

1. Title Page for the State’s SUD Demonstration or SUD Components of Broader Demonstration

The state should complete this Title Page at the beginning of a demonstration and submit as the title page of all SUD Monitoring Reports. The content of this table should stay consistent over time.

State	Indiana
Demonstration name	Healthy Indiana Plan – Substance Use Disorder
Approval date for demonstration	January 27, 2015
Approval period for SUD	February 1, 2018 – December 31, 2020
Approval date for SUD, if different from above	February 1, 2018
Implementation date of SUD, if different from above	
SUD (or if broader demonstration, then SUD - related) demonstration goals and objectives	<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"> 1. Increased rates of identification, initiation, and engagement in treatment; 2. Increased adherence to and retention in treatment; 3. Reductions in overdose deaths, particularly those due to opioids; 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; 5. Fewer readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate; and 6. Improved access to care for physical health conditions among beneficiaries.

2. Executive Summary

The DY5 Q3 report includes global and Indiana-specific changes to the monitoring metrics. The results presented are based on version 2 of the CMS technical specifications, including changes to the IMD-related measures as well as updated value sets. Effective with this submission, 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). Importantly, this report includes additional Managed Care Entity (MCE) SUD encounter data, including cost data, which was not available in previous reports. Given that these updates 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 Q3 report, per CMS specifications, includes monthly metrics for dates of service in the second quarter (04/01/2019 – 06/30/2019). There are 11 monthly metrics reported in the Q3 report. Given the changes in the monitoring specifications and underlying data as reported, trends may be spurious and therefore are not reported in the narrative Part B report.

Aside from adopting the new monitoring specifications and report templates, Indiana has made notable progress on implementation of the SUD component of the 1115 demonstration waiver. The following provides key highlights of activities during DY5 Q3:

1. Indiana expands access to intensive outpatient treatment (IOT) and peer recovery services to members who are not eligible for MRO and increased the reimbursement rate for IOT.
2. The initial focus study on SUD-related authorization requests was completed by the independent evaluator.
3. The independent evaluator began the Transitions to Care study and Interim Evaluation deliverable for submission to CMS.
4. Indiana hosts two provider/managed care entity training sessions related to prior authorization, with one also focusing on transitions to care.

3. Narrative Information on Implementation, by Milestone and Reporting Topic

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
1.2 Assessment of Need and Qualification for SUD Services			
1.2.1 Metric Trends			
<input checked="" type="checkbox"/> There were 99,977 beneficiaries with a SUD diagnosis in June 2019; 6,906 were newly diagnosed.	As of June 2019, based on the new specifications and encounter data, there were 99,977 beneficiaries in the demonstration with a SUD diagnosis and a SUD-related service during the measurement period and/or in the 11 months before the measurement period. There were 76,562 in the managed care model. There were 1,652 pregnant beneficiaries and 16 who are criminally involved with a SUD diagnosis. In June 2019, 6,906 beneficiaries were newly diagnosed with SUD; 1,890 of which had a diagnosis of OUD.	04/01/2019 – 06/30/2019	#3: Medicaid Beneficiaries with SUD Diagnosis #2: Medicaid Beneficiaries with Newly Initiated SUD Treatment/Diagnosis
<input type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
1.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: <ul style="list-style-type: none"> <input type="checkbox"/> i) The target population(s) of the demonstration <input type="checkbox"/> ii) The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration 			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to assessment of need and qualification for SUD services			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
2.2 Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)			
2.2.1 Metric Trends			
<p><input checked="" type="checkbox"/> In June 2019, 31,424 beneficiaries received any SUD treatment. Over half of those services were either outpatient and/or MAT services. There were 3,405 beneficiaries with SUD that used residential and/or inpatient services.</p> <p>Also, in June 2019, there were 7,854 ED visits for SUD per 1,000 beneficiaries and 4,347 inpatient stays per 1,000 beneficiaries.</p>	<p>Of the 99,977 beneficiaries with SUD in June 2019, 31,424 received any SUD treatment service, facility claim, or pharmacy claim during the measurement period. There were 18,241 beneficiaries (58% of total) with SUD used outpatient services for SUD (such as outpatient recovery or motivational enhancement therapies, step down care, and monitoring for stable patients) during the measurement period; 355 beneficiaries received intensive outpatient and/or partial hospitalization services. There were 16,046 (51% of total) who received MAT. There were 3,405 beneficiaries (11%) who used residential and/or inpatient services for SUD during the measurement period. A small number, 696 beneficiaries, received withdrawal management. Only a small number of beneficiaries, 36, received early intervention services.</p>	<p>04/01/2019 – 06/30/2019</p>	<p>#6 - #12 Number of beneficiaries receiving any, early intervention, outpatient services, IOP/PHP, residential and inpatient services, withdrawal management and MAT. #23 ED visits per 1,000 #24 inpatient stays per 1,000</p>
<p><input type="checkbox"/> The state has no metrics trends to report for this reporting topic.</p>			

