Medicaid Section 1115 Substance Use Disorder & Serious Mental Illness and Serious Emotional Disturbance Demonstrations
Monitoring Report Template

Note: PRA Disclosure Statement to be added here

1. Title page for the state's substance use disorder (SUD) and serious mental illness and serious emotional disturbance (SMI/SED) demonstrations or the SUD and SMI/SED components of the broader demonstration

This section collects information on the approval features of the state's section 1115 demonstration overall, followed by information for the SUD and SMI/SED components. The state completed this title page as part of its SUD and SMI/SED monitoring protocol(s). The state should complete this table using the corresponding information from its CMS-approved monitoring protocol(s) and submit this as the title page of all monitoring reports. The content of this table should stay consistent over time. Definitions for certain rows are below the table.

Overall section 1115 demonstration	
State	Indiana
Demonstration name	Healthy Indiana Plan (HIP)
Approval period for section 1115 demonstration	01/01/2021 – 12/31/2025
Reporting period	01/01/2024-03/31/2024
SUD demonstration	
SUD component start date[a]	02/01/2018
Implementation date of SUD component, if different from SUD component start date[b]	*N/A*

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. Goals include: 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.
SUD demonstration year and quarter	SUD DY7Q1

SMI/SED demonstration	
SMI/SED component demonstration start date[a]	01/01/2020
Implementation date of SMI/SED component, if different from SMI/SED component start date[b]	N/A
SMI/SED-related demonstration goals and objectives	1. Reduced utilization and length of stay in emergency departments (EDs) among Medicaid beneficiaries with SMI/SED while awaiting mental health treatment in specialized settings; 2. Reduced preventable readmissions to acute care hospitals and residential settings; 3. Improved availability of crisis stabilization services, including services made available through call centers and mobile crisis units, intensive outpatient services, as well as services provided during acute short-term stays in residential crisis stabilization programs, psychiatric hospitals, and residential treatment settings throughout the state; 4. Improved access to community-based services to address the chronic mental health care needs of beneficiaries with SMI/SED, including through increased integration of primary and behavioral health care; and 5. Improved care coordination, especially continuity of care in the community following episodes of acute care in hospitals and residential treatment facilities.
SMI/SED demonstration year and quarter	DY5Q1

[a] **SUD and SMI/SED demonstration components start dates:** For monitoring purposes, CMS defines the start date of the demonstration as the *effective date* listed in the state's STCs at time of SUD and SMI/SED demonstration component approvals. For example, if the state's STCs at the time of SUD demonstration approval note that the SUD demonstration is effective January 1, 2020 – December 31, 2025, the state should consider January 1, 2020 to be the start date of the SUD demonstration. Note that the effective date is considered to be the first day the state may begin its SUD or SMI/SED demonstration component. In many cases, the effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example, CMS may approve an extension request on December 15, 2020, with an effective date of January 1, 2021 for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

[b] **Implementation date of SUD and SMI/SED demonstration components:** The date the state began claiming or will begin claiming federal financial participation for services provided to individuals in institutions for mental disease.

2. Executive summary

The executive summary for the SUD and SMI components of the demonstration should be reported below. It is intended for summary-level information only and may be combined for all policies included in the title page. The recommended word count is 500 words or less.

During Q1 2024, the Division of Mental Health and Addiction is continuing to work with providers to designate mobile crisis providers. These mobile crisis units are affiliated with community mental health centers. In March 2024, Indiana Medicaid established a new specialty and type to allow non-community mental health centers to be enrolled as mobile crisis providers. Currently, Indiana has enrolled 20 mobile crisis units. There are several more waiting for designation from DMHA.

Indiana Medicaid is working to update the current per diem bundle, in order incorporate other forms of MAT treatment besides methadone (e.g. buprenorphine, naltrexone) and to include mechanisms for take-home MAT dispensing. In addition, Indiana Medicaid is aligning the OTP per diem rates to a weekly bundle that is currently aligned with current Medicare guidance. This SPA received approval from the Indiana State Budget Committee in July 2022, and OMPP submitted these SPA pages to CMS in Q1of 2023. CMS approved these state amendment pages in June 2023, and it had an effective date set for July 2023. The Office of Medicaid Policy and Planning has been collaborating with the Division of Mental Health and Addiction in answering questions and concerns that the opioid treatment providers have brought forward. Throughout this period (January 2024 to March 2024), Indiana Medicaid and the Division of Mental Health and Addiction continued to assist providers with policy and reimbursement inquiries.

