identify SUD/OUD cases which may need individualized care. (12-24 months); Transformation Center & Health Systems Division Health Evidence Review Commission to align payment structure with prescribing

Milestone 5 Criteria	Current State	Future State	Summary of Actions Needed
	non-opioid pharmacolites. OHA adopted the opioid prescribing guidelines around chronic pain and dentistry[3]. These were implemented November 17, 2016 In 2018, OHA convened a task force to develop guidelines around Acute pain and prescribing. The opioid prescribing guidelines[4] around Acute pain were adopted by Oregon Health Authority on October 20, 2018	Evaluated Chronic and Acute pain prescribing guidelines for updates to treatment recommendations, if required. Current payment structure is aligned with recommended chronic and Acute prescribing guidelines	guidelines. (0-12 months); Health Systems Division
Expanded coverage of, and access to, naloxone for overdose reversal	Per HB3440 (2017) passage, all training requirements, special conditions, including access by social service agencies to Naloxone, and the usage of it have been removed. All Oregonians in any settings can utilize	Federal grants (STR/SOR) and other initiatives will continue to fund and increase access to naloxone statewide, especially in areas where there are gaps including rural,	Continue to distribute Naloxone in areas of high need. (0-6 Months); Health Systems Division Continue cross-divisional collaboration at state and local level (0-24 Months); Health Systems Division Increase communication between partners around the

[3] "Oregon Opioid Prescribing Guidelines (Chronic)." *OHA*. November 2016. https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SUBSTANCEUSE/OPIOIDS/Documents/taskforce/oregon-opioid-prescribing-guidelines.pdf

[4] "Oregon Acute Opioid Prescribing Guidelines." *OHA*. October 2018. https://www.oregon.gov/OSBN/pdfs/Resource_OregonAcuteOpioidPrescribingGuidelines.pdf

Milestone 5 Criteria	Current State	Future State	Summary of Actions Needed
	Naloxone without prior training for other conditions. Pharmacists may dispense Naloxone at the point of sale. Oregon Health Plan fee-for-service program (directly administered by OHA) has no prior authorization for Naloxone; CCO coverage varies. Cross-division partnerships with OHA, Public Health and Health Systems Divisions as well as partnerships with local health departments to fund the Prescription Drug Overdose coordinator(s) (PDO). PDOs will continue to assist in coordinating local naloxone distribution efforts.	frontier and coastal areas. Continue cross-division partnerships and funding for the PDO position(s). Work together on opioid crisis response collectively to activities such as overdose outbreaks. Continue to support CCO engagement with the Transformation Center and other resources for technical assistance (TA) around Naloxone distribution and utilization.	alignment of payment structure as it relates to Naloxone to increase access to and penetration of the population at greatest risk and need. (6-12 Months); Health Systems Division Continue to encourage use and provide TA around Naloxone access, use and distribution to CCOs through the Transformation Center. (0-6 months); Transformation Center & Health Systems Division
Implementation of strategies to increase utilization and improve functionality of Prescription Drug Monitoring Programs (PDMP)	As of January 2018, medical and pharmacy directors will be allowed access to the PDMP in regard to their respective entities. As of February 2018, through HB 4143, the PDMP	Continue funding the PDMP program to data access, analysis, and improve upon the surveillance potential. Utilize this data to assess the impact of opioid use statewide and engage those communities	Continue to collaborate with provider licensing boards (continuous); Health Systems Division Educate and engage with provider organizations, CCOs, and healthcare prescribers to increase the number of registered individuals who utilize the system (12-24

