

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-25-26  
Baltimore, Maryland 21244-1850



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## State Demonstrations Group

July 22, 2021

Allison Taylor  
Medicaid Director  
Indiana Family and Social Services Administration  
402W. Washington Street, Room W461, MS25  
Indianapolis, IN 46204

Dear Ms. Taylor:

The Centers for Medicare & Medicaid Services (CMS) completed its review of the Substance Use Disorder (SUD) and the Serious Mental Illness (SMI) Monitoring Protocols, which are required by the Special Terms and Conditions (STC), specifically, STCs IX.4 and X.4, of Indiana's section 1115 demonstration, "Healthy Indiana Plan (HIP)" (Project No: 11-W-00296/5). The demonstration overall is effective through December 31, 2030 with the SUD and SMI demonstration components effective through December 31, 2025. CMS determined that the Monitoring Protocols, which were submitted on March 25, 2021 and revised on June 17, 2021, meet the requirements set forth in the STCs, and thereby approves the state's SUD and SMI Monitoring Protocols.

The Monitoring Protocols are approved for the period that the SUD and SMI components of the Healthy Indiana Plan demonstration are effective through December 31, 2025, and are hereby incorporated into the demonstration STCs as Attachments D and G (see attached). In accordance with STC XV.10 (Public Access), the approved SUD and SMI Monitoring Protocols may now be posted to your state's Medicaid website.

We look forward to our continued partnership on the Healthy Indiana Plan section 1115 demonstration. If you have any questions, please contact your CMS demonstration team.

Sincerely,

**Danielle  
Daly -S** Digitally signed by  
Danielle Daly -S  
Date: 2021.07.22  
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Danielle Daly  
Director  
Division of Demonstration  
Monitoring and Evaluation

**Andrea J.  
Casart -S** Digitally signed by  
Andrea J. Casart -S  
Date: 2021.07.22  
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Andrea J. Casart  
Director  
Division of Eligibility and Coverage  
Demonstrations

cc: Mai Le-Yuen, State Monitoring Lead, CMS Medicaid and CHIP Operations Group

**Medicaid Section 1115 Serious Mental Illness and Serious  
Emotional Disturbance Demonstrations  
Monitoring Protocol Template**

*Note: PRA Disclosure Statement to be added here*

**1. Title page for the state’s serious mental illness and serious emotional disturbance (SMI/SED) demonstration or the SMI/SED component of the broader demonstration**

*The state should complete this title page as part of its SMI/SED monitoring protocol. This form should be submitted as the title page for all monitoring reports. The content of this table should stay consistent over time. Definitions for certain rows are below the table.*

<b>State</b>	Indiana
<b>Demonstration name</b>	Healthy Indiana Plan and the Serious Mental Illness Amendment
<b>Approval period for section 1115 demonstration</b>	01/01/2021-12/31/2025
<b>SMI/SED demonstration start date<sup>a</sup></b>	01/01/2021
<b>Implementation date of SMI/SED demonstration, if different from SMI/SED demonstration start date<sup>b</sup></b>	01/01/2020
<b>SMI/SED (or if broader demonstration, then SMI/SED - related) demonstration goals and objectives</b>	<ol style="list-style-type: none"> <li>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;</li> <li>2. Reduced preventable readmissions to acute care hospitals and residential settings;</li> <li>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, and residential treatment settings throughout the state;</li> <li>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</li> <li>5. Improved care coordination, especially continuity of care in the community following episodes of acute care in hospitals and residential treatment facilities.</li> </ol>

<sup>a</sup> **SMI/SED 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 SMI/SED demonstration approval. For example, if the state’s STCs at the time of SMI/SED demonstration approval note that the SMI/SED demonstration is effective January 1, 2020 – December 31, 2025, the state should consider January 1, 2020 to be the start date of the SMI/SED demonstration. Note that the effective date is considered to be the first day the state may begin its SMI/SED 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 SMI/SED demonstration:** The date the state began claiming federal financial participation for services provided to individuals in institutions of mental disease.

## 2. Acknowledgement of narrative reporting requirements

The state has reviewed the narrative questions in the Monitoring Report Template provided by CMS and understands the expectations for quarterly and annual monitoring reports. The state will provide the requested narrative information (with no modifications).

## 3. Annual Assessment of the Availability of Mental Health Services reporting

The state will use data as of the following month and day of each calendar year to conduct its Annual Assessment of the Availability of Mental Health Services: **February 1. Data will reflect 02/01-01/31 annually.**

## 4. Acknowledgement of budget neutrality reporting requirements

The state has reviewed the Budget Neutrality Workbook provided by the CMS demonstration team and understands the expectations for quarterly and annual monitoring reports. The state will provide the requested budget neutrality information (with no modifications).

## 5. Retrospective reporting

The state is not expected to submit metrics data until after monitoring protocol approval, to ensure that data reflects the monitoring plans agreed upon by CMS and the state. Prior to monitoring protocol approval, the state should submit quarterly and annual monitoring reports with narrative updates on implementation progress and other information that may be applicable, according to the requirements in its STCs.

For a state that has monitoring protocols approved after one or more initial quarterly monitoring report submissions, it should report metrics data to CMS retrospectively for any prior quarters of the section 1115 SMI/SED demonstration that precede the monitoring protocol approval date. A state is expected to submit retrospective metrics data—provided there is adequate time for preparation of these data—in its second monitoring report submission that contains metrics. The retrospective report for a state with a first SMI/SED DY of less than 12 months should include data for any baseline period quarters preceding the demonstration, as described in Part A of the state’s monitoring protocol (see Appendix B of the instructions for further guidance determining baseline periods for first SMI/SED DYs that are less than 12 months). If a state needs additional time for preparation of these data, it should propose an alternative plan (i.e., specify the monitoring report that would capture the data) for reporting retrospectively on its SMI/SED demonstration.

In the monitoring report submission containing retrospective metrics data, the state should also provide a general assessment of metrics trends from the start of its demonstration through the end of the current reporting period. The state should report this information in Part B of its report submission (Section 3. Narrative information on implementation, by milestone and reporting topic). This general assessment is not intended to be a comprehensive description of every trend observed in metrics data. Unlike other monitoring report submissions, for instance, the state is not required to describe all metrics changes (+ or

- greater than 2 percent). Rather, the assessment is an opportunity for the state to provide context for its retrospective metrics data, to support CMS’s review and interpretation of these data. For example, consider a state that submits data showing an increase in the utilization of telehealth services for mental health (Metric #15) over the course of the retrospective reporting period. The state may decide to highlight this trend to CMS in Part B of its monitoring report (under Milestone 3) by briefly summarizing the trend and providing context that during this period, the state implemented a grant to improve access to mental health treatment in rural areas through the use of telemedicine.

For further information on how to compile and submit a retrospective report, the state should review Section B of the Monitoring Report Instructions document.

The state will report retrospectively for any quarters prior to monitoring protocol approval as described above, in the state’s second monitoring report submission that contains metrics after monitoring protocol approval.

The state proposes an alternative plan to report retrospectively for any quarters prior to monitoring protocol approval: *Insert narrative description of proposed changes to retrospective reporting. The state should provide justification for its proposed alternative plan.*