

**1. Title page for the state’s substance use disorder (SUD) demonstration or the SUD component of the broader demonstration**

<b>State</b>	Indiana
<b>Demonstration name</b>	Healthy Indiana Plan – Substance Use Disorder
<b>Approval period for section 1115 demonstration</b>	02/01/2018 – 12/31/2020
<b>SUD demonstration start date<sup>a</sup></b>	02/01/2018
<b>Implementation date of SUD demonstration, if different from SUD demonstration start date<sup>b</sup></b>	
<b>SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives</b>	<p>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.</p> <p>Goals include:</p> <ol style="list-style-type: none"> <li>1. Increased rates of identification, initiation, and engagement in treatment;</li> <li>2. Increased adherence to and retention in treatment;</li> <li>3. Reductions in overdose deaths, particularly those due to opioids;</li> <li>4. Reduced utilization of emergency departments and inpatient settings for treatment where the utilization is preventable or medically inappropriate through improved access to other continuum of care services;</li> <li>5. Fewer readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate; and</li> <li>6. Improved access to care for physical health conditions among beneficiaries.</li> </ol>
<b>SUD demonstration year and quarter</b>	SUD DY3Q3
<b>Reporting period</b>	07/01/2020 – 9/30/2020

**<sup>a</sup> SUD demonstration start date:** For monitoring purposes, CMS defines the start date of the demonstration as the *effective date* listed in the state’s STCs at time of SUD demonstration approval. For example, if the state’s STCs at the time of SUD demonstration approval note that the SUD demonstration is effective January 1, 2020 – December 31, 2025, the state should consider January 1, 2020 to be the start date of the SUD demonstration. Note that the effective date is considered to be the first day the state may begin its SUD demonstration. In many cases, the effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example, CMS may approve an extension request on 12/15/2020, with an effective date of 1/1/2021 for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

**<sup>b</sup> Implementation date of SUD demonstration:** The date the state began claiming federal financial participation for services provided to individuals in institutions for mental disease.

## 2. Executive summary

The SUD DY3 Q3 report includes global and Indiana-specific changes to the monitoring metrics. The results presented are based on version 3 of the CMS technical specifications. Monitoring metrics are reported based on the most recent CMS guidance to account for data lag (e.g., monthly measures reported with one quarter lag). This report also includes additional Managed Care Entity (MCE) SUD encounter data, including cost (i.e., actual MCE provider payment) data. Additionally, measures and their corresponding observed trends could be influenced by the COVID-19 pandemic, although there is not enough data to draw meaningful conclusions at this time. Given that these factors resulted in meaningful changes in some measures, it may not be appropriate to compare to previous quarters. The results shown here should be considered a more appropriate baseline when examining changes.

The SUD DY3 Q3 report, per CMS specifications, includes monthly and quarterly metrics for dates of service in the second quarter (04/01/2020 – 06/30/2020). There are 11 monthly and 5 quarterly metrics reported in the Q3 report. Given the changes in the monitoring specifications and underlying data as reported including the impact of the COVID-19 pandemic, trends may be spurious and therefore are not reported in the narrative Part B report.

During DY3 Q3, Indiana made notable progress on the implementation of the SUD component of the 1115 demonstration waiver, although most of the quarter was devoted to ongoing support of temporary measures to support continued access to SUD services and supports during the COVID-19 pandemic. The following provides key highlights of activities over the reporting period:

1. Indiana implemented a sustainable reimbursement system for emergency responders who utilize naloxone – the first in the nation.
2. The Interim Evaluation was revised to address CMS comments and subsequently resubmitted to CMS.
3. On August 7, 2020, Governor Eric J. Holcomb announced a partnership between the Indiana Division of Mental Health and Addiction and Mental Health America of Indiana to expand access to trained peer support recovery professionals through the Indiana Recovery Network.

