

**1. Preface**

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

<b>State</b>	Louisiana
<b>Demonstration Name</b>	Healthy Louisiana Substance Use Disorder 1115 Demonstration
<b>Approval Date</b>	February 1, 2018
<b>Approval Period</b>	February 1, 2018 – December 31, 2022
<b>SUD (or if broader demonstration, then SUD Related) Demonstration Goals and Objectives</b>	<p>The goal of this demonstration is for Louisiana to maintain critical access to opioid use disorder (OUD) and other substance use disorder (SUD) services and continue delivery system improvements for these services to provide more coordinated and comprehensive OUD/SUD treatment for Medicaid beneficiaries. This demonstration will provide the state with authority to provide high-quality, clinically appropriate SUD treatment services for short-term residents in residential and inpatient treatment settings that qualify as an Institution for Mental Diseases (IMD). It will also build on the state’s existing efforts to improve models of care focused on supporting individuals in the community and home, outside of institutions and strengthen a continuum of SUD services based on the American Society of Addiction Medicine (ASAM) criteria or other comparable nationally recognized assessment and placement tools that reflect evidence-based clinical treatment guidelines.</p> <p>During the demonstration period, Louisiana seeks to achieve the following:</p> <ul style="list-style-type: none"> <li>• Increase enrollee access to and utilization of appropriate OUD/SUD treatment services based on the ASAM Criteria;</li> <li>• Decreased use of medically inappropriate and avoidable high-cost emergency department and hospital services by enrollees with OUD/SUD;</li> <li>• Increased initiation of follow-up after discharge from emergency department for alcohol or other drug dependence; and</li> <li>• Reduced readmission rates for OUD/SUD treatment.</li> </ul>

**2. Executive Summary**

Louisiana received approval of the Healthy Louisiana OUD/SUD 1115 demonstration waiver on February 1, 2018. As such, the first quarter of the first demonstration year has been focused on development of the initial deliverables: implementation plan, performance metrics, monitoring protocol, budget neutrality, and draft evaluation design.

This first year of the demonstration waiver will provide baseline data, so Subject Matter Experts (SMEs) within the Office of Behavioral Health (OBH) have been meeting weekly to work through the iterations of the required performance metrics. During OBH’s examination and preparation of the monitoring protocol, the state has identified what we believe are inconsistencies and unclear guidance in the metrics. Quarter 1 data on the required performance metrics is reported according to our interpretation, and several issues or questions regarding the performance metrics will be included in the monitoring protocol submission to CMS. Therefore, as the state continues to work with CMS on the monitoring protocol and performance metrics, the Quarter 1 data included in Appendix A may be revised to provide consistent data.

Planning and drafting of some of the deliverables were delayed by the four legislative sessions over the first few months of the waiver year. Budget cuts to SUD services were a high possibility if no additional state revenues were identified, and LDH worked closely with the Governor and the Legislature to fund these critical services. As of the submission date for this report, funding for SUD services is secured, and members will continue to receive a full continuum of care.

**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.

Note: Quarter 1 data will not allow the ability to conduct an analysis of trends, patterns or deviations from baseline figures.

**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*
------------------	---	--	--	--


**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.

Note: Quarter 1 data will not allow the ability to conduct an analysis of trends, patterns or deviations from baseline figures.

**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*

**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 SUD Specific Grievances and Appeals 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 Previously Reported*

**5.2 Anticipated Changes to SUD Specific Grievances and Appeals**

- 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.

**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

				<b>Previously Reported*</b>

**6.2 Anticipated Changes to SUD-Related Quality**

- 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**

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

**7.2 Anticipated Changes to Other SUD-Related Metrics**

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

**8. Financial/Budget Neutrality**

The budget neutrality workbook has not yet been finalized but Medicaid and the Office of Behavioral Health have been actively working to create a draft workbook to share with CMS. The state, with assistance from its actuary, recently finalized a reporting guide that will be used to create the workbook. In developing the workbook, the state will use this reporting guide as a process document to identify applicable individuals and related expenditures to be included in the budget neutrality reporting.

- (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**

Louisiana’s concurrent 1915(b)/(c) waiver, the Healthy Louisiana and Coordinated System of Care (CSoC) waiver, is not currently subject to reporting under this 1115 demonstration as payments to the PIHP contractor are currently made under fee-for-service. However, the state is planning to amend this waiver later this calendar year to move the PIHP contractor to full-risk capitation. Prior to making this move to prepaid capitation, the state will work with CMS to determine whether the 1115 budget neutrality workbook will need to incorporate any payments made on behalf of SUD IMD recipients in the Healthy LA/CSoC Waiver.

- 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**

The state has no demonstration operations or policy considerations to report at this time.

**10. SUD Implementation Update**

Item	Date and Report in Which Item Was First Reported	Implementation Status
<b>1. Access to critical levels of care for OUD and other SUDs</b>		
Update State Plan and provider manual to reflect current services array and requirements		The correction of the manual removing 3.7WM adolescent (which was not a change in service but a correction to the manual) was published April 4.
Consideration of Methadone coverage		In Q1, the state began meeting internally to review the process for consideration of adding methadone coverage.
<b>2. Widespread use of evidence-based, SUD-specific patient placement criteria</b>		
The Behavioral Health Provider Manual will be updated to clarify that ASAM criteria and levels of care shall be used for each provider’s assessment tool.		The state is in the final stage of completing updates to outpatient and residential ASAM levels of care.
<b>3. Use of nationally recognized, evidence-based, SUD program standards to set residential treatment provider qualifications</b>		
Access to EBPs for OUD		The state is currently developing language to incorporate within contracts and/or agreements, that require providers to offer onsite MAT services or provide linkage and referral to MAT services offsite.
Education and Training		The state conducted a training on Medication Assisted Treatment for Pregnant Women on April 16, 2018.
<b>4. Sufficient provider capacity at each level of care, including MAT</b>		
Require MCOs to update their Specialized Behavioral Health network development and management plan to specifically focus on SUD provider capacity, including MAT.		The state sent notice to the MCOs that Network Development Plans shall include specific details associated with developing networks for increased capacity to residential levels of SUD treatment.
Add an indicator if providers are accepting		The network adequacy report template were updated.

new patients to the quarterly network adequacy reports.		
<b>5. Implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD</b>		
<b>6. Improved care coordination and transitions between levels of care</b>		
<b>7. Progress on substance use disorder health information technology plan</b>		
HIT Plan		The state provides available data and updates in Attachments A1 and A2 included with this report’s submission.

