

1. Preface

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

State	Indiana
Demonstration Name	Healthy Indiana Plan
Approval Date	February 1, 2018
Approval Period	February 1, 2018 through December 31, 2020
SUD (or if broader demonstration, then SUD Related) Demonstration Goals and Objectives	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.

2. Executive Summary

Indiana Medicaid has been making notable progress towards increasing SUD treatment for its members. The following provides some key highlights to activities between February 1 and March 31, 2018:

- Inpatient IMD stays for substance use disorder treatment are now reimbursable.
- Residential stays for substance use disorder treatment are now reimbursable.
- An ASAM designation process for our State's residential providers is now live, along with a new provider specialty for SUD residential addiction treatment facilities.
- The State is completing an active procurement for an independent evaluator of the 1115 SUD demonstration.
- The State has submitted draft versions of the Health IT Protocol and the Monitoring Protocol.
- FSSA has launched several new initiatives, including a Project ECHO for Medication Assisted Treatment (MAT), a partnership between Open Beds and Indiana 211, and a new addictions resources website.

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.

As indicated in the draft 1115 SUD Monitoring Protocol, Indiana will be working on modifying the State’s Adults Needs and Strengths Assessment (ANSA) and Child and Adolescent Needs and Strengths (CANS) assessment tools to reflect the number of individuals who have been assessed and qualified for SUD treatment needs. Until those modifications are complete, Indiana will not be able to report on the individuals assessed and qualified for SUD treatment.

The State is currently not aware of any issues are individuals being assessed and qualified for SUD treatment.

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.

Indiana’s data shows that our SUD population is largely in managed care (specifically, the Healthy Indiana Plan); that outpatient treatment is the largest source of SUD treatment; and that medication assisted treatment shows very minimal usage in relation to the number of individuals identified with a substance use disorder.

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 SUS Specific Grievances and Appeals Issues: New and Continued

As indicated in the draft 1115 SUD Monitoring Protocol, Indiana is working with its managed care entities (MCEs) to begin reporting on SUD-related grievances and appeals starting on July 1, 2018. Reporting will not be available until Fall 2018. Additionally, the Division of Mental Health and Addiction (DMHA) does not currently require critical incidents for SUD treatment services to be reported; this will be fixed as a part of the overall certification process update in 2019.

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*

6.2 Anticipated Changes to SUD-Related Quality

Indiana anticipates being able to report on most quality measures beginning during the next reporting quarter.

- 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

Indiana has included a breakdown of the number of providers related to mental health or addiction treatment. Indiana Medicaid has only recently begun to enroll providers who specifically provide addiction treatment (for Opioid Treatment Programs and SUD Residential Addiction Treatment Facilities), so the list largely contains providers (both individuals and facilities) that provide some form of mental health or SUD treatment.

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*

** Note: If an issue was noted as resolved in the previous report, it should not be reported in the current report.*

7.2 Anticipated Changes to Other SUD-Related Metrics

As previously discussed, Indiana is currently working on making quality measures available during the next reporting quarter.

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

8. Financial/Budget Neutrality

- (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

- 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

Consideration 1:

Type of Consideration	<i>Prior Authorization Requests</i>
Summary of Consideration	<i>Since the residential reimbursement structure went live, providers have complained about only receiving approval for a short amount of days as well as not understanding prior authorization criteria in general.</i>
Date and Report in Which Consideration Was First Reported	<i>Early March 2018</i>
Summary of Impact	<i>Individuals are receiving approval for residential treatment, but there continue to be issues with enough medical necessity documentation.</i>
Estimated Number of Affected SUD Beneficiaries	<i>Data is unavailable at this time</i>
If Issue, Remediation Plan and Timeline for Resolution / Updates in Status if Previously Reported	<i>A meeting with representatives from each of the MCEs, DMHA, and OMPP was held in late April 2018. As a result of that meeting, an updated provider publication around residential treatment</i>

	<i>will be published in late May 2018. A webinar specifically for residential providers is being planned for late summer 2018.</i>
--	--

10. SUD Implementation Update

Item	Date and Report in Which Item Was First Reported	Implementation Status
1. Access to critical levels of care for OUD and other SUDs		
Residential Treatment	<i>March 1, 2018</i>	<i>The State began providing authorization and reimbursement for low-intensity and high-intensity residential treatment on March 1, 2018.</i>
Inpatient IMD Stays	<i>February 1, 2018</i>	<i>The State began providing authorization and reimbursement for inpatient stays for OUD in facilities that qualify as IMDs across all populations, including FFS, on February 1, 2018. Indiana had been utilizing the “in lieu of” authority for IMD stays for the managed care population since July 2016.</i>
2. Widespread use of evidence-based, SUD-specific patient placement criteria		
ANSA Assessment Tool	<i>April 1, 2018</i>	<i>Indiana is working on procuring the services of the Indiana Prevention Resource Center (through Indiana University) to build the algorithm to produce an appropriate ASAM level of care for our ANSA assessment tool.</i>
3. Use of nationally recognized, evidence-based, SUD program standards to set residential treatment provider qualifications		
ASAM Designation Process	<i>March 1, 2018</i>	<i>DMHA began providing ASAM designations for our State’s residential providers on March 1, 2018. As of May 7, there are four providers designated to provide Level 3.1 (low-intensity residential services) and 14 providers designated to provide Level 3.5 (high-intensity residential services). Five providers currently have pending designations.</i>
4. Sufficient provider capacity at each level of care, including MAT		
New Provider Specialty	<i>March 1, 2018</i>	<i>A new provider specialty for SUD Residential Addiction Treatment Facilities went live on March 1, 2018. This specialty will be required for billing as of July 1, 2018. As of May 7, there are five providers who have completed the new enrollment.</i>
5. Implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD		

