

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

<b>State</b>	<i>Louisiana</i>
<b>Demonstration name</b>	<i>Healthy Louisiana Substance Use Disorder 1115 Demonstration</i>
<b>Approval period for section 1115 demonstration</b>	<i>February 1, 2018 – December 31, 2022</i>
<b>SUD demonstration start date</b>	<i>February 1, 2018</i>
<b>Implementation date of SUD demonstration, if different from SUD demonstration start date</b>	<i>N/A</i>
<b>SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives</b>	<p><i>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 Disease (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 assessments and placement tools that reflect evidence-based clinical treatment guidelines.</i></p> <p><i>During the demonstration period, Louisiana seeks to achieve the following:</i></p> <ul style="list-style-type: none"> <li><i>• Increase enrollee access to and utilization of appropriate OUD/SUD treatment services based on the ASAM Criteria;</i></li> <li><i>• Decreased use of medically inappropriate and avoidable high-cost emergency department and hospital services by enrollees with OUD/SUD;</i></li> <li><i>• Increased initiation of follow-up after discharge from emergency department for alcohol or other drug dependence; Reduce readmission rates for OUD/SUD treatment.</i></li> </ul>
<b>SUD demonstration year and quarter</b>	<i>1115 SUD Retrospective Report Submitted for DY1Q1 – DY3Q1</i>
<b>Reporting period</b>	<i>1115 SUD Retrospective Report Part-A Submitted 08/28/2020</i>

## 2. Executive summary

Louisiana received approval of the Healthy Louisiana Substance Use Disorder 1115 Demonstration waiver on February 1, 2018, and obtained approval of the Monitoring Protocol on June 2, 2020. Subsequent to this approval of the monitoring protocol, Louisiana submitted a retrospective workbook for the DY1Q1 through DY3Q1 Part-A Reports on August 28, 2020.

During a Monitoring and Evaluation meeting held January 21, 2021, CMS requested for Louisiana to complete a year to year trend analysis on the monthly and quarterly metrics reported in the 1115 SUD Retrospective Workbook that covered DY1 (01/01/2018 – 12/31/2018) to DY2 (01/01/2019 -12/31/2019). In addition, Louisiana included trend analysis below on other annual metrics previously submitted on the DY3Q2 Part-B Report.

The overall trend for Assessment of Need and Qualification for SUD Services and Access to Critical Levels of Care for OUD and other SUDs were on target and met the annual goal of increase. This increase is attributed to the multiple systematic projects that are heightening awareness of available services to address SUD. Some programs include but are not limited to the MCO SUD Performance Improvement Project, the Louisiana State Opioid Response Project, and the State Targeted Response Media Campaign.

- Metric #2, Medicaid Beneficiaries with Newly Initiated SUD Treatment/Diagnosis, showed a positive increase with a 1.93 percent change.
- Metric #3, Medicaid Beneficiaries with SUD Diagnosis (monthly), showed a positive increase with a 5.92 percent change.
- Metric #6, Any SUD Treatment, showed a positive increase, with a 1.59 percent change.
- Metric #8, Outpatient Services, showed a positive increase with a 2.23 percent change.
- Metric #9, Intensive Outpatient and Partial Hospitalization Services, showed a positive increase with a 9.72 percent change.
- Metric #10, Residential and Inpatient Services, showed a positive increase with a 1.91 percent change.
- Metric #11, Withdrawal Management, showed a minimal increase with a .28 percent change.
- Metric #12, Medication Assisted Treatment, showed a positive increase with a 4.05 percent change.

With minimal beneficiaries, Metric #7, Early Intervention, was the only metric under the Access to Critical Levels of Care for OUD and other SUDs that did not see an increase as there was no change.

The target for metrics #23 and #24 were to remain consistent; however, data indicates an increase in utilization:

- Metric #23, Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries, indicates there were between 2-3 emergency department visits per 1,000 members during the 2018 and 2019 monthly reporting periods, with approximately 20% of these visits attributed to the OUD population each month. The annual rate for 2018 was 2.8, which increased marginally to 2.87 in 2019. The ED rate for the OUD population decreased during this comparison period, specifically from a rate of 154.92 (2018) to 145.10 (2019) per 1000 members; this decrease can be attributed to the prevention and intervention strategies of statewide Narcan dissemination, Lock Your Meds initiatives, and drug take back events.
- Metric #24, Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries, indicates less than 2 inpatient stays per 1,000 members during the 2018 and 2019 monthly reporting periods, with approximately 30% of these visits attributed to the OUD population each month. The annual rate for 2018 was 1.61, which increased slightly to 1.75 in 2019. During this comparison period, there was a decrease in the rate of inpatient stays for the OUD population from 155.30 (2018) to 146.57 (2019) per 1000 members; this decrease can be attributed to the prevention and intervention strategies of statewide Naloxone legislation to make Narcan more readily available, community Narcan dissemination, Lock Your Meds initiatives, and drug take back events. In addition, it should be noted that members that present at the ED may require an inpatient stay due to the severity or acuity of their SUD, which may contribute to the overall rate of inpatient stays. Overall, the rates for both of these metrics remained consistent throughout 2018 and 2019 with efforts made to increase member initiation and engagement in substance use treatment services, and aftercare following hospitalization, beginning in 2019.