### 11. SUD Demonstration Evaluation Update

Due to the 180 days timeline of submission of the draft Evaluation Design, the state encountered several barriers to securing an independent third party who will conduct the Evaluation. This process was delayed by state budget discussions and state procurement and contract requirements. At the time of submission of this quarterly report, LDH is finalizing a work order with a third party vendor to conduct the Evaluation, including drafting the Evaluation Design. As discussed with CMS on previous monitoring calls, the state is requesting an extension for the draft Evaluation Design.

Type of Evaluation Deliverable	Due Date	State Notes or Comments	Description of Any Anticipated Issues
Evaluation Design	July 31, 2019	The state is requesting a 90-day extension for the submission of the draft Evaluation Design. A formal request for extension is included as an attachment to this report’s submission.	.
Interim Evaluation Report	Dec 31, 2021		
Summative Evaluation Report	June 30, 2024		



## **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.

The post-award public forum will take place on Thursday, June 28, 2018, and will be included in the DY1Q2 quarterly monitoring report.

## **13. Notable State Achievements and/or Innovations**

**Attachment 1: Draft CMS Provided SUD Metrics (N=38)**

§ indicates measures that may be reported separately for OUD as a subset of overall SUD

‡ indicates measures included under the listed goal in Table 2 of the SMDL, entitled “Demonstration Performance Measures.”

~ indicates measures under consideration for inclusion in CMS’ Medicaid and CHIP Scorecard

#	Measure Name	Measure Definition	Population of Interest	Data Source	Components Used in other measures	SMDL Goal or Milestone <sup>a</sup>	Measurement Period (month, quarter, year)	Reporting Priority (required, recommended, optional)
<b>1-8: Assessment of need and qualification for SUD treatment services</b>								
1	Assessed for SUD treatment needs	Number of beneficiaries assessed for SUD treatment need during the reporting month	All enrolled Medicaid beneficiaries in the state during the reporting month	Medical or administrative records	<ul style="list-style-type: none"> <li>Beneficiaries counted in measure #1 are the population of interest in measures #2 and #3</li> <li>Population of interest is the same as #6</li> </ul>	Goal 1	Month	Required  <i>Note: It may be difficult or impossible to capture ‘assessment of need,’ particularly for individuals who do not initiate further treatment.</i>
4 §	Newly qualified for SUD treatment	Number of beneficiaries newly qualified (e.g. not receiving SUD services for the prior quarter) during the reporting month	Assessed beneficiaries ever qualified for SUD treatment during the reporting month	Medical or administrative records	<ul style="list-style-type: none"> <li>Population of interest is beneficiaries counted in #2</li> </ul>	Goal 1	Month	Required  <i>Note: Same as #2.</i>

#	Measure Name	Measure Definition	Population of Interest	Data Source	Components Used in other measures	SMDL Goal or Milestone <sup>a</sup>	Measurement Period (month, quarter, year)	Reporting Priority (required, recommended, optional)
6 §	Medicaid beneficiaries with SUD diagnosis (monthly)	Number of beneficiaries enrolled in the reporting month with an SUD diagnosis or treatment service within the last 6 months	All enrolled Medicaid beneficiaries in the state during the reporting month	Claims	<ul style="list-style-type: none"> <li>Beneficiaries counted in measure #6 are the population of interest in measures #9-18</li> <li>Population of interest is the same as #1</li> <li>Uses SUD diagnosis codes from #22 (IET)</li> </ul>	Goal 1	Month	Required
7 §	Medicaid beneficiaries with SUD diagnosis (annual)	Number of beneficiaries with a service or prescription claim listing an SUD diagnosis or treatment service during the reporting year or in the 6 months before the reporting year	All enrolled Medicaid beneficiaries in the state during the reporting year	Claims	<ul style="list-style-type: none"> <li>Beneficiaries counted in measure #7 are the population of interest in measures #8, 37, #39</li> <li>Population of interest is also used in</li> <li>#22-32</li> <li>Uses SUD diagnosis codes from #22 (IET)</li> </ul>	Goal 1	Year	Required

#	Measure Name	Measure Definition	Population of Interest	Data Source	Components Used in other measures	SMDL Goal or Milestone <sup>a</sup>	Measurement Period (month, quarter, year)	Reporting Priority (required, recommended, optional)
8 §	Medicaid beneficiaries with SUD diagnosis treated in an IMD	Number of beneficiaries with a claim for treatment in an IMD during the reporting year	Number of beneficiaries with a service or prescription claim listing an SUD diagnosis or treatment service during the reporting year or in the 6 months before the reporting year	Claims	<ul style="list-style-type: none"> <li>Beneficiaries counted in measure #8 are the population of interest in measure #38</li> <li>Uses SUD diagnosis codes from #22 (IET)</li> </ul>	Goal 1	Year	Required
<b>9-18: Treatment initiation and treatment in each level of care</b>								
9 §	Any treatment	Number of beneficiaries receiving any SUD treatment during the reporting month	Number of beneficiaries enrolled in the reporting month with an SUD diagnosis or treatment service within the last 6 months	Claims	<ul style="list-style-type: none"> <li>Beneficiaries counted in measure #9 are the de-duplicated count of beneficiaries identified in measures #10-18</li> <li>Population of interest is beneficiaries counted in #6, and the same for measures #9-18</li> </ul>	Goal 1	Month	Required