In March 2024, OMPP and DMHA applied to CMS for the 1115 Demonstration Waiver for Certified Community Behavioral Health Clinics (CCBHC). In addition, several current community mental health centers expressed their interest in transitioning to the new CCBHC model.

3. Narrative information on implementation, by milestone and reporting topic

A. SUD component

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.	**Assessment of need and qualification for SUD services**			
1.1	**Metric trends**			
1.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to assessment of need and qualification for SUD services.		#3, #4	Metric #3: The number of beneficiaries who received MAT or a SUD-related treatment service with an associated SUD diagnosis (11 months before) increased 2.29% compared to last quarter. Metric #4: The number of beneficiaries who receive MAT or a SUD-related treatment service with an associated SUD diagnosis during the measurement period and/or in the 12 months before increased by 24.66% compared to Q1 2023 (CY 2022).
1.2	**Implementation update**			
1.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to: 1.2.1.a The target population(s) of the demonstration	X		
	1.2.1.b The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration			DMHA and OMPP have been collaborating on the roll-out of the new ASAM 4.1 criteria. DMHA will be holding sessions with providers and MCEs to discuss the new criteria and the important revisions to notice from ASAM 3.1 to ASAM 4.1.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.2.2 The state expects to make other program changes that may affect metrics related to assessment of need and qualification for SUD services.	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2. Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)			
2.1 Metric trends			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1.		#6, #7, #8, #9, #10, #11, #12,	**#6:** The number of beneficiaries enrolled in the measurement period receiving any SUD treatment service, facility claim, or pharmacy claim during the measurement period decreased 4.27% in 2024 Q1 compared to 2023 Q4. **#7:** The number of beneficiaries who used early intervention services (such as procedure codes associated with SBIRT) decreased 23.44% compared to Q4. The average decreased from 42.67 to 32.67. **#8:** The number of beneficiaries who used outpatient services for SUD (such as outpatient recovery or motivational enhancement therapies, step down care, and monitoring for stable patients) decreased 4.99% compared to last quarter. **#9:** The average monthly utilization for Intensive Outpatient and Partial Hospitalization services for SUD decreased 6.13% in 2024 Q1 compared to last quarter 2023 Q4. **#10:** The number of beneficiaries who use residential and/or inpatient services for SUD decreased 9.08% in Q1. **#11**: The number of beneficiaries who use withdrawal management services (such as outpatient, inpatient, or residential) decreased 9.15% in Q1. **#12:** The number of beneficiaries who have a claim for MAT for SUD decreased 4.34% in Q1.
2.2 Implementation update			

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:			During the period of January 2024 and March 2024, Indiana Medicaid and the Division of Mental Health and Addiction continued to collaborate in answering policy and reimbursement questions around using G reimbursement codes for medication-assisted treatment. In addition, both divisions continue to collaborate with each other in the implementation of the certified community behavioral health centers. DMHA has hosted numerous quarterly summits with managed care units and providers.
	2.2.1.a 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)			
	2.2.1.b 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 individual IMDs	X		
2.2.2	The state expects to make other program changes that may affect metrics related to Milestone 1.			The Division of Mental Health and Addiction is currently designating different organizations to render mobile crisis services. Mobile crisis unit response coverage has been effective in July 2023. The Office of Medicaid Policy and Planning received approval for the Mobile Crisis State Plan Amendment in September 2023. Indiana Medicaid provided a clarification on the specific codes and how to become a designated mobile crisis unit. From January 2024 to March 2024, DMHA has designated several new mobile crisis providers.

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
3.	**Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)**			
3.1	**Metric trends**			
3.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2.		#5, #36	**#5**: The number of beneficiaries with a claim for inpatient/residential treatment for SUD in an IMD during the measurement period increased 8.67 % in CY 2023 compared to Q1 2023 (reporting on CY 2022). **#36:** The average length of stay for beneficiaries discharged from IMD inpatient/residential treatment for SUD, increased 13.19% in CY 2023 compared to Q1 2023 (reporting on CY 2022).
3.2	**Implementation update**			
3.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to: 3.2.1.a Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria			DMHA has investigated how the new revision of the ASAM criteria (ASAM 4.1) will impact provider expectations and quality control. DMHA is currently planning on holding informational sessions on the new ASAM criteria in mid to late 2024.

