

1. Preface

1.1 Transmittal Title Page for the state’s SUD Demonstration or SUD Components of Broader Demonstration

State	Indiana
Demonstration Name	Healthy Indiana Plan – SUD
Approval Date	February 1, 2018
Approval Period	February 1, 2018 through December 31, 2020
SUD (or if broader demonstration, then SUD Related) Demonstration Goals and Objectives	All Medicaid beneficiaries in Indiana will continue to have access to all current mental health and SUD benefits. In addition, all beneficiaries, ages 21 through 64 will have access to expanded covered services provided while residing in an Institution for Mental Diseases (IMD) for SUD short-term residential stays. The SUD program will allow beneficiaries with SUD to access benefits that include SUD residential treatment, crisis stabilization and withdrawal management services provided in IMDs, which would otherwise be excluded from federal reimbursement.

2. Executive Summary

During the reporting period, Indiana Medicaid has made notable progress on implementation of the SUD component of the 1115 demonstration waiver. The following provides key highlights of activities during April 1 and June 30, 2018:

- The ASAM designation process for the State’s residential providers has resulted in additional units within provider locations qualifying for ASAM Level 3.1 or 3.5 designation.
- The State selected Burns & Associates (B&A), Inc. as the independent evaluator of the 1115 SUD demonstration. B&A also serves as the External Quality Review Organization for Indiana’s Medicaid managed care programs.
- B&A facilitated meetings with the State team on the development of the evaluation design for the waiver, with initial drafts of the research questions and measures developed in June.
- The State submitted a draft version of the Monitoring Plan, and Version 2 of the Health IT Protocol. The Health IT Protocol was approved June 6, 2018.
- The State published a FAQ document around new residential benefits in response to questions posed by providers.

3. Assessment of Need and Qualification for SUD Services

- (Required) The state has attached the required assessment of need and qualification for SUD services metrics in Appendix A.
- (If applicable) The state does not have any issues to report related to assessment of need and qualification for SUD services metrics in Appendix A and has not included any narrative on this topic in the section that follows.

As reported in the Q1 Report, Indiana is currently working on modifying the State’s Adults Needs and Strengths Assessment (ANSA) and Child and Adolescent Needs and Strengths (CANS) assessment tools to reflect the number of individuals who have been assessed and qualified for SUD treatment needs. Until those modifications are complete, Indiana will not be able to report on the individuals assessed and qualified for SUD treatment.

The State is currently not aware of any issues with individuals being assessed and qualified for SUD treatment as existing screening tools are still being utilized.

3.1 Assessment of Need and Qualification for SUD Services Issues/Trends: New and Continued

Summary of Issue	Date and Report in which Issue was First Reported	Estimated Number of Impacted Beneficiaries	Known or Suspected Cause(s) of Issue (if applicable)	Remediation Plan and Timeline for Resolution (If applicable)/Status Update if Issue Previously Reported*

**Note: If an issue was noted as resolved in the previous report, it should not be reported in the current report.*

3.2 Anticipated Changes to Assessment of Need and Qualification for SUD Services

- The state does not anticipate changes to assessment of need and qualifications for SUD services at this time.

4. SUD Treatment Initiation and Treatment at Each Level of Care

- (Required) The state has attached the treatment-related metrics in Appendix A.
- (If applicable) The state does not have any issues to report related to the treatment-related metrics in Appendix A and has not included any narrative.

As reported in the Q1 Report, Indiana’s data shows that the SUD population is largely in managed care (specifically, the Healthy Indiana Plan); that outpatient treatment is the largest source of SUD treatment; and that medication assisted treatment shows very minimal usage in relation to the number of individuals identified with a substance use disorder.

4.1 SUD Treatment-related Issues: New and Continued

Summary of Issue	Date and Report in which Issue Was First Reported	Estimated Number of Impacted Beneficiaries	Known or Suspected Cause(s) of Issue (if applicable)	Remediation Plan and Timeline for Resolution (if applicable)/Status Update if Issue Previously Reported*

**Note: If an issue was noted as resolved in the previous report, it should not be reported in the current report.*

4.2 Anticipated Changes to SUD Treatment Initiation and Treatment at Each Level of Care

- The state does not anticipate changes to treatment initiation and treatment at each level of care at this time.