**3. Narrative information on implementation, by milestone and reporting topic**

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>1. Assessment of need and qualification for SUD services</b>			
<b>1.1 Metric trends</b>			
1.1.1. The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to assessment of need and qualification for SUD services		#2, #3	There were no trends in excess of +/- 2% when comparing the last month of Q2 to the first month of Q1. The average number of newly initiated/diagnosed treatment in Q2 was -7% less than the average in Q1 however.
<b>1.2 Implementation update</b>			
1.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes to: 1.2.1.i. The target population(s) of the demonstration	X		
1.2.1.ii. The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration	X		
1.2.2 The state expects to make other program changes that may affect metrics related to assessment of need and qualification for SUD services	X		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>2. Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)</b>			
<b>2.1 Metric trends</b>			
2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1		#6-#12	The number of beneficiaries who received any SUD treatment increased by 6% on average, when compared to the average of the previous quarter. Outpatient treatment grew by 6%; IOP and PHP however, decreased by -21%. Residential increased by 12% and withdrawal management by 19%. MAT increased 11%.
<b>2.2 Implementation update</b>			
2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:  2.2.1.i. Planned activities to improve access to SUD treatment services across the continuum of care for Medicaid beneficiaries (e.g. outpatient services, intensive outpatient services, medication-assisted treatment, services in intensive residential and inpatient settings, medically supervised withdrawal management)			Indiana received a federal SUD planning grant to conduct a community-engaged planning process for assessing current provider capacity, improve intra- and inter-agency infrastructure for monitoring, conduct evaluation and planning, and design an action plan that will position the state to implement strategic solutions for addressing gaps in SUD provider capacity. During the reporting period, activities focused on completing the initial draft of the baseline capacity and planning provider survey.
2.2.1.ii. SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential treatment, medically supervised withdrawal management, and medication-assisted treatment services provided to individual IMDs	X		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1			As previously reported, FSSA continues to assess movement from Telemedicine opportunities implemented in response to COVID-19 (see Section 14.1 for specifics), to determine the best options for Telehealth in a post-COVID-19 environment that may allow members to receive more convenient access to qualified specialists when entering the SUD continuum of care.

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>3. Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)</b>			
<b>3.1 Metric trends</b>			
3.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2	X		
<b>3.2. Implementation update</b>			
3.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:  3.2.1.i. Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria			As previously reported, Indiana issued draft level of care guidelines based on ASAM to provide clarity for addition provider expectations and quality control. Work continued to review comments received during the 30-day comment period (January 24, 2020 – February 28, 2020) to evaluate whether modifications to the draft guidelines are needed.
3.2.1.ii. Implementation of a utilization management approach to ensure (a) beneficiaries have access to SUD services at the appropriate level of care, (b) interventions are appropriate for the diagnosis and level of care, or (c) use of independent process for reviewing placement in residential treatment settings			Based on provider feedback and the results of the independent evaluation of SUD-related authorizations, the OMPP MCE compliance team has been working with the contracted MCEs to improve the content of the denial letters. As of the end of this reporting period, the OMPP MCE compliance team completed work with three of the four MCEs, and continues to work the remaining contracted MCE on content.
3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2	X		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>4. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)</b>			
<b>4.1 Metric trends</b>			
4.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3  <i>Note: There are no CMS-provided metrics related to Milestone 3. If the state did not identify any metrics for reporting this milestone, the state should indicate it has no update to report.</i>	X		
<b>4.2 Implementation update</b>			
4.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:  4.2.1.i. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards			DMHA began providing ASAM designations for the State’s residential providers on March 1, 2018. For ASAM level 3.1, there are a total of 16 providers with 330 beds, an increase of 40 beds from the prior reporting period. For ASAM level 3.5, there are a total of 39 providers with 1,212 beds, an increase of 1 provider and 68 beds from the prior reporting period.
4.2.1.ii. Review process for residential treatment providers’ compliance with qualifications.	X		
4.2.1.iii. Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site	X		
4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3			During 2020, Indiana continues to work with providers to expand access to all evidence-based treatments and promoting the use of MAT for SUD treatment.