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
3.2.1.b	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			During Q1 of 2024, the Division of Mental Health and Addiction continued discussions relating to 3.7 ASAM level designations for our SUD residential providers. OMPP and DMHA collaborated with Next Level Recovery to launch ATLAS (Addiction Treatment Locator, Assessment, and Standards platform) as the state's addiction treatment locator. This effort will help individuals seeking addiction treatment find high quality care. ATLAS successfully launched in the state in September 2023. As of February 28, 2024, 18,962 users utilized Atlas with 16,090 being unique individuals. The top three substance filters are Alcohol, Methamphetamine, and Heroin/Fentanyl. The treatment Atlas assessment is being completed by 75.5% of users and 40.9% are saving the results. As part of Atlas, there is an ability to directly link to 988 and 911 with 66 users utilizing 911 and 45 utilizing 988.
3.2.2	The state expects to make other program changes that may affect metrics related to Milestone 2.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4.	**Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)**			
4.1	**Metric trends**			
4.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3. Note: There are no CMS-provided metrics related to Milestone 3. If the state did not identify any metrics for reporting this milestone, the state should indicate it has no update to report.	X		
4.2	**Implementation update**			
4.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:			As reported previously, DMHA began providing ASAM designations for the State's residential providers on March 1, 2018. By the end of this reporting period (March 2024), for ASAM level 3.1 there was a total of 14 providers with 244 beds (a decrease of one provider and thirty beds from last quarter). For ASAM level 3.5, there was a total of 63 providers with 2690 beds. For combined ASAM 3.1 and 3.5 facilities, there were 3 providers and 125 beds for this reporting period.
	4.2.1.a Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards			
	4.2.1.b Review process for residential treatment providers' compliance with qualifications.	X		
	4.2.1.c Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
5.	**Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)**			
5.1	**Metric trends**			
5.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4.		#13, #14	**#13:** The number of providers who were enrolled in Medicaid and qualified to deliver SUD services increased by 21.06% in CY 2023 (n=6685) compared to Q1 2023 (reporting on CY 2022, n=5522). **#14:** The number of providers who were enrolled in Medicaid and qualified to deliver SUD services and who meet the standards to provide buprenorphine or methadone as part of MAT did not change in CY 2023 compared to CY 2022.
5.2	**Implementation update**			
5.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to: Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients across the continuum of SUD care.	X		
5.2.2	The state expects to make other program changes that may affect metrics related to Milestone 4.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.	**Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)**			
6.1	**Metric trends**			
6.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5.		#23 #27	**#23:** The number of emergency department visits for SUD per 1,000 Medicaid beneficiaries decreased 14.39% compared to last quarter. The average decreased from 4.99 to 4.27. **#27:** The rate of overdose deaths among adult Medicaid beneficiaries living in a geographic area covered by the demonstration decreased 56.28% in CY 2023 (rate = 0.24) compared to CY 2022 (rate = 0.54).
6.2	**Implementation update**			
6.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to: 6.2.1.a Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD	X		
	6.2.1.b Expansion of coverage for and access to naloxone	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5.			Indiana has submitted and received approval from CMS for a state plan amendment to CMS to restructure how opioid treatment programs are currently reimbursed by Indiana Medicaid. Indiana Medicaid is working to update the current per diem bundle, in order to incorporate other forms of MAT treatment besides methadone (e.g. buprenorphine, naltrexone) and also to include mechanisms for take-home MAT dispensing. This SPA received approval from the Indiana State Budget Committee in July 2022, and OMPP submitted these SPA pages to CMS in Q1of 2023. CMS approved the state amendment pages in June 2023, and these changes became effective in July 2023. Indiana Medicaid further aligned with Medicare by implementing the OTP G-codes that would allow for more services on a weekly basis including the ability to allow take-home supplies. From January 2024 to March 2024, DMHA and Indiana Medicaid have been collaborating with providers, managed care entities, and outside stakeholders to provide informational sessions and bulletins on the updates to various OTP services.