Milestone 5 Criteria	Current State	Future State	Summary of Actions Needed
	registration is mandatory for healthcare practitioners who are authorized to prescribe schedule II through IV controlled medications. Public health and education regarding the value of PDMP registration and utilization are ongoing to providers and organizations.	most impacted by the effects of the opioid crisis. Continue to collaborate with healthcare licensing boards within Oregon to encourage safe and appropriate controlled substance prescribing. The number of healthcare prescribers who use the PDMP beyond the required registration increased.	months); Health Systems Division
Other	In February 2018 the passage of HB 4143 passed the (Opioid Rapid Response Project), provided resources to create more direct links between ED and appropriate treatment and resources including increased availability of MAT in the ED and using peer recovery support mentors to facilitate the link between ED and appropriate treatment/ resources. This two-year pilot project starting in January 2019 will	The Opioid Rapid Response Project was expanded statewide to other high risk and high burden counties. The scope of peer delivered services via a Medicaid benefit through prevention, early intervention, crisis intervention etc. prior to treatment and recovery services post treatment was expanded. Coverage of community	Leverage opportunities to secure more funding (federal grants, Federal opioid project funding, state funds etc.) to expand Opioid Rapid Response project statewide. (12-24 months); Health Systems Division Increase PDS workforce capacity through the certification of Peer Run Organizations (PRO) (12-24 months); Health Systems Division Increase capacity of culturally-relevant PDS workforce (12-24 months); Health Systems Division Increase the number of culturally-relevant trainings (including tribal) to be

Milestone 5 Criteria	Current State	Future State	Summary of Actions Needed
	begin in four Oregon counties. 2. Under the Oregon State Plan currently peer delivered services are covered when delivered as part of a treatment plan under the supervision of a licensed program or provider	integration services and supports specifically for housing are implemented; ensuring safe housing in an appropriate recovery environment, special attention and effort around MAT housing	developed and provided statewide (12-24 months); Office of Equity & inclusion & Health Systems Division Increase the development of PROs and individuals to meet PDS requirements to meet the long-term recovery needs (12-24 months); Health Systems Division Workforce development efforts around community integration/ housing support specialists as Medicaid participating providers (12-24 months); Health Systems Division Development of reimbursement rates and coding for community integration housing support services (12-24 months); Actuarial Services & Behavioral Health

6. Improved Care Coordination and Transitions between Levels of Care

Milestone 6 Criteria	Current State	Future State	Summary of Actions Needed
Implementation of policies to ensure residential and inpatient facilities link beneficiaries with community-based services and supports following stays in these facilities	Provide an overview of current care coordination services and transition services across levels of care.	Provide an overview of planned improvements to care coordination services and transition services across levels of care.	Specify a list of action items needed to be completed to meet milestone requirements. Include persons or entities responsible for completion of each action item. Include timeframe for completion of each action item

Milestone 6 Criteria	Current State	Future State	Summary of Actions Needed
Creation and implementation of additional policies to ensure coordination of care for co-occurring physical and mental health conditions	Under Oregon's current structure, SUD services are covered under physical health services and behavioral health care coordination are the responsibility of the CCOs To support OHA's ED Disparity Measure for CCOs, the hospital notifications product, The Collective (formerly called Pre-Manage), has added a flag for CCOs and their contracted clinics to alert when a Medicaid member with Severe and Persistent Mental Illness (SPMI) has a hospital event for a physical reason for coordination of care among CCOs and providers.	CCOs increased their capacity to provide warmer hand offs between levels of care through enhanced coordinated care for SUD services Those in Medication Assisted Treatment for SUD, IV drug users, and individuals with SUD in need of withdrawal management were added as prioritized population (2020) for the CCOs in 2020 OHA will continue to work on optimization and education on the ED disparity measure flags provided through The Collective.	Provide support to CCOs through TA and training to increase capacity and quality of SUD care transitions (12-24 months) An educational series, specifically for CCOs, is planned for early 2019 in support of improving care coordination services. (0-6 months) CCO 2.0 includes language requiring CCOs use hospital event notifications and make them- and health information exchange for care coordinating- accessible to primary care, behavioral health and dental organizations. (12-24 months) Those in Medication Assisted Treatment for SUD, IV drug users, and individuals with SUD in need of withdrawal management will be added as prioritized population (2020) for the CCOs in 2020 (12-24 months); Health Systems Division

Section II- Implementation Administration

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Section III- Relevant Documents

Please provide any additional Documentation or information that the state deems relevant to successful execution of the implementation plan.

Attachment A- Milestone 5a- SUD Health Information Technology (IT) Plan

Section I.