#	Measure Name	Measure Definition	Population of Interest	Data Source	Components Used in other measures	SMDL Goal or Milestone <sup>a</sup>	Measurement Period (month, quarter, year)	Reporting Priority (required, recommended, optional)
10 §	Early intervention	Number of beneficiaries with a service claim for early intervention services (e.g. procedure codes associated with Screening, Brief Intervention, and Referral to Treatment [SBIRT]) during the reporting month	Number of beneficiaries enrolled in the reporting month with an SUD diagnosis or treatment service within the last 6 months	Claims	<ul style="list-style-type: none"> <li>Population of interest is beneficiaries counted in #6, and the same for measures #9-18</li> </ul>	Goal 1 Milestone 1	Month	Recommended  <i>Note:</i> Claims do not directly identify ASAM levels of care; states must map procedure and/or revenue codes to ASAM levels of care. Currently there is no standard mapping for state use. <sup>b</sup>
11 § ‡	Outpatient services	Number of beneficiaries with a service claim for outpatient services (e.g., outpatient recovery or motivational enhancement therapies, step down care, monitoring for stable patients) during the reporting month	Number of beneficiaries enrolled in the reporting month with an SUD diagnosis or treatment service within the last 6 months	Claims	<ul style="list-style-type: none"> <li>Population of interest is beneficiaries counted in #6, and the same for measures #9-18</li> </ul>	Goal 2 Milestone 1	Month	Required  <i>Note:</i> Same as #10.

#	Measure Name	Measure Definition	Population of Interest	Data Source	Components Used in other measures	SMDL Goal or Milestone <sup>a</sup>	Measurement Period (month, quarter, year)	Reporting Priority (required, recommended, optional)
12 § ‡	Intensive outpatient and partial hospitalization services	Number of beneficiaries with a service claim for intensive outpatient and/or partial hospitalization services (e.g., specialized outpatient SUD therapy and other clinical services) during the reporting month	Number of beneficiaries enrolled in the reporting month with an SUD diagnosis or treatment service within the last 6 months	Claims	<ul style="list-style-type: none"> <li>Population of interest is beneficiaries counted in #6, and the same for measures #9-18</li> </ul>	Goal 2 Milestone 1	Month	Required  <i>Note: Same as #10.</i>
13 § ‡	Residential and inpatient services	Number of beneficiaries with a service claim for residential and/or inpatient services during the reporting month	Number of beneficiaries enrolled in the reporting month with an SUD diagnosis or treatment service within the last 6 months	Claims	<ul style="list-style-type: none"> <li>Population of interest is beneficiaries counted in #6, and the same for measures #9-18</li> </ul>	Goal 2 Milestone 1	Month	Required  <i>Note: Same as #10.</i>
14 § ‡	Medically monitored/supervised withdrawal management	Number of beneficiaries with a service claim for medically managed intensive inpatient services (e.g., 24 hour structure with physician care for severe unstable problems) during the reporting month	Number of beneficiaries enrolled in the reporting month with an SUD diagnosis or treatment service within the last 6 months	Claims	<ul style="list-style-type: none"> <li>Population of interest is beneficiaries counted in #6, and the same for measures #9-18</li> </ul>	Goal 2 Milestone 1	Month	Required  <i>Note: Same as #10.</i>

#	Measure Name	Measure Definition	Population of Interest	Data Source	Components Used in other measures	SMDL Goal or Milestone <sup>a</sup>	Measurement Period (month, quarter, year)	Reporting Priority (required, recommended, optional)
15 § ‡	Medication assisted treatment (MAT)	Number of beneficiaries with a service and prescription claim for MAT during the reporting month	Number of beneficiaries enrolled in the reporting month with an SUD diagnosis or treatment service within the last 6 months	Claims	<ul style="list-style-type: none"> <li>Population of interest is beneficiaries counted in #6, and the same for measures #9-18</li> </ul>	Goal 2 Milestone 1	Month	Required
16 § ‡	Withdrawal management without extended on-site monitoring	Number of beneficiaries with a service claim for any form of withdrawal management (ambulatory without extended on-site monitoring; during the reporting month	Number of beneficiaries enrolled in the reporting month with an SUD diagnosis or treatment service within the last 6 months	Claims	<ul style="list-style-type: none"> <li>Population of interest is beneficiaries counted in #6, and the same for measures #9-18</li> </ul>	Goal 2 Milestone 1	Month	Recommended  <i>Note: Same as #10.</i>
<b>19-20: Network adequacy and provider capacity</b>								

#	Measure Name	Measure Definition	Population of Interest	Data Source	Components Used in other measures	SMDL Goal or Milestone <sup>a</sup>	Measurement Period (month, quarter, year)	Reporting Priority (required, recommended, optional)
19	SUD provider availability	Number of SUD providers enrolled and qualified to deliver Medicaid services during the reporting year		Provider enrollment database	<ul style="list-style-type: none"> <li>Providers counted in measure #19 are the population of interest in measures #20, 21</li> </ul>	Milestone 4	Year	Required  <i>Note:</i> There is no standard method for identifying SUD providers. SUD provider types will vary across states, as will provider enrollment databases. In some states, this measure may require linking across datasets.
19a	SUD provider availability - MAT	Number of providers who meet standards to provide buprenorphine or methadone as part of MAT	SUD providers enrolled and qualified to deliver Medicaid services during the reporting year	Provider enrollment database, SAMHSA datasets	<ul style="list-style-type: none"> <li>Providers counted in measure #19a are the population of interest in measure #20a</li> </ul>	Milestone 4	Year	Required  <i>Note:</i> Same as #19. Also, may require linking to other datasets (e.g. SAMHSA's Opioid Treatment Program directory for methadone and data on physicians eligible to provide buprenorphine)



#	Measure Name	Measure Definition	Population of Interest	Data Source	Components Used in other measures	SMDL Goal or Milestone <sup>a</sup>	Measurement Period (month, quarter, year)	Reporting Priority (required, recommended, optional)
20	SUD provider active participation	Number of SUD providers enrolled and qualified to deliver Medicaid services with service claims (overall, and by ASAM level 1, 2, 3, 3.7-WM) for more than 2 beneficiaries in the reporting year	SUD providers enrolled and qualified to deliver Medicaid services during the reporting year	Provider enrollment database, claims	<ul style="list-style-type: none"> <li>Population of interest in measure #20 is providers counted in measure #19, and the same as in measure #21</li> </ul>	Milestone 4	Year	<p>Recommended</p> <p><i>Note:</i> Same as #10 (claims do not directly map to ASAM levels of care) and #19. In addition, this measure will require linking provider information to service claims.</p>
20a	SUD provider active participation - MAT	Number of providers who meet standards to provide buprenorphine or methadone as part of MAT with service claims for more than 2 beneficiaries in the reporting year	Providers who meet standards to provide buprenorphine or methadone as part of MAT	Provider enrollment database, SAMHSA datasets, claims	<ul style="list-style-type: none"> <li>Population of interest in measure #20b is providers counted in measure #19a</li> </ul>			<p>Required</p> <p><i>Note:</i> Same as #19. May require linking to other datasets (e.g. SAMHSA's Opioid Treatment Program directory for methadone and data on physicians eligible to provide buprenorphine). In addition, this measure will require linking provider information to service claims.</p>