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>5. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)</b>			
<b>5.1 Metric trends</b>			
5.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4	X		
<b>5.2 Implementation update</b>			



<p>5.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <p>Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care</p>		<p>As reported previously, a new provider specialty for SUD Residential Addiction Treatment Facilities went live on March 1, 2018. This specialty was required for billing as of July 1, 2018. For ASAM level 3.1, there are a total of 16 providers with 330 beds, an increase of 40 beds from the prior reporting period. For ASAM level 3.5, there are a total of 39 providers with 1,212 beds, an increase of 1 provider and 68 beds from the prior reporting period.</p> <p>Indiana announced that it was adding midlevel practitioners to those who qualify to bill for services rendered in an FQHC or RHC under the PPS system. Implementation will be effective October 1, 2020. (Refer to Part B Reference Section for related link)</p> <p>During 2020, Indiana has worked to develop new OTP sites. Two of the three planned new OTP sites opened during the reporting period. The third site is still planning to open. (Refer to Part B Reference Section for related link)</p> <p>On August 7, 2020, Governor Eric J. Holcomb announced partnership between the Indiana Division of Mental Health and Addiction and Mental Health America of Indiana to expand access to trained peer support recovery professionals through the Indiana Recovery Network. This will provide expanded peer recovery options for Hoosiers with mental health and substance use disorders. (Refer to Part B Reference Section for related links)</p> <p>During the reporting period, the temporary measures that allows members to self-administer take-home</p>
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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			medications to support MAT during the COVID-19 outbreak continued.
5.2.2 The state expects to make other program changes that may affect metrics related to Milestone 4			<p>Indiana is continuing to review and determine whether a State Plan Amendment will be submitted to make a change to the OTP Bundles.</p> <p>Indiana announced that effective November 1, 2020, it will expand the list of eligible providers to include licensed behavioral health professionals, and revise provider enrollment types and specialties for mental health and addiction services. (Refer to Part B Reference Section for related links)</p> <p>See Section 4.2.2 regarding promotion of MAT for SUD treatment.</p>
<b>6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)</b>			
<b>6.1 Metric trends</b>			
6.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5		#23	Emergency department utilization for SUD per 1,000 Medicaid beneficiaries decreased by -10% on average in Q2 compared to Q1.
<b>6.2 Implementation update</b>			
6.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:  6.2.1.i. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD	X		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.2.1.ii. Expansion of coverage for and access to naloxone			<p>During the reporting period, Indiana implemented a sustainable reimbursement system for emergency responders who utilize naloxone – the first in the nation. The Emergency Medical Transportation Services (EMS) Project for Naloxone Coverage was effective July 1, 2020. During July, Indiana held four live webinar trainings for EMS provider agencies about the new naloxone reimbursement policy. (Refer to Part B Reference Section for related links)</p> <p>As reported previously, the Indiana State Department of Health (ISDH) has several ongoing projects to improve access to Naloxone including: Naloxone distribution programs for local health departments and first responders; training programs including statewide training opportunities; and a dedicated Naloxone workgroup. In addition, Indiana Public Law 32 (Senate Bill 406), created the opportunity for health care prescribers to prepare a standing order for an overdose prevention drug, effective on April 17, 2015. (Refer to Part B Reference Section for related links)</p> <p>Beginning in August 2020, the Department of Corrections will provide a supply of naloxone to every offender with a history of substance use disorder upon release. (Refer to Part B Reference Section for related links)</p>
6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5	X		
<b>7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)</b>			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>7.1 Metric trends</b>			
7.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6	X		
<b>7.2 Implementation update</b>			
7.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: Implementation of policies supporting beneficiaries’ transition from residential and inpatient facilities to community-based services and supports			<p>The State began a cross-divisional SUD Work Group to identify and address improvement opportunities in the SUD delivery system and continue the State’s efforts to engage and support SUD stakeholders representing all areas of the SUD continuum of care. During the SUD DY3 Q3 reporting period, key activities include:</p> <ul style="list-style-type: none"> <li>▪ <u>September 9, 10 and 24</u>: “Addressing the Needs of Pregnant and Postpartum Women with Substance Use Disorders” three-day training series offered.</li> <li>▪ <u>September 28 &amp; 29</u>: Indiana Annual Recovery Month Symposium held online – “Join the Voices for Recovery: Celebrating Connections”.</li> <li>▪ <u>July through September</u>: <i>COVID-19 Support</i>. Work continued to support implementation of COVID-19 policies that support access to services and supports during the outbreak. See section 14.1 for specifics.</li> </ul>