Metrics 33, 34, and 35 – Given the very low incidents of these categories, minimal changes that occur as an increase or decrease give a percentage change of greater than 2 percent positive or negative.

- Metric #33, Grievances Related to SUD Treatment Services, there was a count change of 1 that shows a 0 percent change.
- Metric #34, Appeals Related to SUD Treatment Services, there was a count change of 3 that shows a 42.86 percent change.

- Metric #35, Critical Incidents Related to SUD Treatment Services, there was count change of -2 on critical incidents metric that shows a -100 percent change.

Additionally, it should be noted that data on metrics 33 – 35 is unavailable for January 2018 from the managed care entities.

Other annual metrics previously reported include:

- Metric #4, Medicaid Beneficiaries with SUD Diagnosis (annually), showed a positive increase of 4.79 percent change.
- Metric #5, Medicaid Beneficiaries Treated in an IMD for SUD, there was a minimal decrease of 2.01% in the number of beneficiaries treated in IMDs from DY1 to DY2. This is attributable to the 3.37% increase in beneficiaries receiving outpatient and IOP services over the same period.
- Metric #13, SUD Provider Availability, showed a positive increase of 9.49 percent change. This increase is attributed to a joint workforce development initiative between the Tulane University School of Medicine, Department of Psychiatry, in collaboration with LDH's Office of Behavioral Health, which provides healthcare professionals access to free training, experts, and resources around a variety of topics focusing on OUD. Specialist teams are linked with interested providers in local communities serving as mentors, creating an ongoing learning community where primary care clinicians receive support and develop skills needed to provide care in clinical areas that were previously out of their expertise.
- Metric #14, SUD Provider Availability – MAT, showed a positive increase of 10.42 percent change. This increase can be attributed to LDH's continuous encouragement of providers to become certified dispensers by offering Drug Addiction Treatment Act of 2000 (DATA 2000) waiver trainings to all interested waiver-eligible providers through the Tulane Echo Project free of charge.
- Metric #25, Readmissions Among Beneficiaries with SUD, showed a negative increase with a 5.34 percent; which may be attributed to hospital admissions due to other primary comorbidities, thereby treating the SUD as a secondary condition when readmitted to the hospital.
- Metric #26, Overdose Deaths (count), showed a negative increase with an 8.83 percent change; which could be attributed to the increase of OUD overdose rates of 15.86 percent change, thereby increasing the overall rate of overdoses. Another

attributing factor is the rate of drugs coming into Louisiana and the number of persons buying unfamiliar product that is laced with fentanyl.

- Metric #36, Average Length of Stay in IMDs, showed a positive decrease with a 4.97 percent change.

Louisiana reports the following health information technology (health IT) metric trends, including all changes (+ or -) greater than 2 percent, related to its health IT metrics covering DY1 (01/01/2018 – 12/31/2018) to DY2 (01/01/2019 -12/31/2019). Our overall demonstration target goal was to maintain data trends for metrics Q1, Q2, and Q3 while increasing for S1. Our analysis of metric data trends between DY1 and DY2 showed substantial, double digit increases for Q1, Q3, and S1 and maintenance or 0% change for Q2. Although our targets for Q1 and Q3 were to maintain performance levels, the increases we observed between DY1 and DY2 align with the state's goals to increase physician utilization of the PMP and maximizing continuity of care for high-risk incarcerated individuals prior to release.

- Metric #Q1, Percentage of eligible physicians with active access privileges to the PMP showed a positive percent change of 33.07%.
- Metric #Q2, Number of EDs providing ADT information to the state remained consistent with 0% change from DY1 through DY2.
- Metric #Q3, Number of incarcerated individuals who are Medicaid eligible that are enrolled with a MCO prior to release showed a positive percent change of 15.57%.
- Metric #S1, Number of inquiries to the AWAxETM system made by physicians with active access privileges showed a positive percent change of 11.76%.

Louisiana is currently preparing to submit Revised LA SUD-DY3Q2 Part-A with column H updated from v2 to v3 to reflect the Tech Spec version used to provide metrics on the established quality measures. Additionally, Louisiana communicated during a call with the CMS Monitoring and Evaluation team, held January 21, 2021, that the updated Guidance on Service Utilization Metrics #7-12 received in February 2020 was used as directed.

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0  
Louisiana Healthy Louisiana Substance Use Disorder Demonstration

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