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2.2.2 Implementation Update			
<p>Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 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) <input checked="" type="checkbox"/> 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 individuals in IMDs 	<p>Indiana submitted a State Plan Amendment (SPA) #18-012 for Intensive Outpatient Program (IOP)/Crisis/Peers on 10/3/2018 to remove intervention services, IOP services, and peer recovery services from the Medicaid Rehabilitation Option and put those services into the State Plan benefits (BT201929). This opens up eligibility to all Medicaid members who meet medical necessity criteria. Indiana received approval of the SPA on March 18, 2019 and implemented the changes in coverage on July 1, 2019.</p>	<p>07/01/2018 – 09/30/2018</p>	
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to Milestone 1			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
3.2 Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)			
3.2.1 Metric Trends			
<input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2			
<input checked="" type="checkbox"/> The state has no trends to report for this reporting topic.			
<input checked="" type="checkbox"/> The state is not reporting metrics related to Milestone 2.			

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3.2.2 Implementation Update			
<p>Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> i) Planned activities to improve providers’ use of evidence-based, SUD-specific placement criteria <input checked="" type="checkbox"/> 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 	<p>During year one of the SUD waiver, Indiana contracted with the Indiana Prevention Resource Center (IPRC) to build the algorithm to produce an appropriate ASAM level of care for the ANSA assessment tool. The project is attempting to consolidate two screening tools, ASAM and ANSA, into one. Collection of level of need assessments began on September 4, 2018 to begin testing the SUD worksheet and algorithm. The testing and validation phase continued through the end of the reporting period, with findings leaning towards not consolidating the ANSA and ASAM tools at this time.</p> <p>MCEs submit Q2 SUD reports on authorizations in Q3 2019.</p> <p>The Independent Evaluator concluded the initial focus study of SUD-related authorization requests submitted to MCEs.</p>	<p>02/01/2018 – 03/31/2018</p> <p>04/01/2019 – 06/30/2019</p> <p>04/01/2019 – 06/30/2019</p>	
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to Milestone 2	<p>Indiana is considering suspending work on the combined ANSA and ASAM tool based on results of testing at provider sites. A final decision will be made in in Q4.</p> <p>Indiana will begin analyzing the MCE SUD authorization reports for trends in late 2019.</p>		
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state is not reporting metrics related to Milestone 2.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
4.2 Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)			
4.2.1 Metric Trends			
<input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3			
<input checked="" type="checkbox"/> The state has no trends to report for this reporting topic.			
<input checked="" type="checkbox"/> The state is not reporting metrics related to Milestone 3.			
4.2.2 Implementation Update			
<p>Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <input checked="" type="checkbox"/> i) Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards <input type="checkbox"/> ii) State review process for residential treatment providers' compliance with qualifications standards <input type="checkbox"/> iii) Availability of medication assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site	<p>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 12 providers with 222 beds. For ASAM level 3.5, there are a total of 25 providers with 656 beds.</p> <p>House Bill 1543 Inpatient Addiction Treatment is voted out of the Indiana General Assembly, is signed into law by the Governor on May 1, 2019. The law requires all inpatient providers to use ASAM criteria and is implemented on July 1, 2019.</p>	<p>02/01/2018 – 03/31/2018</p> <p>01/01/2019 – 03/31/2019</p>	
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to Milestone 3			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input checked="" type="checkbox"/> The state is not reporting metrics related to Milestone 3.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
5.2 Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)			
5.2.1 Metric Trends			
<input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4			