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
7.2.2 The state expects to make other program changes that may affect metrics related to Milestone 6			During 2020, Indiana has continued to pursue following activities: <u>Transitions of Care</u> – The SUD workgroup is continuing to explore ideas and solutions to help their MCE and provider partners transition members between different treatment settings.  <u>Telehealth</u> – See Section 2.2.2 for more information.  <u>MAT Promotion</u> – See Section 4.2.2 for more information.
<b>8. SUD health information technology (health IT)</b>			
<b>8.1 Metric trends</b>			
8.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics		S.1 Number of prescribers accessing INSPECT	During SUD DY3 Q2, the number of registered prescribers who accessed INSPECT declined from 18,701 to 18,190, a 2.7% decline since the prior reporting period, likely the result of a data cleanup project that involved deactivating INSPECT accounts associated with prescribers who no longer had an active professional license and/or failed to renew their controlled substance registration. Since SUD DY1, the number of prescribers accessing INSPECT increased from 10,145 to 18,190, a 62.8% overall increase during the demonstration.

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
		S.2 Number of patient requests made into INSPECT	During SUD DY3 Q2, the number of patient requests made by registered prescribers into the state’s prescription drug monitoring system, INSPECT, decreased from more than 3.1 million in Q1 to more than 2.2 million in Q2. This is a 27.2% decrease in the number of prescribers accessing patient prescription histories from INSPECT during the prior reporting period. INSPECT also observed a decrease in the number of opioids prescribed during Q2.
		S.3 Number of hospitals that have integrated INSPECT into their health care system’s electronic health record	During SUD DY3 Q2, the number of hospitals that have integrated INSPECT into their health care system’s electronic health record (EHR) increased from 122 to 125, at 2.5% increase since the prior reporting period. Since SUD DY1, the number of hospitals that have integrated INSPECT into their health care system EHR has increased from 8 to 125, which is 72.7% of the 172 total registered Indiana hospitals.
<b>8.2 Implementation update</b>			
8.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 8.2.1.i. How health IT is being used to slow down the rate of growth of individuals identified with SUD	X		
How health IT is being used to treat effectively individuals identified with SUD	X		
8.2.1.ii. How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD	X		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.2.1.iii. Other aspects of the state’s plan to develop the health IT infrastructure/capabilities at the state, delivery system, health plan/MCO, and individual provider levels	X		
8.2.1.iv. Other aspects of the state’s health IT implementation milestones	X		
8.2.1.v. The timeline for achieving health IT implementation milestones	X		
8.2.1.vi. Planned activities to increase use and functionality of the state’s prescription drug monitoring program	X		
8.2.2 The state expects to make other program changes that may affect metrics related to health IT			Effective December 31, 2020 and pursuant to Senate Enrolled Act 176, the State of Indiana has mandated that ALL prescriptions for a controlled substance be issued through an electronic format and transmission (E-prescribing). In addition, Indiana has provided funding to ensure that all practices are in compliance with the December 31, 2020 deadline. (Refer to Part B Reference Section for related links)
<b>9. Other SUD-related metrics</b>			
<b>9.1 Metric trends</b>			
9.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics		#24	Inpatient stays for SUD per 1,000 Medicaid beneficiaries was down by -21% on average in Q2 compared to Q1.
<b>9.2 Implementation update</b>			
9.2.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics		#33, #34	Effective January 1, 2019, the MCEs began reporting grievances and appeals related to SUD Treatment Services on a quarterly basis. During SUD DY3 Q3 there were 5 grievances and 24 appeals.