#	Measure Name	Measure Definition	Population of Interest	Data Source	Components Used in other measures	SMDL Goal or Milestone <sup>a</sup>	Measurement Period (month, quarter, year)	Reporting Priority (required, recommended, optional)
<b>22-34: Quality</b>								
22 § ‡ ~	Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence Treatment (IET)  [NCQA; NQF #0004; Medicaid Adult Core Set]	1. Initiation: Percentage of beneficiaries who initiated treatment through an inpatient admission, outpatient visit, intensive outpatient encounter, or partial hospitalization within 14 days of diagnosis.  2. Engagement: Beneficiaries who initiated treatment and had two or more additional services with an AOD diagnosis within 30 days of the initial visit	Beneficiaries 18+ diagnosed with a new episode of AOD during a visit in the first 11 months of the measurement period	Claims	<ul style="list-style-type: none"> <li>This measure reports on a subset of all enrolled Medicaid beneficiaries in the state during the reporting year (Population of interest in measure #7)</li> </ul>	Goal 1 Milestone 5	Year	Required  Part of the Medicaid Adult Core Set

#	Measure Name	Measure Definition	Population of Interest	Data Source	Components Used in other measures	SMDL Goal or Milestone <sup>a</sup>	Measurement Period (month, quarter, year)	Reporting Priority (required, recommended, optional)
23 §	SUB-3 Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a Alcohol and Other Drug Use Disorder Treatment at Discharge  [Joint Commission; NQF #1664]	SUB-3 rate: Beneficiaries who received or refused at discharge a prescription for medication for treatment of alcohol or drug use disorder OR received or refused a referral for addictions treatment  SUB-3a rate: Beneficiaries who received a prescription at discharge for medication for treatment of alcohol or drug use disorder OR a referral for addictions treatment	Hospitalized beneficiaries 18+ identified with an alcohol or drug use disorder	Medical and administrative records	<ul style="list-style-type: none"> <li>This measure reports on a subset of all enrolled Medicaid beneficiaries in the state during the reporting year (Population of interest in measure #7)</li> </ul>	Goal 2 Milestone 6	Year	Optional

#	Measure Name	Measure Definition	Population of Interest	Data Source	Components Used in other measures	SMDL Goal or Milestone <sup>a</sup>	Measurement Period (month, quarter, year)	Reporting Priority (required, recommended, optional)
24 § ‡	Follow-up after Discharge from the Emergency Department for Mental Health or Alcohol or Other Drug Dependence <sup>§</sup>  [NCQA; NQF #2605; Medicaid Adult Core Set]	There are four percentages:  1-2. Percentage of ED visits for mental health for which the beneficiary received follow-up within (a) 7 days of discharge or (b) 30 days of discharge  3-4. Percentage of ED visits for AOD for which the beneficiary received follow-up within (a) 7 days of discharge or (b) 30 days of discharge	Denominator for numerators 1-2: ED visits for mental health among beneficiaries 18+  Denominator for numerators 3-4: ED visits for AOD among beneficiaries 18+	Claims	<ul style="list-style-type: none"> <li>This measure reports on a subset of all enrolled Medicaid beneficiaries in the state during the reporting year (Population of interest in measure #7)</li> </ul>	Goal 2 Milestone 6	Year	Required  Part of the Medicaid Adult Core Set

#	Measure Name	Measure Definition	Population of Interest	Data Source	Components Used in other measures	SMDL Goal or Milestone <sup>a</sup>	Measurement Period (month, quarter, year)	Reporting Priority (required, recommended, optional)
25 ‡ ~	Use of Opioids at High Dosage in Persons Without Cancer  [PQA, NQF #2940; Medicaid Adult Core Set]	Proportion of beneficiaries who exceed the 120 morphine milligram equivalent (MME) threshold for $\geq 90$ consecutive days	Beneficiaries 18+ (in 1,000s) without cancer, with two or more prescription claims for opioids with unique dates of services, for which the sum of the days' supply is $\geq 15$	Claims	<ul style="list-style-type: none"> <li>This measure reports on a subset of all enrolled Medicaid beneficiaries in the state during the reporting year (Population of interest in measure #7)</li> <li>Measures #25-27 use the same denominator</li> </ul>	Goal 3 Milestone 5	Year	Required
26	Use of Opioids from Multiple Providers in Persons Without Cancer  [PQA; NQF #2950]	Proportion of beneficiaries receiving prescriptions for opioids from four or more prescribers AND four or more pharmacies	Beneficiaries 18+ (in 1,000s) without cancer, with two or more prescription claims for opioids with unique dates of services, for which the sum of the days' supply is $\geq 15$	Claims	<ul style="list-style-type: none"> <li>This measure reports on a subset of all enrolled Medicaid beneficiaries in the state during the reporting year (Population of interest in measure #7)</li> <li>Measures #25-27 use the same denominator</li> </ul>	Goal 3 Milestone 5	Year	Optional

#	Measure Name	Measure Definition	Population of Interest	Data Source	Components Used in other measures	SMDL Goal or Milestone <sup>a</sup>	Measurement Period (month, quarter, year)	Reporting Priority (required, recommended, optional)
27	Use of Opioids at High Dosage and from Multiple Providers in Persons Without Cancer [PQA; NQF #2951]	Proportion of beneficiaries receiving prescriptions for opioids with a daily dosage greater than 120 MME for 90 consecutive days or longer, AND receiving opioid prescriptions from four or more prescribers AND four or more pharmacies	Beneficiaries 18+ (in 1,000s) with two or more prescription claims for opioids with unique dates of services, for which the sum of the days' supply is $\geq 15$	Claims	<ul style="list-style-type: none"> <li>• This measure reports on a subset of all enrolled Medicaid beneficiaries in the state during the reporting year (Population of interest in measure #7)</li> <li>• Beneficiaries counted in measure #27 are the intersection of beneficiaries counted in measures #25 and 26</li> <li>• Measures #25-27 use the same denominator</li> </ul>	Goal 3 Milestone 5	Year	Optional