5. SUD Demonstration-related Grievances and Appeals

- (Required) The state has attached the SUD only grievances and appeals metrics in Appendix A.
- (If applicable) The state does not have any issues to report related to the SUD only grievances and appeals metrics in Appendix A and has not included any narrative.

5.1 SUS Specific Grievances and Appeals Issues: New and Continued

As indicated in the Q1 Report, Indiana is working with its managed care entities (MCEs) to begin reporting on SUD-related grievances and appeals starting on July 1, 2018. Reporting will not be available until Fall 2018. Additionally, the Division of Mental Health and Addiction (DMHA) does not currently require critical incidents for SUD treatment services to be reported; this will be fixed as a part of the overall certification process update in 2019.

Summary of Issue	Date and Report in Which Issue Was First Reported	Estimated Number of Impacted Beneficiaries	Known or Suspected Cause(s) of Issue (if applicable)	Remediation Plan and Timeline for Resolution (if applicable)/Status Update if Previously Reported*

**Note: If an issue was noted as resolved in the previous report, it should not be reported in the current report.*

5.2 Anticipated Changes to SUD Specific Grievances and Appeals

The State will be pursuing additional reporting requirements with the MCEs around SUD related grievances and appeals beginning July 1, 2018.

- The state does not anticipate changes to SUD grievances or appeals at this time.

6. SUD-Related Quality

- (Required) The state has attached the SUD-related quality measures in Appendix A.

- (If applicable) The state does not have any issues to report related to the SUD-related quality measures in Appendix A and has not included any narrative.

As indicated in the Q1 Report, Indiana is currently developing all quality measures to be reported on a quarterly basis. During this reporting period, the build for the following quality measures were completed:

- Medicaid beneficiaries with SUD diagnoses (monthly and annual)
- SUD levels of services (expenditures and claims)
- SUD expenditures
- SUD provider listing
- Use of Opioids at High Dosage in Persons Without Cancer
- Concurrent Use of Opioids and Benzodiazepines
- ER Utilization for SUD
- Inpatient Admissions for SUD

As of the end of the reporting period, the following quality measures are either in a pending or build status:

- Individuals assessed and qualified for SUD treatment
- IMD expenditures
- Additional quality measures
- Overdose death data (with Indiana State Department of Health)
- Member appeals

6.1 SUD-Related Quality Issues: New and Continued.

Summary of Issue	Date and Report in which Issue Was First Reported	Estimated Number of Impacted Beneficiaries	Known or Suspected Cause(s) of Issue (if applicable)	Remediation Plan and Timeline for Resolution (if applicable)/Status Update if Issue Previously Reported*

* Note: If an issue was noted as resolved in the previous report, it should not be reported in the current report.

6.2 Anticipated Changes to SUD-Related Quality

As previously discussed, Indiana continues to build quality measures as identified in question 6.

- The state does not anticipate changes related to quality at this time.

7. Other SUD-Related Demo Specific Metrics

- (If applicable) The state has attached completed the other metrics in Appendix A.
- (If applicable) The state does not have any issues to report related to the other metrics in Appendix A and has not included any narrative.

7.1 Other SUD-Related Metric Issues: New and Continued

Indiana has included a breakdown of the number of providers related to mental health or addiction Treatment in Attachment A. Indiana Medicaid began to enroll providers who specifically provide addiction treatment (for Opioid Treatment Programs and SUD Residential Addiction Treatment Facilities) in March 2018, so the list continues to largely contain providers (both individuals and facilities) that provide some form of mental health or SUD treatment.

Summary of Issue	Date and Report in which Issue Was First Reported	Estimated Number of Impacted Beneficiaries	Known or Suspected Cause(s) of Issue (if applicable)	Remediation Plan and Timeline for Resolution (if applicable)/Status Update if Issue Previously Reported*

* Note: If an issue was noted as resolved in the previous report, it should not be reported in the current report.

7.2 Anticipated Changes to Other SUD-Related Metrics

As previously discussed, Indiana continues to build quality measures as specified in question 6.

The state does not anticipate future changes to other metrics at this time.

8. Financial/Budget Neutrality

(Required) The state has attached completed the budget neutrality workbook in Appendix B.

8.1 Financial/Budget Neutrality Issues: New and Continued

Summary of Issue, Including Fiscal Impact and Impacted MEG(s)	Date and Report in which Issue Was First Reported	Known or Suspected Cause(s) of Issue (if applicable)	Remediation Plan and Timeline for Resolution (if applicable)/Status Update if Issue Previously Reported

8.2 Anticipated Changes to Financial/Budget Neutrality

The state does not anticipate future changes to budget neutrality at this time.