**4. Narrative information on other reporting topics**

Prompts	State has no update to report (Place an X)	State response
<b>10. Budget neutrality</b>		
<b>10.1 Current status and analysis</b>		
10.1.1 If the SUD component is part of a broader demonstration, the state should provide an analysis of the SUD-related budget neutrality and an analysis of budget neutrality as a whole. Describe the current status of budget neutrality and an analysis of the budget neutrality to date.	X	
<b>10.2 Implementation update</b>		
10.2.1 The state expects to make other program changes that may affect budget neutrality	X	
<b>11. SUD-related demonstration operations and policy</b>		
<b>11.1 Considerations</b>		
11.1.1 The state should highlight significant SUD (or if broader demonstration, then SUD-related) demonstration operations or policy considerations that could positively or negatively affect beneficiary enrollment, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the SUD demonstration’s approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail.	X	
<b>11.2 Implementation update</b>		
11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 11.2.1.i. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)	X	



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Prompts	State has no update to report (Place an X)	State response
11.2.1.ii. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)	X	
11.2.1.iii. Partners involved in service delivery	X	
11.2.2 The state experienced challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers) and/or noted any performance issues with contracted entities		See Section 7.2.2
11.2.3 The state is working on other initiatives related to SUD or OUD		Indiana submitted a Section 1115 Demonstration Waiver application for the Maternal Opioid Misuse Indiana Initiative (MOMII) on August 12, 2020. The application seeks to extend postpartum coverage from 60 days to 365 days for mothers with OUD who initially qualified with income at or below 213% FPL and maintain continuous eligibility for the mother and baby during the entire postpartum period.
11.2.4 The initiatives described above are related to the SUD or OUD demonstration (The state should note similarities and differences from the SUD demonstration)	X	
<b>12. SUD demonstration evaluation update</b>		
<b>12.1 Narrative information</b>		
12.1.1 Provide updates on SUD evaluation work and timeline. The appropriate content will depend on when this report is due to CMS and the timing for the demonstration. There are specific requirements per Code of Federal Regulations (CFR) for annual reports. See report template instructions for more details.		The Interim Evaluation was revised per CMS feedback received June 10 and resubmitted on July 10, 2020.

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Prompts	State has no update to report (Place an X)	State response
12.1.2 Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs	X	
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates	X	
<b>13. Other demonstration reporting</b>		
<b>13.1 General reporting requirements</b>		
13.1.1 The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol	X	
13.1.2 The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes	X	
13.1.3 Compared to the demonstration design and operational details, the state expects to make the following changes to: 13.1.3.i. The schedule for completing and submitting monitoring reports	X	
13.1.3.ii. The content or completeness of submitted reports and/or future reports	X	
13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation	X	

Prompts	State has no update to report (Place an X)	State response
<b>13.2 Post-award public forum</b>		

<p>13.2.2 If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicating any resulting action items or issues. A summary of the post-award public forum must be included here for the period during which the forum was held and in the annual report.</p>	<p>The 1115 demonstration waiver post award forum was held on July 30, 2020 during a special meeting of the Medicaid Advisory Committee and was open to the public. Due to the ongoing nature of the COVID-19 PHE, this meeting was held virtually. The state presented on HIP eligibility and enrollment and gave an update of the operational status. In addition, updates were provided for the Serious Mental Illness (SMI) waiver, the Substance Use Disorders (SUD) waiver, and the Maternal Opioid Misuse Indiana Initiative (MOMII) waiver.</p> <p>Due to the virtual nature of this year’s public comment, the four managed care entities (MCEs) provided written comments in support of the HIP, SMI, and SUD waivers. An MCE commented that the SUD waiver has allowed plans in Indiana to enhance access to treatment for members with substance use disorder across the continuum of care. The treatment options available to individuals range from inpatient and residential services, to community-based options like partial hospitalization and intensive outpatient treatment, providing support tailored to the needs of our members as they work through their recovery journey. Together, these waivers have allowed for the development of a far more comprehensive approach to managing the behavioral health and substance use disorder needs of the SMI and SUD populations. The waivers have encouraged the implementation of treatment best practices, helped develop and expand treatment capacity, and enabled the integration of behavioral health and substance use services with physical health</p> <p>Questions were received in the “chat box” feature of the virtual meeting where guests of the meeting could type in questions and a moderator would repeat the question to the presenters. Most questions were related to understanding HIP eligibility and ongoing operational and policy updates in response to COVID-19. In summary, Indiana addressed questions to satisfaction.</p>
<p><b>14. Notable state achievements and/or innovations</b></p> <p><b>14.1 Narrative information</b></p>	