Milestone 5a Criteria	Current State	Future State	Summary of Actions Needed
5. Implementation of comprehensive treatment and prevention strategies to address Opioid Abuse and OUD, that is: *--Enhance the state's health IT functionality to support its PDMP; and* *--Enhance and/or support clinicians in their usage of the state's PDMP.*	*Provide an overview of current PDMP capabilities, health IT functionalities to support the PDMP, and supports to enhance clinicians' use of the state's health IT functionality to achieve the goals of the PDMP.*	*Provide an overview of plans for enhancing the state's PDMP, related enhancements to its health IT functionalities, and related enhancements to support clinicians' use of the health IT functionality to achieve the goals of the PDMP.*	*Specify a list of action items needed to be completed to meet the HIT/PDMP milestones identified in the first column. Include persons or entities responsible for completion of each action item. Include timeframe for completion of each action item*
Prescription Drug Monitoring Program (PDMP) Functionalities			
Enhanced interstate data sharing to provide prescribers a more comprehensive prescription history for patients with prescriptions across state lines.	Oregon PDMP can share data with states that meet privacy and security standards. Oregon has circulated Memoranda of Understanding (MOUs) to western states. Interstate data sharing agreements are in place with Idaho, Kansas, Nevada,	Connection of Oregon's PDMP with contiguous states to allow secure sharing of PDMP data.	(6-24 months) Oregon PDMP will continue conversations with contiguous states to resolve legal and technical barriers for interstate data sharing. This may include Oregon PDMP joining the data sharing hub Rx Check in addition to

Milestone 5a Criteria	Current State	Future State	Summary of Actions Needed
	Texas, and North Dakota.		the current data sharing hub. Dependencies to this include: - Washington State is not leveraging the same vendor as Oregon for interstate exchange. - California passed legislation in 2018 which will enable interstate exchange, but that legislation is not enacted until July 2020. It is also not known which vendor California will use for interstate data sharing
Enhanced "ease of use" for prescribers and other state and federal stakeholders	Prescribers (physicians (MD, PA, DO), Pharmacists (RPh), Nurse Practitioners (NP/CNS-PP), Dentists (DDS/DMD), and Naturopaths (ND), across Oregon, are allowed access to the PDMP system after registration. Medical and Pharmacy Directors are allowed access for the purpose of overseeing	PDMP integration with most prescriber systems. Integrated PDMP supports clinician ease of use by pulling PDMP data into their electronic workflow for "one-click" access.	(6-24 months), the PDMP will collaborate with HIT Commons and other stakeholders to: – Educate on certain registration and technical thresholds required for integration of prescriber health IT systems with PDMP. – Integrate most prescriber systems

Milestone 5a Criteria	Current State	Future State	Summary of Actions Needed
	prescribing and dispensing within their respective entities. Prescribers and Medical and Pharmacy Directors are allowed delegates. Oregon has a statewide initiative to integrate PDMP into health IT systems, including: EHRs, HIEs, pharmacy management systems, and the statewide hospital event notification system Edie. Oregon PDMP has partnered with the HIT Commons (public/private partnership) to help subsidize this connection.		(representing 16K prescribers and 4 pharmacy chains) with PDMP. PDMP will engage with the PDMP Advisory Council and PDMP Integration Steering Committee, as needed, to develop "ease of use" strategies (enhancements, education, etc.) for prescribers
Enhanced connectivity between the state's PDMP and any statewide, regional or local health information exchange	Under the statewide initiative to integrate PDMP into health IT systems, Community Health Information Exchanges (HIEs) can integrate with PDMP. Two of Oregon's HIEs are working towards integration.	Integration of Oregon's Community Health Information Exchanges with PDMP	(6-24 months) PDMP and HIT Commons will continue to work with Oregon's Community HIEs to integrate with PDMP. (6-24 months) PDMP will work with the HIT Commons, PDMP Integration