#	Measure Name	Measure Definition	Population of Interest	Data Source	Components Used in other measures	SMDL Goal or Milestone <sup>a</sup>	Measurement Period (month, quarter, year)	Reporting Priority (required, recommended, optional)
28	Concurrent Use of Opioids and Benzodiazepines [PQA]	Percentage of patients dispensed an opioid medication with at least one day overlap with a precipitant medication fill during the measurement period. Calculate this rate for two groups of precipitant drugs: 1) Benzodiazepine only 2) Benzodiazepines or non-benzodiazepine sedative/hypnotics	Patients dispensed an opioid medication during the measurement period.	Claims	<ul style="list-style-type: none"> <li>This measure reports on a subset of all enrolled Medicaid beneficiaries in the state during the reporting year (Population of interest in measure #7)</li> <li>No components are used in other measures</li> </ul>	Goal 3 Milestone 5	Year	Required
29 ‡	Continuity of Pharmacotherapy for Opioid Use Disorder [RAND; NQF #3175]	Percentage of beneficiaries who have at least 180 days of continuous pharmacotherapy with a medication prescribed for OUD without a gap for more than seven days	Beneficiaries ages 18-64 who had a diagnosis of OUD and at least one claim for an OUD medication	Claims	<ul style="list-style-type: none"> <li>This measure reports on a subset of all enrolled Medicaid beneficiaries in the state during the reporting year (Population of interest in measure #7)</li> </ul>	Goal 2 Milestone 5	Year	Required

#	Measure Name	Measure Definition	Population of Interest	Data Source	Components Used in other measures	SMDL Goal or Milestone <sup>a</sup>	Measurement Period (month, quarter, year)	Reporting Priority (required, recommended, optional)
30 § ‡	Emergency department utilization for SUD	Number of beneficiaries with an ED visit claim for SUD during the reporting month	Number of beneficiaries (in 1,000s) with a service or prescription claim listing an SUD diagnosis or treatment service within the last 6 months	Claims	<ul style="list-style-type: none"> <li>Population of interest is beneficiaries counted in measure #6</li> <li>Measure #30 will use the ED visit definition from #24</li> </ul>	Goal 4	Month <sup>c</sup>	Required
31 § ‡	Inpatient admissions for SUD	Number of beneficiaries with an inpatient claim for SUD during the reporting month	Number of beneficiaries (in 1,000s) with a service or prescription claim listing an SUD diagnosis or treatment service within the last 6 months	Claims	<ul style="list-style-type: none"> <li>Population of interest is beneficiaries counted in measure #6</li> <li>Measure #31 will use the inpatient admission definition from #22 and the ED visit definition from #24</li> </ul>	Goal 4	Month <sup>c</sup>	Required
32 § ‡	Readmissions for SUD	Number of acute inpatient stays during the reporting year followed by an unplanned acute readmission for SUD within 30 days	Inpatient admissions for SUD during the reporting year	Claims	<ul style="list-style-type: none"> <li>Measure #32 define inpatient admissions for SUD according to #31</li> </ul>	Goal 5	Year	Required



#	Measure Name	Measure Definition	Population of Interest	Data Source	Components Used in other measures	SMDL Goal or Milestone <sup>a</sup>	Measurement Period (month, quarter, year)	Reporting Priority (required, recommended, optional)
33 § ‡	Overdose deaths (count)	Number of overdose deaths among adult Medicaid beneficiaries in a geographic area affected by the demonstration in the reporting year. States may be encouraged (but not required) to report the cause of overdose death as specifically as possible (e.g., prescription vs illicit opioid)		State data on cause of death	<ul style="list-style-type: none"> <li>Beneficiaries counted in #33 are the same as beneficiaries counted in #34</li> </ul>	Goal 3	Year	Required  <i>Note:</i> National data on overdose deaths (e.g. CDC's WONDER) have a 2-year lag. State data sources vary in terms of lag (1 month – 1 year) data collection methodology, and quality.
34 § ‡	Overdose deaths (rate)	Number of overdose deaths among adult Medicaid beneficiaries in a geographic area affected by the demonstration in the reporting year. States may be encouraged (but not required) to report the cause of overdose death as specifically as possible (e.g., prescription vs illicit opioid)	Number (in 1,000s) of adult Medicaid beneficiaries in a geographic area affected by the demonstration in the reporting year	State data on cause of death	<ul style="list-style-type: none"> <li>Beneficiaries counted in #33 are the same as beneficiaries counted in #34</li> </ul>	Goal 3	Year	Required  <i>Note:</i> Same as #33.

#	Measure Name	Measure Definition	Population of Interest	Data Source	Components Used in other measures	SMDL Goal or Milestone <sup>a</sup>	Measurement Period (month, quarter, year)	Reporting Priority (required, recommended, optional)
<b>35-39: Costs</b>								
35 ‡	SUD spending	Total SUD spending during the reporting year		Claims	<ul style="list-style-type: none"> <li>This total is used in measure #37</li> </ul>	Goal 4	Year	Required
36 ‡	SUD spending within IMDs	Total SUD spending within IMDs during the reporting year		Claims	<ul style="list-style-type: none"> <li>This total is used in measure #38</li> </ul>	Goal 4	Year	Required
37 ‡	Per capita SUD spending	Total SUD spending during the reporting year	Number of beneficiaries with a service or prescription claim listing an SUD diagnosis or treatment service during the reporting year or in the 6 months before the reporting year	Claims	<ul style="list-style-type: none"> <li>Measure #37 uses total spending identified in measure #35</li> <li>Population of interest is beneficiaries counted in measure #7</li> </ul>	Goal 4	Year	Required
38 ‡	Per capita SUD spending within IMDs	Total SUD spending within IMDs during the reporting year	Number of beneficiaries with a claim for treatment in an IMD during the reporting year	Claims	<ul style="list-style-type: none"> <li>Measure uses total spending identified in measure #36</li> <li>Population of interest is beneficiaries counted in measure #8</li> </ul>	Goal 4	Year	Required