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Prompts	State has no update to report (Place an X)	State response
<p>14.1.1 Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SUD (or if broader demonstration, then SUD related) demonstration or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries.</p>		<p>In addition to the achievements identified in prior sections, Indiana developed the following to support access to SUD services and supports resulting from the COVID-19 outbreak (refer to Part B Reference Section for related links where available):</p> <ul style="list-style-type: none"> <li>▪ July 9, 2020 – Indiana issues BT202086 <i>IHCP COVID-19 Response</i>: IHCP provides update on telemedicine policy.</li> <li>▪ July 20, 2020 – Indiana launches Be Well Crisis Helpline to support Hoosiers during COVID-19 pandemic and recovery.</li> <li>▪ July 21, 2020 – Indiana issues BT202088 <i>IHCP COVID-19 Response</i>: IHCP updates Pharmacy benefit PA expiration dates.</li> <li>▪ July 28, 2020 – Indiana issues “Update on Medicaid policy changes re: COVID-19” which includes updates related to eligibility, cost sharing, pharmacy and additional resources for members.</li> <li>▪ August 27, 2020 – Indiana issues BT202096 <i>IHCP COVID-19 Response</i>: IHCP clarifies policy on PA process for acute care hospital inpatient admissions.</li> <li>▪ September 22, 2020 – Indiana issues BR202038 to provide links to HHS guidance for naloxone administration during the public health emergency.</li> <li>▪ September 24, 2020 – Indiana issues BT2020106 <i>IHCP COVID-19 Response</i>: IHCP announces revised billing guidance for telemedicine services.</li> </ul>
		<p>The Division of Mental Health and Addiction sponsored the following trainings during the reporting period (refer to Part B Reference Section for related links where available):</p> <ul style="list-style-type: none"> <li>▪ August 19, 20, 26 and 27 – Three-part training series for Indiana clinical supervisors, provided in partnership with the Great Lakes Addiction Technology Transfer Center.</li> <li>▪ August 17, September 3 and 28 – Navigating Employment, Medicaid for Opioid Use Disorder and Recovery</li> </ul>

<p>SMI demonstration updates</p>	<p>The Serious Mental Illness (SMI) Waiver went live on January 1, 2020 (Q1). The SMI waiver allows for short term acute inpatient stays in an IMD for members with an SMI diagnosis that are ages 21 to 64. The State worked with independent stakeholders to complete the Provider Availability Assessment. The SMI waiver has also allowed for increased flexibility in length of stay for those that suffer from an SMI diagnosis, allowing an average of 30 days and max of 60 days in an IMD. This allows time to stabilize these members on their medication and obtain any additional supports for their discharge. The SMI waiver has also allowed for consistent coverage regardless of the plan delivery system whether fee-for-service or managed care. In the first year of the SMI Waiver, the State and CMS worked to better define the Medicaid Eligibility Groups (MEGs) for both the SMI and SUD Waivers. In addition, the State updated the budget neutrality table for the renewal. CMS provided this technical correction on March 20, 2020. As required by the Special Terms and Conditions (STCs), the State submitted the first draft of its SMI Waiver Evaluation Plan to CMS on June 29, 2020 (Q2) and received feedback on September 15, 2020 (Q3). Throughout Q3, the State worked on the SMI Monitoring Protocol which was submitted July 17, 2020 (Q3). The State received feedback from CMS on August 25, 2020 and submitted those requested changes on October 23, 2020. In determining the metrics of the Monitoring Protocol, the State worked closely with FSSA’s Data &amp; Analytics Team to define and standardize reporting for the required metrics based on the SMI Technical Specifications—Version One. In addition, the State acquired an independent evaluator, The Lewin Group, Inc., to evaluate the SMI demonstration and associated goals. The goals of the SMI Waiver are 1) Reduced utilization and length of stay in emergency departments (EDs) among Medicaid beneficiaries with SMI/SED while awaiting mental health treatment in specialized settings; 2) Reduced preventable readmissions to acute care hospitals and residential settings; 3) Improved availability of crisis stabilization services, including services made available through call centers and mobile crisis units, intensive outpatient services, as well as services provided during acute short-term stays in residential crisis stabilization programs, psychiatric hospitals,</p>
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Prompts	State has no update to report (Place an X)	State response
		and residential treatment settings throughout the state; 4) Improved access to community-based services to address the chronic mental health care needs of beneficiaries with SMI/SED, including through increased integration of primary and behavioral health care; and 5) Improved care coordination, especially continuity of care in the community following episodes of acute care in hospitals and residential treatment facilities. The independent evaluator will work with the State to address the CMS’s comments on the Evaluation Design.