Naloxone for Emergency Responders		<i>Indiana is working on a sustainable reimbursement system for emergency responders who utilize naloxone. This will likely require providers to report usage for Medicaid members to their local health departments, and these entities will then be able to bill Indiana Medicaid for the naloxone used and resupply the emergency responders. Conversations with local health departments are ongoing.</i>
6. Improved care coordination and transitions between levels of care		
7. Progress on substance use disorder health information technology plan		

11. SUD Demonstration Evaluation Update

Indiana has been following a fair procurement process to procure an independent evaluator for the 1115 SUD demonstration waiver. Below are some key dates for activity:

- February 8, 2018 – RFP 18-061 (Substance Use Disorder) was publicly posted
- March 9, 2018 – Responses were received by the State

The State is currently under negotiation with the selected vendor to finalize the contract award. The State expects to have a draft version of the evaluation plan submitted to CMS by July 31, 2018.

Type of Evaluation Deliverable	Due Date	State Notes or Comments	Description of Any Anticipated Issues
Interim Evaluation Report			
Summative Evaluation Report			

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.

13. Notable State Achievements and/or Innovations

Indiana recently 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.

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).

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. On May 3, 2018, it was [reported](#) that more than 100 people have utilized the service in the first six weeks of operation.

Appendix A: State Measurement Table for SUD Metrics

	Oct-17	Nov-17	Dec-17
Assessment of Need and Qualification for SUD Treatment Services			
Individuals Assessed for SUD Treatment Needs	Not Available	Not Available	Not Available
Individuals Qualified for SUD Treatment Needs	Not Available	Not Available	Not Available
Medicaid Beneficiaries with SUD Diagnosis (Monthly)	44,218	43,770	40,340
Medicaid Beneficiaries with SUD Diagnosis (Annually)		-	-
Medicaid Beneficiaries with SUD Diagnosis in an IMD (Monthly)	Not Available	Not Available	Not Available
Medicaid Beneficiaries with SUD Diagnosis in an IMD (Annually)	-	-	-
Treatment Initiation and Treatment in Each Level of Care (Members)			
Early Intervention	36	30	20
Outpatient Services	26,093	25,219	23,915
Intensive Outpatient Services	212	182	160
Partial Hospitalization	7	4	-
Low-Intensity Residential	-	-	-
High-Intensity Residential	-	-	-
Inpatient	523	563	496
Medication-Assisted Treatment (MAT)	994	1,402	1,250
Appeals			
Grievances Among Beneficiaries Receiving SUD Treatment Services	Not Available	Not Available	Not Available
Appeals Among Beneficiaries Receiving SUD Treatment Services	Not Available	Not Available	Not Available
Critical Incidents Related to SUD Treatment Services	Not Available	Not Available	Not Available
Quality			
Initiation and Engagement of AOD Dependence Treatment	Not Available	Not Available	Not Available
Follow-up After Discharge from the ED for AOD Dependence	Not Available	Not Available	Not Available
Use of Opioids at High Dosage in Persons Without Cancer	Not Available	Not Available	Not Available
Concurrent Use of Opioids and Benzodiazepines	Not Available	Not Available	Not Available
Continuity of Pharmacotherapy for Opioid Use Disorder	Not Available	Not Available	Not Available
ED Utilization for SUD Per Member Month	Not Available	Not Available	Not Available
Inpatient Admissions for SUD Per Member Month	Not Available	Not Available	Not Available
Readmissions for SUD	Not Available	Not Available	Not Available
Overdose Deaths	Not Available	Not Available	Not Available
Opioid Overdose Deaths	Not Available	Not Available	Not Available
Costs			
Any SUD Spending	\$ 13,018,455.88	\$ 12,670,132.95	\$ 11,627,297.86
Any SUD Spending Within IMDs	Not Available	Not Available	Not Available
Per Capita SUD Spending	\$ 467.20	\$ 462.41	\$ 449.96
Per Capita Spending Within IMDs	Not Available	Not Available	Not Available
Network Adequacy			
Hospital (01) - Psychiatric (011)	147	146	148
Mental Health Provider (11) - Outpatient Mental Health Clinic (110)	758	772	786
Mental Health Provider (11) - Community Mental Health Center (111)	234	239	245
Mental Health Provider (11) - Psychologist (112)	310	310	310
Mental Health Provider (11) - Health Service Provider in Psychology (114)	1743	1,763	1,781
Physician (31) - Psychiatrist (339)	1766	1,774	1,778
Addiction Services (35) - Opioid Treatment Programs (835)	6	10	10
Addiction Services (35) - SUD Residential Addiction Treatment Facilities (836)		-	-
OPR (50) - Addiction Medicine (O01)	40	41	41
OPR (50) - Clinical Psychologist (O13)	12	12	12
OPR (50) - Clinical Social Worker (O14)	577	592	599
OPR (50) - Mental Health (O71)	151	152	157
OPR (50) - Opioid Treatment Program (O84)	1	2	1

Appendix B. Budget Neutrality Workbook