Milestone 5a Criteria	Current State	Future State	Summary of Actions Needed
	Oregon PDMP is working with the HIT Commons (public/private partnership) to help subsidize this connection.		Steering Committee, and HIE stakeholders to continue to assess enhancements which support clinicians use of HIE to access PDMP data (delegates, training, etc.).
Enhanced identification of long-term opioid uses directly correlated to clinician prescribing patterns[5] (see also "Use of PDMP" #2 below)	According to statute, the Oregon PDMP may not evaluate professional practice except through licensing boards or the PDMP Advisory Commission Prescribing Practice Review Subcommittee. The subcommittee provides education and resources to the highest prescribers. The PDMP has collaborated with the Oregon Pain Management Commission to develop a free Continuous Medical Education (CME) module on pain management; so far more than 5,000	Continued leveraging of the PDMP Advisory Commission Clinics Review Subcommittee and continued collaboration with Oregon Pain Management Commission to educate prescribers for informed prescribing choices.	(0-12 months) PDMP will convene the Clinical Review Subcommittee with a quorum to redefine and update thresholds for risky prescribing at minimum once per year. (6-24 months) PDMP will continue to work with licensing boards to ensure that licensees are registered with the PDMP as mandated by statute. (0-24 months) The PDMP will continue to promote the CME resource to stakeholders and enhance education and resources provided to the highest prescribers.

[5] Shah A, Hayes CJ, Martin BC. Characteristics of Initial Prescription Episodes and Likelihood of Long-Term Opioid Use — United States, 2006–2015. MMWR Morb Mortal Wkly Rep 2017;66:265–269. DOI: http://dx.doi.org/10.15585/mmwr.mm6610a1.

Milestone 5a Criteria	Current State	Future State	Summary of Actions Needed
	providers have taken the course.		
Current and Future PDMP Query Capabilities			
Facilitate the state's ability to properly match patients receiving opioid prescriptions with patients in the PDMP (i.e. the state's master patient index (MPI) strategy with regard to PDMP query)	States on the AWARxE platform share the same patient matching algorithm which uses the available data fields to determine which records should be consolidated to unique individuals. The proprietary vendor (Appriss) algorithm allows for certain non-exact matches such as common misspellings, nicknames, or changes in address.	The PDMP will share information with the Governor's Opioid Epidemic Taskforce to consider future changes to statute which allow data sharing in support of patient matching. Continue PDMP data quality improvement efforts with propriety vendor for patient data matching processes and analytics.	(0-24 months) The PDMP will continue engagement with the Governor's Opioid Epidemic Taskforce, including around the topic of allowing data sharing with the Medicaid program or collection of additional fields. (0-24 months) PDMP will follow any future statute changes from the legislature to enable matching of PDMP and Medicaid data or to allow submission of additional data fields. (0-24 months) The Oregon PDMP MPI strategy is developed by the AWARxE platform vendor (Appriss) and is primarily the responsibility of the vendor. PDMP staff will work with the vendor to incorporate additional data fields required by any statute changes.

Milestone 5a Criteria	Current State	Future State	Summary of Actions Needed
Use of PDMP – Supporting Clinicians with Changing Office Workflows / Business Processes			
Develop enhanced provider workflow / business processes to better support clinicians in accessing the PDMP prior to prescribing an opioid or other controlled substance to address the issues which follow	Prescribers are allowed access to the PDMP system through a web portal after registration. Prescribers are allowed delegates to support clinician workflows. Oregon is in the second year of a three-year statewide initiative to integrate PDMP into health IT systems, including: EHRs, HIEs, pharmacy management systems, and the statewide hospital event notification system Edie. Oregon PDMP has partnered with the HIT Commons (public/private partnership) to help subsidize this connection.	PDMP integration with most prescriber systems. Integrated PDMP supports clinician ease of use by pulling PDMP data into their electronic workflow for "one-click" access.	(0-24 months) PDMP will collaborate with HIT Commons, PDMP Integration Steering Committee, and other stakeholders as needed to: – Educate on certain registration and technical thresholds required for integration of prescriber health IT systems with PDMP. – Integrate most prescriber systems (representing 16K prescribers and 4 pharmacy chains) with PDMP. – Share best practices and provide education on leveraging integrated workflows to support informed prescribing of