<input checked="" type="checkbox"/> The state has no trends to report for this reporting topic.			
5.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: <input type="checkbox"/> Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care	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 12 providers with 222 beds. For ASAM level 3.5, there are a total of 25 providers with 656 beds.	02/01/2018 – 03/31/2018	
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to Milestone 4	Throughout 2019, Indiana will be working to develop new OTP sites. Four have been awarded with preliminary discussions continuing to indicate the potential for 5 new OTP sites, although some may go live in 2020.		
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			
6.2 Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			
6.2.1 Metric Trends			
<input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5			
<input checked="" type="checkbox"/> The state has no trends to report for this reporting topic.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
6.2.2 Implementation Update			
<p>Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> i) Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD <input type="checkbox"/> ii) Expansion of coverage for and access to naloxone 	<p>As reported previously, Indiana is working on a sustainable reimbursement system for emergency responders who utilize naloxone. As envisioned, this would require providers to report usage for Medicaid members to their local health departments and these entities will then bill Indiana Medicaid for the naloxone used and resupply the emergency responders. At the conclusion of the reporting period, the state is continuing to work with two counties, Ripley and Montgomery, and the Indiana State Department of Health to develop a mechanism to reimburse for these services.</p> <p>During 2018, Indiana was notified that it was awarded a second 21st Century Cures Act grant from Substance Abuse and Mental Health Services Administration. Part of the funding is to provide Naloxone kits to first responders and law enforcement. The initial grant period was May 1, 2017 through April 30, 2018. During that time period, 6,566 kits were issued. For the period beginning May 1, 2018 through April 30, 2019, the state issued 7,147 kits, which exceeded the number of kits issued in the initial grant period.</p> <p>The Indiana State Department of Health (ISDH) has several projects to improve access to Naloxone including: Naloxone distribution programs for local health departments and first responders (https://www.in.gov/isdh/27616.htm); training programs including statewide training opportunities (https://www.in.gov/isdh/27386.htm); 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.</p>	<p>02/01/2018 – 03/31/2018</p> <p>01/01/2018 – 12/31/2018</p> <p>01/01/2018 – 12/31/2018</p>	
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to Milestone 5	For 2019, planned activities include continuing to work towards implementing a billing mechanism for reimbursement of Naloxone administered by emergency responders.		

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			
7.2 Improved Care Coordination and Transitions between Levels of Care (Milestone 6)			
7.2.1 Metric Trends			
<input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6			
<input checked="" type="checkbox"/> The state has no trends to report for this reporting topic.			
7.2.2 Implementation Update			
<p>Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 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 reporting period, key activities include:</p> <ul style="list-style-type: none"> ▪ <u>July 1</u>: OMPP expands access to intensive outpatient treatment (IOT) and peer recovery services to members who are not eligible for MRO and increased the rate for IOT. Prior to 7/1/19, IOT services were limited to MRO members only and there was a flat rate of \$43.74 for 3 hours of services. Effective July 7/1/19, IOT services were made available to all Medicaid members and the rate was increased to \$130.59/3 hours for adults and \$299.22/3 hours for children (0-20). ▪ <u>July 9</u>: OMPP and DMHA host a combined MCE and SUD provider meeting. Burns and Associates (Independent Evaluator) presents results of independent prior authorization review. ▪ <u>August 13</u>: OMPP and DMHA, in partnership with the MCEs, host a training for SUD inpatient and residential providers to learn best practices for prior authorizations and how to access other resources at the MCEs including care coordination. 	07/01/2018 – 09/30/2018	
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			