#	Measure Name	Measure Definition	Population of Interest	Data Source	Components Used in other measures	SMDL Goal or Milestone <sup>a</sup>	Measurement Period (month, quarter, year)	Reporting Priority (required, recommended, optional)
<b>39: Access to care for co-morbid physical health conditions</b>								
39 § ‡	Access to preventive/ ambulatory health services for adult beneficiaries with SUD [adapted from NCQA HEDIS measure to focus on SUD]	Number of beneficiaries with one or more ambulatory or preventive care visits during the measurement year.	Number of beneficiaries with a service or prescription claim listing an SUD diagnosis or treatment service during the reporting year or in the 6 months before the reporting year	Claims	<ul style="list-style-type: none"> <li>Population of interest is beneficiaries counted in measure #7, and the same population of interest as #37-38</li> </ul>	Goal 6	Year	Required
<b>40-44: Grievances, appeals and critical incidents</b>								
40	Grievances related to SUD treatment services	Number of grievances related to SUD treatment services filed during the reporting quarter		Administrative records	<ul style="list-style-type: none"> <li>This sum of this count across quarters is the population of interest in measure #43</li> </ul>	Other	Quarter	Required  <i>Note: States may need to develop methods to identify grievances related to SUD treatment services.</i>
41	Appeals related to SUD treatment services	Number of appeals related to SUD treatment services filed during the reporting quarter		Administrative records	<ul style="list-style-type: none"> <li>This sum of this count across quarters is the population of interest in measure #44</li> </ul>	Other	Quarter	Required  <i>Note: States may use different methods to identify appeals related to SUD treatment services.</i>

#	Measure Name	Measure Definition	Population of Interest	Data Source	Components Used in other measures	SMDL Goal or Milestone <sup>a</sup>	Measurement Period (month, quarter, year)	Reporting Priority (required, recommended, optional)
42	Critical incidents related to SUD treatment services	Number of critical incidents related to SUD treatment services, by type reported during the reporting quarter		Administrative records	<ul style="list-style-type: none"> <li>None</li> </ul>	Other	Quarter	Required  <i>Note: States may use different methods to identify critical incidents related to SUD treatment services.</i>
43	Resolved grievances related to SUD treatment services	Number of grievances filed during the year that are resolved within the state-established timeframe	Number of grievances related to SUD treatment services filed during the reporting year	Administrative records	<ul style="list-style-type: none"> <li>Population of interest is the sum of grievances across quarters, identified in measure #40</li> </ul>	Other	Year	Recommended  <i>Note: Same as #40. Also, resolution may require significant run-out time to report.</i>
44	Resolved appeals related to SUD treatment services	Number of appeals filed during the year that are resolved within the state-established timeframe	Number of appeals related to SUD care filed during the reporting year	Administrative records	<ul style="list-style-type: none"> <li>Population of interest is the sum of grievances across quarters, identified in measure #41</li> </ul>	Other	Year	Recommended  <i>Note: Same as #41. Also, resolution may require significant run-out time to report.</i>

<sup>a</sup> "SMDL Goal or Milestone" refers to the goals and milestones listed on page five of the State Medicaid Director Letter SMD #17-003 dated November 1, 2017. Some milestones are more appropriately monitored via qualitative data versus monitoring metrics (e.g. milestones 2, 3).

<sup>b</sup> Levels of care could be defined using ASAM criteria or a different standardized method, such as a code mapping defined by CMS.

<sup>c</sup> These measures could be reported quarterly, rather than monthly, and expressed per 1,000 member months.

Appendix A: State Measurement Table for SUD Metrics

**Health IT Plan Updates and Metrics:**

As of June 25, 2018, the state provides updates to activities and metrics appearing in the approved HIT Plan. Updates are included in Attachments A1 and A2 included with the report’s submission. Data and updates to process measures following submission of this report will be communicated to CMS during future monthly phone calls and quarterly reports.

<b>Healthy Louisiana OUD/SUD 1115 Demonstration Waiver Performance Metrics</b>					
#	Measure Name	Measurement Period (month, quarter, year)	Quarter 1		
			Feb	Mar	Apr*
<b>1-8: Assessment of need and qualification for SUD treatment services</b>					
1	Assessed for SUD treatment needs	Month	612	706	
4	Newly qualified for SUD treatment	Month	413	466	
6	Medicaid beneficiaries with SUD diagnosis (monthly)	Month	8,263	8,726	
7	Medicaid beneficiaries with SUD diagnosis (annual)	Year			
8	Medicaid beneficiaries with SUD diagnosis treated in an IMD	Year			
<b>9-18: Treatment initiation and treatment in each level of care</b>					
9	Any treatment	Month	4,107	4,383	
11	Outpatient services	Month	1,948	2,125	
12	Intensive outpatient and partial hospitalization services	Month	1,206	1,232	
13	Residential and inpatient services	Month	1,552	1,763	
14	Medically monitored/supervised	Month	250	323	
15	Medication assisted treatment (MAT)	Month	22	19	
<b>19-20: Network adequacy and provider capacity</b>					
19	SUD provider availability	Year			
19a	SUD provider availability - MAT	Year			
20a	SUD provider active participation - MAT	Year			
<b>22-34: Quality</b>					
22	Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence Treatment (IET) [NCQA; NQF #0004; Medicaid Adult Core Set]	Year			