Milestone 5a Criteria	Current State	Future State	Summary of Actions Needed
			controlled substances.
Develop enhanced supports for clinician review of the patients' history of controlled substance prescriptions provided through the PDMP—prior to the issuance of an opioid prescription	Prescribers can review individual patient records, their own prescribing history, or a threshold report listing all patients that meet certain risky prescribing thresholds (high dose, co-prescribing, etc.). Emergency Department (ED) physicians who have the Emergency Department Information Exchange (EDIE) integrated into their ED track boards may receive PDMP data pushed to them when a patient meets certain criteria, prompting review of patient's history before prescribing. Additionally, the PDMP allows prescribers and pharmacists to enable delegates to search the PDMP on their behalf in order to support clinician review of	PDMP integration with most prescriber health IT systems. PDMP pushed to all ED physicians in Oregon with integrated EDIE in their EHR. PDMP stakeholders are educated and receive assistance.	(0-24 months) PDMP staff will collaborate with HIT Commons, PDMP Integration Steering Committee, and other stakeholders as needed to: – Enable PDMP to be pushed through EDIE for hospitals who have already integrated the EDIE solution into their EHR – Support rural hospitals who wish to integrate EDIE into their EHR through a grant provided by OHA and the Oregon Association for Hospitals and Health Systems

Milestone 5a Criteria	Current State	Future State	Summary of Actions Needed
	PDMP prior to an opioid prescription issuance.		
Master Patient Index / Identity Management			
Enhance the master patient index (or master data management service, etc.) in support of SUD care delivery.	Oregon's PDMP collection of data fields is defined by state law. The Oregon PDMP MPI strategy is developed by the AWARxE platform vendor (Appriss). The AWARxE platform uses a proprietary patient matching algorithm which uses the available data fields to determine which records should be consolidated to unique individuals. The proprietary algorithm allows for certain non-exact matches such as common misspellings, nicknames, or changes in address to achieve an acceptable sensitivity and specificity. The EDIE vendor, used by hospitals to receive pushed PDMP notifications when a patient enters the ED who meets certain criteria, also has a defined algorithm MPI	PDMP utilizes Appriss AWARExE platform effectively to support SUD care delivery. PDMP data is pushed through EDIE notifications where hospitals have integrated EDIE into their HER.	(0-24 months) the PDMP will continue engagement with the Governor's Opioid Epidemic Taskforce, around statute changes required to allow data sharing with the Medicaid program or collection of additional fields. The PDMP will follow any future statute changes that allow data sharing between PDMP and Medicaid to enhance the state MPI in support of SUD care delivery. PDMP staff will work with the vendor to incorporate additional data fields required by any statute changes.

Milestone 5a Criteria	Current State	Future State	Summary of Actions Needed
	that provides match and patient record merging. This supports SUD care delivery as ED physicians are notified of PDMP data, as well as historical hospital data on the patient at the point of care.		
Overall Objective for Enhancing PDMP Functionality & Interoperability			
Leverage the above functionalities / capabilities / supports (in concert with any other state health IT, TA or workflow effort) to implement effective controls to minimize the risk of inappropriate opioid overprescribing—and to ensure that Medicaid does not inappropriately pay for opioids	Oregon PDMPs mission is primarily to support clinical decision-making. Medical Directors and Pharmacy Directors are allowed access to the PDMP to perform clinical quality assurance activities for the providers they supervise. Oregon is in year two of a three-year statewide initiative to integrate PDMP into health IT systems, including: EHRs, HIEs, pharmacy management systems, and the statewide hospital event notification system EDie. – Legislation in 2019 added Dental Directors and CCO	Dental Directors and CCO Medical Directors access PDMP data in support of clinical quality assurance activities. PDMP integration with a majority of prescriber systems supports effective controls to minimize the risk of inappropriate opioid overprescribing by leveraging system functionalities (HIE, EDIE)	(6-24 months) PDMP will collaborate with HIT Commons, PDMP Integration Steering Committee, and other stakeholders as needed to: – Register CCO Medical Directors and Dental Directors if legislation is passed. – Educate on certain registration and technical thresholds required for integration of prescriber health IT systems with PDMP. – Integrate a majority of prescriber systems (representing 16K

Milestone 5a Criteria	Current State	Future State	Summary of Actions Needed
	Medical Directors to list of authorized users of PDMP		prescribers and 4 pharmacy chains) with PDMP. – Share best practices and provide education on leveraging integrated workflows to support informed prescribing of controlled substances.