\*The state should remove all example text from the table prior to submission.

Note: Licensee and states must prominently display the following notice on any display of Measure rates:

*Measures IET-AD, FUA-AD, FUM-AD, and AAP [Metrics #15, 17(1), 17(2), and 32] are Healthcare Effectiveness Data and Information Set (HEDIS®) measures that are owned and copyrighted by the National Committee for Quality Assurance (NCQA). HEDIS measures and specifications are not clinical guidelines, do not establish a standard of medical care and have not been tested for all potential applications. The measures and specifications are provided “as is” without warranty of any kind. NCQA makes no representations, warranties or endorsements about the quality of any product, test or protocol identified as numerator compliant or otherwise identified as meeting the requirements of a HEDIS measure or specification. NCQA makes no representations, warranties, or endorsement about the quality of any organization or clinician who uses or reports performance measures and NCQA has no liability to anyone who relies on HEDIS measures or specifications or data reflective of performance under such measures and specifications.*

*The measure specification methodology used by CMS is different from NCQA’s methodology. NCQA has not validated the adjusted measure specifications but has granted CMS permission to adjust. A calculated measure result (a “rate”) from a HEDIS measure that has not been certified via NCQA’s Measure Certification Program, and is based on adjusted HEDIS specifications, may not be called a “HEDIS rate” until it is audited and designated reportable by an NCQA-Certified HEDIS Compliance Auditor. Until such time, such measure rates shall be designated or referred to as “Adjusted, Uncertified, Unaudited HEDIS rates.”*

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Section	Topic	Link
5.2.1	Midlevel practitioners eligible under prospective payment system for FQHC and RHC services	<a href="http://provider.indianamedicaid.com/ihcp/Banners/BR202032.pdf">http://provider.indianamedicaid.com/ihcp/Banners/BR202032.pdf</a>
5.2.1	Indiana OTP site map	<a href="https://www.in.gov/fssa/dmha/files/OTP_Map.pdf">https://www.in.gov/fssa/dmha/files/OTP_Map.pdf</a>
5.2.1	Gov. Holcomb announces expanded peer recover options for Hoosiers with mental health and substance use disorder	<a href="https://calendar.in.gov/site/gov/event/gov-holcomb-announces-expanded-peer-recovery-options-for-hoosiers-with-mental-health-issues-and-sub/">https://calendar.in.gov/site/gov/event/gov-holcomb-announces-expanded-peer-recovery-options-for-hoosiers-with-mental-health-issues-and-sub/</a>
5.2.2	IHCP to enroll licensed behavioral health professionals	<a href="http://provider.indianamedicaid.com/ihcp/Bulletins/BT2020108.pdf">http://provider.indianamedicaid.com/ihcp/Bulletins/BT2020108.pdf</a>
5.2.2	IHCP to revise provider enrollment types for mental health and addiction services	<a href="http://provider.indianamedicaid.com/ihcp/Banners/BR202039.pdf">http://provider.indianamedicaid.com/ihcp/Banners/BR202039.pdf</a>
6.2.1.ii	IHCP to give trainings on new naloxone reimbursement policy, beginning July 21, 2020	<a href="http://provider.indianamedicaid.com/ihcp/Banners/BR202028.pdf">http://provider.indianamedicaid.com/ihcp/Banners/BR202028.pdf</a>
6.2.1.ii	ISDH Naloxone distribution programs	<a href="https://www.in.gov/isdh/27616.htm">https://www.in.gov/isdh/27616.htm</a>
6.2.1.ii	ISDH Naloxone statewide training	<a href="https://www.in.gov/isdh/27386.htm">https://www.in.gov/isdh/27386.htm</a>
6.2.1.ii	Next Level Recovery Progress Report, August 2020, Department of Corrections, slide 4	<a href="https://www.in.gov/recovery/993.htm">https://www.in.gov/recovery/993.htm</a>