24	Follow-up after Discharge from the Emergency Department for Mental Health or Alcohol or Other Drug Dependence [NCQA; NQF #2605; Medicaid Adult Core Set]	Year			
25	Use of Opioids at High Dosage in Persons Without Cancer [PQA, NQF #2940; Medicaid Adult Core Set]	Year			
28	Concurrent Use of Opioids and Benzodiazepines [PQA]	Year			
29	Continuity of Pharmacotherapy for Opioid Use Disorder [RAND; NQF #3175]	Year			
30	Emergency department utilization for SUD	Month	1,261	1,232	
31	Inpatient admissions for SUD	Month	456	483	
32	Readmissions for SUD	Year			
33	Overdose deaths (count)	Year			
34	Overdose deaths (rate)	Year			
<b>35-38: Costs</b>					
35	SUD spending	Year			
36	SUD spending within IMDs	Year			
37	Per capita SUD spending	Year			
38	Per capita SUD spending within IMDs	Year			
<b>39: Access to care for co-morbid physical health conditions</b>					
39	Access to preventive/ ambulatory health services for adult beneficiaries with SUD [adapted from NCQA HEDIS measure to focus on SUD]	Year			
<b>40-44: Grievances, appeals and critical incidents</b>					
40	Grievances related to SUD treatment services	Quarter		0	
41	Appeals related to SUD treatment services	Quarter		15	
42	Critical incidents related to SUD treatment services	Quarter		5	
Reported by Louisiana Department of Health Office of Behavioral Health on 6/28/2018					
*Limitations - As of reporting date, first 2 months of quarter are available using normal 3 months claim lag, data for last month of quarter not yet available due to requirement of monitoring reporting due no later than 60 days following quarter.					

**Appendix B. Budget Neutrality Workbook**

Please see response for Section 8. Financial/Budget Neutrality

## 1115 SUD Health IT Plan – Quarter 1 Update

As of June 25, 2018, the state provides the following updates to activities and metrics appearing in the approved HIT Plan. Updates are included in Attachments A1 and A2 included with the report's submission. Data and updates to process measures following submission of this report will be communicated to CMS during future monthly phone calls and quarterly reports.

1. Pg 2 - The state should provide CMS with an analysis of the current status of its health IT infrastructure/"ecosystem" to assess its readiness to support PDMP interoperability. Once completed, the analysis will serve as the basis for the health IT functionalities to be addressed over the course of the demonstration – or the assurance described above.  
**The State is working to develop an assessment protocol for the HIE's capabilities and will then identify a process to evaluate the readiness of EHRs in use throughout the state.**
2. Pg 3 – Process measure: Status of contracting as reported by Board of Pharmacy.  
**No update at this time.**
3. Pg 4 – Process measure: Convene stakeholder group quarterly to develop connectivity plan around PMP into HIE or EHR. Attach minutes.  
**No update at this time.**
4. Pg 5 – Process measure: Regular updates at quarterly Board of Pharmacy meetings. Attach minutes.  
**No update at this time. The Board of Pharmacy has not yet convened, however; the next meeting is scheduled to be held in August.**
5. Pg 5 – Process measure: Continue ad hoc meetings with CMS and ONC for IAPD guidance to enhance PMP connectivity in either HIE or EHR.  
**Meetings will be requested as necessary.**
6. Pg 5 – Process measure: Presented to PMP Advisory Council on 1/10/18. Represent a plan proposal to Advisory Council or Board of Pharmacy as follow-up to garner stakeholder support in prep for 2019 session.  
**The next Board of Pharmacy meeting is scheduled in August. We are requesting to be included on the agenda to facilitate follow-up discussion.**
7. Pg 6 – Process measure: During procurement of data warehousing module under modernization, set capability for data match.  
**No update at this time. The development of this RFP has not started.**
8. Pg 6 – Process measure: During procurement of pharmacy module, create reporting relationship and data feed into warehousing module.  
**No update at this time. The development of this RFP has not started.**
9. Pg 8 – Process measure: Reprocure managed care contracts on timeline.  
**The State is currently working to finalize the RFP for the reprocurement of its managed care contracts. If delays are identified, the State will update CMS.**



10. Pg 9 – Process measure: Presented to PMP Advisory Council on 1/10/18. Represent a plan to Advisory Council or Board of Pharmacy as follow-up to garner stakeholder support in prep for 2019 session.

The next Board of Pharmacy meeting is scheduled in August. We are requesting to be included on the agenda to facilitate follow-up discussion.

11. Pg 9 – Process measure: If legislation does not proceed, we will pursue alternative data tracking internal to Medicaid.

The State will have a better direction on whether the legislation will proceed following the August Board of Pharmacy meeting.

12. Pg 9/10 – Medicaid data measures

a. Opioid prescription utilization trend (recipients, drug name, amount, payments)

b. Opioid prescription utilization trend in naïve patients (recipients, drug name, amount, payments)

See attachment A2-Q1 1115 SUD HIT. This file contains updated data through May 2018.

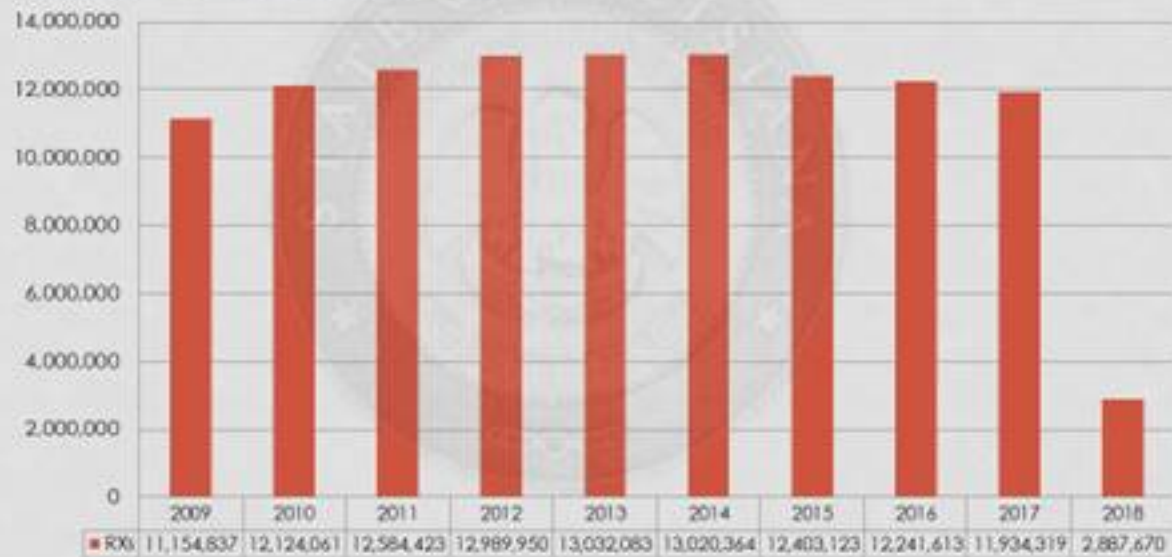
13. Pg 10 – PMP data measures:  
 a. User statistics by provider type