9. SUD (or if Broader Demonstration, then SUD Related) Demonstration Operations and Policy

Consideration 1:

Type of Consideration	Prior Authorization Requests
Summary of Consideration	Since the residential reimbursement structure went live, providers have complained about only receiving approval for a short amount of days as well as not understanding prior authorization criteria in general.
Date and Report in Which Consideration Was First Reported	Early March 2018

Summary of Impact	As reported in the Q1 Monitoring Report, individuals are receiving approval for residential treatment, but there continue to be issues with enough medical necessity documentation.
Estimated Number of Affected SUD Beneficiaries	Data is unavailable at this time.
If Issue, Remediation Plan and Timeline for Resolution / Updates in Status if Previously Reported	A meeting with representatives from each of the MCEs, DMHA, and OMPP was held in late April 2018. As a result of that meeting, an updated provider publication (BT201821) around residential treatment was published on May 22, 2018. A webinar specifically for residential providers is being planned for late Summer 2018.

10. SUD Implementation Update

Item	Date and Report in Which Item Was First Reported	Implementation Status
1. Access to critical levels of care for OUD and other SUDs		
Residential Treatment	March 1, 2018, Q1 Report	The State began providing authorization and reimbursement for low-intensity and high intensity residential treatment on March 1, 2018.
Inpatient IMD Stays	February 1, 2018, Q1 Report	The State began providing authorization and reimbursement for inpatient stays for OUD in facilities that qualify as IMDs across all populations, including FFS, on February 1, 2018. Indiana had been utilizing the “in lieu of” authority for IMD stays for the managed care population since July 2016.
2. Widespread use of evidence-based, SUD-specific patient placement criteria		
ANSA Assessment Tool	April 1, 2018, Q1 Report	Indiana is continuing the procurement process for the services of the Indiana Prevention Resource Center (through Indiana University) to build the algorithm to produce an appropriate ASAM level of care for the ANSA assessment tool.
3. Use of nationally recognized, evidence-based, SUD program standards to set residential treatment provider qualifications		
ASAM Designation Process	March 1, 2018, Q1 Report	DMHA began providing ASAM designations for the State’s residential providers on March 1, 2018. For Q2, there are 7 units designated to provide Level 3.1 (low-intensity residential services) and 20 units designated to provide Level 3.5 (high-intensity residential services) within provider

		locations. Seven providers currently have pending designations.
4. Sufficient provider capacity at each level of care, including MAT		
New Provider Specialty	March 1, 2018, Q1 Report	A new provider specialty for SUD Residential Addiction Treatment Facilities went live on March 1, 2018. This specialty will be required for billing as of July 1, 2018. For Q2, there are 12 separate locations enrolled with the new provider type and specialty.
5. Implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD		
Naloxone for Emergency Responders	May 31, 2018, Q1 Report	Indiana is working on a sustainable reimbursement system for emergency responders who utilize naloxone. This will likely require providers to report usage for Medicaid members to their local health departments, and these entities will then be able to bill Indiana Medicaid for the naloxone used and resupply the emergency responders. Conversations with local health departments are continuing as previously reported in Q1.
6. Improved care coordination and transitions between levels of care		
7. Progress on substance use disorder health information technology plan		
SUD Health IT Plan	June 6, 2018	Approved by CMS

11. SUD Demonstration Evaluation Update

After a fair procurement process, Indiana selected Burns & Associates (B&A), Inc. as the independent evaluator of the 1115 SUD demonstration. B&A also serves as the External Quality Review Organization for Indiana’s Medicaid managed care programs. Below are some key activities that took place during this reporting period:

- Evaluation Plan
 - June 12, 2018 –Kick-off meeting for evaluation
 - June 22, 2018 – scheduled conference call with B&A for development of Evaluation Design Plan
 - June 25, 2018 – scheduled onsite meeting with B&A for development of Evaluation Design Plan

- Evaluation Design
 - B&A facilitated meetings with the State team on the development of the evaluation design for the waiver, with initial drafts of the research questions and measures developed in June.

The State is on track to have a draft version of the evaluation design plan submitted to CMS by July 31, 2018..