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8.2.2	INSPECT EMR with E-Prescribing Provision – Requirements & Application Form	<a href="https://www.in.gov/pla/inspect/2474.htm">https://www.in.gov/pla/inspect/2474.htm</a>
8.2.2	Expanded Eligibility for E-Prescribing Support	<a href="https://www.in.gov/pla/inspect/2475.htm">https://www.in.gov/pla/inspect/2475.htm</a>
14.1	IHCP COVID-19 Response: IHCP provides update on telemedicine policy	<a href="http://provider.indianamedicaid.com/ihcp/Bulletins/BT202086.pdf">http://provider.indianamedicaid.com/ihcp/Bulletins/BT202086.pdf</a>
14.1	Indiana launches Be Well Crisis Helpline to support Hoosiers during COVID-19 pandemic and recovery	<a href="https://www.in.gov/fssa/files/Be_Well_Crisis_Helpline_press_release_FINAL.pdf">https://www.in.gov/fssa/files/Be_Well_Crisis_Helpline_press_release_FINAL.pdf</a>
14.1	IHCP COVID-19 Response: IHCP updates Pharmacy benefit PA expiration dates	<a href="http://provider.indianamedicaid.com/ihcp/Bulletins/BT202088.pdf">http://provider.indianamedicaid.com/ihcp/Bulletins/BT202088.pdf</a>
14.1	Update on Medicaid policy changes re: COVID-19	<a href="https://www.in.gov/fssa/files/Update_Medicaid_pol_changes_reCOVID-19.pdf">https://www.in.gov/fssa/files/Update_Medicaid_pol_changes_reCOVID-19.pdf</a>
14.1	IHCP COVID-19 Response: IHCP clarifies policy on PA process for acute care hospital inpatient admissions	<a href="http://provider.indianamedicaid.com/ihcp/Bulletins/BT202096.pdf">http://provider.indianamedicaid.com/ihcp/Bulletins/BT202096.pdf</a>

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14.1	HHS guidance for naloxone administration during the public health emergency	<a href="http://provider.indianamedicaid.com/ihcp/Banners/BR202038.pdf">http://provider.indianamedicaid.com/ihcp/Banners/BR202038.pdf</a>
14.1	IHCP COVID-19 Response: IHCP announces revised billing guidance for telemedicine services	<a href="http://provider.indianamedicaid.com/ihcp/Bulletins/BT2020106.pdf">http://provider.indianamedicaid.com/ihcp/Bulletins/BT2020106.pdf</a>
14.1	DMHA trainings	<a href="https://www.in.gov/fssa/dmha/addiction-services/for-addiction-providers/">https://www.in.gov/fssa/dmha/addiction-services/for-addiction-providers/</a>

FSSA COVID-19 Related Resources by Division: <https://www.in.gov/fssa/fssa-guidance-for-various-programs-and-stakeholders-regarding-covid-19/>