<b>PMP User Statistics for 2016Q4 (10/01/2016 through 12/31/2016)</b>				
<b>PMP Role Title - Healthcare Provider</b>	<b>Number of Providers <u>Eligible</u> for PMP Access (as of 12/31/2016)</b>	<b>Number of Providers <u>Approved</u> for PMP Access (as of 12/31/2016)</b>	<b>Number of Approved Providers Performing PMP Searches During 2016Q4</b>	<b>Number of PMP Searches by Approved Providers During 2016Q4 (Percentage of Total Searches)</b>
Physician (MD, DO)	12,362	4,416	2,061	259,651 (35.14%)
Nurse Practitioner (APRN)	2,442	1,224	734	43,295 (5.86%)
Dentist (DDS)	2,122	537	163	1,620 (0.22%)
Physician Assistant (PA)	678	262	155	7,571 (1.02%)
Optometrist (OD)	338	13	0	0
Podiatrist (DPM)	148	34	9	108 (0.01%)
Medical Psychologist (MP)	86	62	34	1,786 (0.24%)
Prescriber's Delegate	NA	1,478	679	139,992 (18.95%)
Pharmacist (PST)	8,647	3,620	2,303	262,316 (35.50%)
Pharmacist's Delegate	NA	515	236	22,549 (3.05%)
<b>Totals</b>	<b>26,823</b>	<b>12,161</b>	<b>6,374</b>	<b>738,888</b>

- b. Eligible transactions reported to PMP

## NUMBER OF ELIGIBLE PRESCRIPTION TRANSACTIONS REPORTED TO THE PMP

Total Reported: 120,392,374  
(06/01/2008 through 03/31/2018)

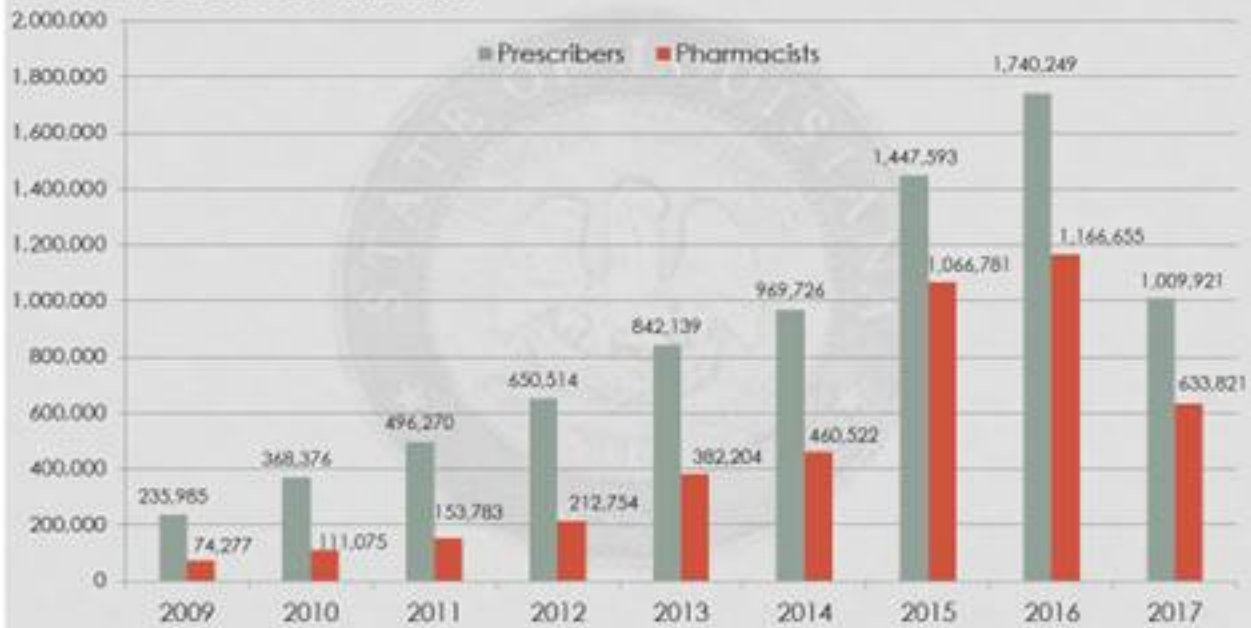


c. Prescriber and Pharmacists

# PRESCRIBER & PHARMACIST SEARCHES

(01/01/2009 THROUGH 06/30/2017)

Overall Search Total: 12,022,645



14. Pg 10 – Process measure: Timeline and progress on RFP re-procurement  
Progress: Currently developing the RFP, unsure about the timeline.
15. Pg 10 – Process measure: Decide which HIE technology will be utilized as an ADT feed.  
Currently, ADT feeds are being handled by the Louisiana Emergency Department Information Exchange (LaEDIE) run by the Louisiana Health Care Quality Forum (LHCQF). There are several organizations within the state that are developing their own ADT feed system. This section will be updated when we receive more information.
16. Pg 10 – Process measure: Establish quarterly standing report for MCOs  
We have a draft report that has not been approved by Medicaid leadership or been sent to the MCOs. (Side note: I am still trying to get confirm if this is necessary given the report I receive daily from LaEDIE that includes a listing of all ADT feeds from the previous day.)
17. Pg 10 – Data measure – How many ADT feeds are fed at different locations across the state by MCO and providers  
Currently, there are 57 hospitals actively providing feeds to LaEDIE. The system provides a daily export to the five Healthy Louisiana MCOs based on their patient lists. The MCOs use this data to provide case management to their recipients.
18. Pg 11 - Data measure: Opioid naïve utilization trend monthly report (compare to cancer/palliative care Rx baseline)  
Report included in the attached Excel spreadsheet (Monthly Tracking Impact of 7-day Opioid Quantity Limit and Utilization.xlsx).