Type of Evaluation Deliverable	Due Date	State Notes or Comments	Description of Any Anticipated Issues
Interim Evaluation Report			
Summative Evaluation Report			

12. Other Demonstration Reporting

12.1 Post Award Public Forum

- The state has provided the summary of the post-award forum (due for the period during reporting during which the forum was held and in the annual report).
- There was not a post-award public forum held during this reporting period and this is not an annual report.

13. Notable State Achievements and/or Innovations

The Q1 notable achievements and innovations are ongoing. During Q2, Indiana focused its effort on procuring the independent evaluator, B&A, and working with them to develop the research questions and measures that will be the basis of the Evaluation Design Plan.

Appendix A: Indiana Measurement Table for SUD Metrics

	Jan-18	Feb-18	Mar-18
Assessment of Need and Qualification for SUD Treatment Services			
Individuals Assessed for SUD Treatment Needs	Not Available	Not Available	Not Available
Individuals Qualified for SUD Treatment Needs	Not Available	Not Available	Not Available
Medicaid Beneficiaries with SUD Diagnosis (Monthly)	45,807	43,564	45,761
Medicaid Beneficiaries with SUD Diagnosis (Annually)	-	-	-
Medicaid Beneficiaries with SUD Diagnosis in an IMD (Monthly)	Not Available	Not Available	Not Available
Medicaid Beneficiaries with SUD Diagnosis in an IMD (Annually)	-	-	-
Treatment Initiation and Treatment in Each Level of Care (Members)			
Early Intervention	57	31	42
Outpatient Services	11,507	11,136	11,561
Intensive Outpatient Services	187	183	190
Partial Hospitalization	-	-	-
Low-Intensity Residential	-	-	-
High-Intensity Residential	-	-	22
Inpatient	506	513	595
Medication-Assisted Treatment (MAT)	2,396	2,469	2,775
Appeals			
Grievances Among Beneficiaries Receiving SUD Treatment Services	Not Available	Not Available	Not Available
Appeals Among Beneficiaries Receiving SUD Treatment Services	Not Available	Not Available	Not Available
Critical Incidents Related to SUD Treatment Services	Not Available	Not Available	Not Available
Quality			
Initiation and Engagement of AOD Dependence Treatment	Not Available	Not Available	Not Available
Follow-up After Discharge from the ED for AOD Dependence	Not Available	Not Available	Not Available
Use of Opioids at High Dosage in Persons Without Cancer	Not Available	Not Available	Not Available
Concurrent Use of Opioids and Benzodiazepines	Not Available	Not Available	Not Available
Continuity of Pharmacotherapy for Opioid Use Disorder	Not Available	Not Available	Not Available
ED Utilization for SUD Per Member Month	Not Available	Not Available	Not Available
Inpatient Admissions for SUD Per Member Month	Not Available	Not Available	Not Available
Readmissions for SUD	Not Available	Not Available	Not Available
Overdose Deaths	Not Available	Not Available	Not Available
Opioid Overdose Deaths	Not Available	Not Available	Not Available
Costs			
Any SUD Spending	\$ 11,156,946.44	\$ 10,713,596.27	\$ 11,942,892.93
Any SUD Spending Within IMDs	Not Available	Not Available	Not Available
Per Capita SUD Spending	\$ 761.41	\$ 747.53	\$ 786.49
Per Capita Spending Within IMDs	Not Available	Not Available	Not Available
Network Adequacy			
Hospital (01) - Psychiatric (011)	151	151	151
Mental Health Provider (11) - Outpatient Mental Health Clinic (110)	792	800	811
Mental Health Provider (11) - Community Mental Health Center (111)	250	252	253
Mental Health Provider (11) - Psychologist (112)	310	310	310
Mental Health Provider (11) - Health Service Provider in Psychology (114)	1793	1,810	1,821
Physician (31) - Psychiatrist (339)	1782	1,792	1,797
Addiction Services (35) - Opioid Treatment Programs (835)	11	12	12
Addiction Services (35) - SUD Residential Addiction Treatment Facilities (836)	-	-	4
OPR (50) - Addiction Medicine (O01)	45	44	47
OPR (50) - Clinical Psychologist (O13)	12	12	12
OPR (50) - Clinical Social Worker (O14)	609	614	621
OPR (50) - Mental Health (O71)	159	161	161
OPR (50) - Opioid Treatment Program (O84)	1	1	1

Appendix B. Budget Neutrality Workbook