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<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to Milestone 6	The Independent Evaluator will begin the Transitions to Care Focus Study in late 2019.		
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			
8.2 SUD Health Information Technology (Health IT)			
8.2.1 Metric Trends			
<input checked="" type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its Health IT metrics	Difficulty with collecting data for Metric #S.1. Metric and available data under review.		S.1 Number of prescribers accessing INSPECT
	During DY5 Q2, the number of patient requests made by registered prescribers into the state’s prescription drug monitoring system, INSPECT, increased from more than 3.0 million to more than 4.5 million. This is an 51.4% increase in the number of prescribers accessing patient prescription histories from INSPECT during the prior reporting period.	04/01/2019 – 06/30/2019	S.2 Number of patient requests made into INSPECT
	Difficulty with collecting data for Metric #S.3. Metric and available data under review.		S.3 Number of prescribers making patient requests through an integrated system solution
<input type="checkbox"/> The state has no trends to report for this reporting topic.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
8.2.2 Implementation Update			
<p>Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> i) How health IT is being used to slow down the rate of growth of individuals identified with SUD <input type="checkbox"/> ii) How health IT is being used to treat effectively individuals identified with SUD <input type="checkbox"/> iii) How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD <input type="checkbox"/> iv) 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 <input type="checkbox"/> v) Other aspects of the state’s health IT implementation milestones <input type="checkbox"/> vi) The timeline for achieving health IT implementation milestones <input type="checkbox"/> vii) Planned activities to increase use and functionality of the state’s prescription drug monitoring program 	<p>The SUD 1115 HIT plan was approved by CMS on June 6, 2018.</p> <p>On March 15, 2018, FSSA formally began a partnership linking Open Beds with Indiana 211 to help individuals in need of addiction treatment find resources for treatment. The partnership continued throughout the first year of the demonstration.</p> <p>The contracted MCEs submitted reports on SUD specific activity regarding grievances, appeals and authorization requests for DY5 Q2.</p>	<p>04/01/2018 – 06/30/2018</p> <p>02/01/2018 – 03/31/2019</p> <p>01/01/2018 – 12/31/2018</p>	
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to Health IT	Upcoming activities for late 2019 include review of MCE submitted reports on SUD specific activity regarding grievances, appeals, and authorization requests.		
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
9.2 Other SUD-Related Metrics			
9.2.1 Metric Trends			
<input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics			
<input checked="" type="checkbox"/> The state has no trends to report for this reporting topic.			
9.2.2 Implementation Update			
<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to other SUD-related metrics	<p>The State’s External Quality Review Organization (EQRO) will review and report on Access to Preventive/ Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD as a specific cohort population for the CY 2019 report. This report will be produced in early CY 2020.</p> <p>Effective January 1, 2019, the MCEs began reporting grievances and appeals related to SUD Treatment Services on a quarterly basis. The first report for DY5 Q1 was submitted to the state in DY5 Q2, and the DY5 Q2 activity was submitted in DY5 Q3. The state will be reviewing and evaluating the initial submissions late in 2019.</p>	<p>01/01/2018 – 12/31/2018</p> <p>01/01/2019 – 03/31/2019</p>	
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			
10.2 Budget Neutrality			
10.2.1 Current status and analysis			
<input type="checkbox"/> 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.	<p>Please see the attached Budget Neutrality Report and Workbook</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  03-IN BN Workbook - HIP -11 waiver BN monitorir </div> <div style="text-align: center;">  03-Q3 2019 1115 </div> </div>		

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
10.2.2 Implementation Update			
<input type="checkbox"/> The state expects to make other program changes that may affect budget neutrality	<p>Please see the attached Budget Neutrality Report and Workbook</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  03-IN BN Workbook - HIP -11 </div> <div style="text-align: center;">  03-Q3 2019 1115 waiver BN monitorir </div> </div>		
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			
11.1 SUD-Related Demonstration Operations and Policy			
11.1.1 Considerations			
<input type="checkbox"/> States 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.	<p>Indiana submitted a State Plan Amendment for Intensive Outpatient Program (IOP)/Crisis/Peers on 10/3/2018 to remove intervention services, IOP services, and peer recovery services from the Medicaid Rehabilitation Option and put those services into the State Plan benefits. This opens up eligibility to all Medicaid members who meet medical necessity criteria. Indiana received approval of the SPA on March 18, 2019 and implemented the changes in coverage on July 1, 2019.</p>	07/01/2018 – 09/30/2018	
<input type="checkbox"/> The state has no related considerations to report for this reporting topic.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
11.1.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: <ul style="list-style-type: none"> <input type="checkbox"/> i) How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service) <input type="checkbox"/> ii) Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes) <input type="checkbox"/> iii) Partners involved in service delivery 	No changes planned to the demonstration delivery system or models.		
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			

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<input type="checkbox"/> 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	<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 reporting period, key activities include:</p> <ul style="list-style-type: none"> ▪ <u>July 1</u>: OMPP expands access to intensive outpatient treatment (IOT) and peer recovery services to members who are not eligible for MRO and increased the rate for IOT. Prior to 7/1/19, IOT services were limited to MRO members only and there was a flat rate of \$43.74 for 3 hours of services. Effective July 7/1/19, IOT services were made available to all Medicaid members and the rate was increased to \$130.59/3 hours for adults and \$299.22/3 hours for children (0-20). ▪ <u>July 9</u>: OMPP and DMHA host a combined MCE and SUD provider meeting. Burns and Associates (Independent Evaluator) presents results of independent prior authorization review ▪ <u>August 13</u>: OMPP and DMHA, in partnership with the MCEs, host a training for SUD inpatient and residential providers to learn best practices for prior authorizations and how to access other resources at the MCEs including care coordination. 	07/01/2018 – 09/30/2018	
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state is working on other initiatives related to SUD or OUD	<p>To address provider and MCE comments and concerns and inform SUD initiatives, the state is planning the following activities for mid – 2019:</p> <ol style="list-style-type: none"> 1. Continue to host quarterly listening sessions with contracted MCEs and providers. 2. Plan IHCP Annual Provider Summit for mid-October, with SUD specific breakout sessions. 		
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			

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<input type="checkbox"/> The initiatives described above are related to the SUD or OUD demonstration (States should note similarities and differences from the SUD demonstration)			
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			
12. SUD Demonstration Evaluation Update			
12.1. Narrative Information			
<input checked="" type="checkbox"/> 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. See report template instructions for more details.	The evaluators conducted two focus studies – prior authorization and transitions to care; started preparation of the interim evaluation.	07/01/2019 – 09/30/2019	
<input type="checkbox"/> The state has no SUD demonstration evaluation update to report for this reporting topic.			
<input type="checkbox"/> 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.			
<input checked="" type="checkbox"/> The state has no SUD demonstration evaluation update to report for this reporting topic.			
<input type="checkbox"/> List anticipated evaluation-related deliverables related to this demonstration and their due dates.	Interim Evaluation (late October 2019) MidPoint Assessment (December 2019) Final Evaluation		
<input type="checkbox"/> The state has no SUD demonstration evaluation update to report for this reporting topic.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
13.1 Other Demonstration Reporting			
13.1.1 General Reporting Requirements			
<input type="checkbox"/> The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol			
<input checked="" type="checkbox"/> The state has no updates on general requirements to report for this reporting topic.			
<input type="checkbox"/> The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes			
<input checked="" type="checkbox"/> The state has no updates on general requirements to report for this reporting topic.			
Compared to the demonstration design and operational details, the state expects to make the following changes to: <ul style="list-style-type: none"> <input type="checkbox"/> i) The schedule for completing and submitting monitoring reports <input type="checkbox"/> ii) The content or completeness of submitted reports and/or future reports 			
<input checked="" type="checkbox"/> The state has no updates on general requirements to report for this reporting topic.			
<input type="checkbox"/> The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation			
<input type="checkbox"/> The state has no updates on general requirements to report for this reporting topic.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
13.1.2 Post-Award Public Forum			
<input type="checkbox"/> 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.			
<input checked="" type="checkbox"/> No post-award public forum was held during this reporting period and this is not an annual report, so the state has no post-award public forum update to report for this topic.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
14.1 Notable State Achievements and/or Innovations 14.1 Narrative Information			

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<p><input type="checkbox"/> 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>Indiana issued guidance to implement House Enrolled Act 1176 (2019) and House Enrolled Act 1347 (2016) which allows additional providers to supervise a plan of treatment for outpatient mental health or SUD services (BT201943).</p> <p>Indiana issues guidance on modification of coverage of crisis intervention, intensive outpatient treatment (IOT), and peer recovery services which increases access to these services from Medicaid Rehabilitation Option (MRO) to all Medicaid members on May 30, 2019 (BT201929). The bulletin also identifies that these services are no longer carved out of managed care.</p> <p>Effective October 1, 2018, Indiana will require prior authorization (PA) for definitive urine drug testing (UDT) performed beyond the first 20 definitive tests per member per calendar year. This prior authorization requirement and the limitation apply to dates of service on or after October 1, 2018. Note that prior authorization is not required for presumptive UDT or for the first 20 definitive UDTs per member per calendar year. Indiana issued a provider bulletin, BT201846, and has received some questions related to the number of UDTs that can be provided before prior authorization is required. The state is continuing to monitor implementation.</p> <p>Indiana submitted a State Plan Amendment for Intensive Outpatient Program (IOP)/Crisis/Peers on 10/3/2018 to remove intervention services, IOP services, and peer recovery services from the Medicaid Rehabilitation Option and put those services into the State Plan benefits, opening up eligibility to all Medicaid members who meet medical necessity criteria. Indiana received approval of the SPA on March 18, 2019, with scheduled implementation on July 1, 2019.</p> <p>During year one of the SUD waiver, Indiana contracted with the Indiana Prevention Resource Center (IPRC) to build the algorithm to produce an appropriate ASAM level of care for the ANSA assessment tool. The project is attempting to consolidate two screening tools, ASAM and ANSA, into one. Collection of level of need assessments began on September 4, 2018 to begin testing the SUD worksheet and algorithm. The testing and validation phase continued through the end of the reporting period.</p>	<p>07/01/2019 – 9/30/2019</p> <p>04/01/2019 – 06/30/2019</p> <p>07/01/2018 – 09/30/2018</p> <p>07/01/2018 – 09/30/2018</p> <p>02/01/2018 – 03/31/2018</p>	
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	<p>Indiana launched two project ECHOs, including clinics on hepatitis C treatment and Medication Assisted Treatment (MAT). Both of these efforts are being led by the Indiana University School of Medicine. Work continued through the year on the ECHO track and is scheduled to go through September 20, 2020</p> <p>On March 1, 2018, FSSA launched a new website to help individuals locate addiction treatment by level of service (outpatient, residential, inpatient, and opioid treatment program). The website is updated at least daily, with changes loaded automatically.</p> <p>On March 15, 2018, FSSA formally began a partnership linking Open Beds with Indiana 211 to help individuals in need of addiction treatment find resources for treatment. The partnership continued throughout the first year of the demonstration.</p>	<p>02/01/2018 – 03/31/2018</p> <p>02/01/2018 – 03/31/2018</p> <p>02/01/2018 – 03/31/2018</p>	
<input type="checkbox"/> The state has no notable achievements or innovations to report for this reporting topic.			

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