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
7.	**Improved Care Coordination and Transitions between Levels of Care (Milestone 6)**			
7.1	**Metric trends**			
7.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6.		#15, #17, #25	**#25:** The rate of all-cause readmissions among beneficiaries with SUD increased by 3.42% during the reporting period.
7.2	**Implementation update**			
7.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to: Implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports.			The State utilizes a 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 SUD DY7Q1 reporting period, key activities include: 1. **January 2024 to March 2024:** a. *ASAM 4.1*: DMHA and OMPP discussed the revisions that were made to the ASAM criteria. DMHA discussed that they are planning on holding provider meetings to discuss the changes that were made in update to the ASAM criteria. b. *Urine Drug Screening and Labatory Services*: DMHA and OMPP discuss updating the clinical and reimbursement guidelines for drug screenings that have occurred within in a SUD Residential setting.
7.2.2	The state expects to make other program changes that may affect metrics related to Milestone 6.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.	**SUD health information technology (health IT)**			
8.1	**Metric trends**			
8.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its SUD health IT metrics.		S.1, S.2, S.3	**S2 (Q2):** The number of patient requests made into INSPECT on a statewide basis increased 11.30% in Q1 2024 compared to Q4 2023.
8.2	**Implementation update**			
8.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
	8.2.1.a How health IT is being used to slow down the rate of growth of individuals identified with SUD			
	8.2.1.b How health IT is being used to treat effectively individuals identified with SUD	X		
	8.2.1.c How health IT is being used to effectively monitor "recovery" supports and services for individuals identified with SUD	X		
	8.2.1.d 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	X		
	8.2.1.e Other aspects of the state's health IT implementation milestones	X		
	8.2.1.f The timeline for achieving health IT implementation milestones	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
	8.2.1.g Planned activities to increase use and functionality of the state's prescription drug monitoring program	X		
8.2.2	The state expects to make other program changes that may affect SUD metrics related to health IT.	X		
9.	**Other SUD-related metrics**			
9.1	**Metric trends**			
9.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics.		#24	The average monthly count of inpatient stays for SUD per 1,000 beneficiaries decreased 2.34% compared to last quarter. Metric #24's monthly average decreased from 3.72 (2023 Q4) to 3.64 (2024 Q1).
9.2	**Implementation update**			
9.2.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics.		#33, #34	**#33**, The number of grievances filed related to SUD treatment services did not change in Q1. Like in Q4 2023, five grievances were filed in Q1 2024. **#34,** The number of appeals filed related to SUD treatment services decreased 3.17 %. In 2024 Q1, 183 appeals were filed versus the 189 appeals in 2023 Q4.

B. SMI/SED component

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.	**Ensuring Quality of Care in Psychiatric Hospitals and Residential Settings (Milestone 1)**			
.1	**Metric trends**			
1.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1.	X	*#2*	
1.2	**Implementation update**			
1.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
	1.2.1.a The licensure or accreditation processes for participating hospitals and residential settings			
	1.2.1.b The oversight process (including unannounced visits) to ensure participating hospital and residential settings meet state's licensing or certification and accreditation requirements	X		
	1.2.1.c The utilization review process to ensure beneficiaries have access to the appropriate levels and types of care and to provide oversight on lengths of stay	X		
	1.2.1.d The program integrity requirements and compliance assurance process	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.2.1.e	The state requirement that psychiatric hospitals and residential settings screen beneficiaries for co-morbid physical health conditions, SUDs, and suicidal ideation, and facilitate access to treatment for those conditions	X		
1.2.1.f	Other state requirements/policies to ensure good quality of care in inpatient and residential treatment settings	X		
1.2.2	The state expects to make other program changes that may affect metrics related to Milestone 1.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.	**Improving Care Coordination and Transitions to Community-Based Care (Milestone 2)**			
2.1	**Metric trends**			
2.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2.	X	#3, #4, #6, #7, #8, #9, #10	
2.2	**Implementation update**			
2.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
	2.2.1.a Actions to ensure that psychiatric hospitals and residential treatment settings carry out intensive pre-discharge planning, and include community-based providers in care transitions	X		
	2.2.1.b Actions to ensure psychiatric hospitals and residential settings assess beneficiaries' housing situations and coordinate with housing services providers	X		
	2.2.1.c State requirement to ensure psychiatric hospitals and residential settings contact beneficiaries and community-based providers within 72 hours post discharge	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.2.1.d	Strategies to prevent or decrease the lengths of stay in EDs among beneficiaries with SMI or SED (e.g., through the use of peers and psychiatric consultants in EDs to help with discharge and referral to treatment providers)	X		
2.2.1.e	Other state requirements/policies to improve care coordination and connections to community-based care)	X		
2.2.2	The state expects to make other program changes that may affect metrics related to Milestone 2.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
3.	**Access to Continuum of Care, Including Crisis Stabilization (Milestone 3)**			
3.1	**Metric trends**			
3.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3.		#13, #14, #15, #16, #17, #18	**#13:** The number of beneficiaries wo used inpatient services related to mental health decreased 5.87 % in Q1 2024 compared to last quarter. **#14**: The number of beneficiaries in the demonstration population who used intensive outpatient and/or partial hospitalization services related to mental health decreased 3.05 % in Q1 2024 compared to the last quarter. **#16:** The number of beneficiaries who use ED services for mental health decreased by 12.76% in Q1 2024 compared to last quarter. **#17:** The number of beneficiaries who used telehealth services for mental health decreased by -7.92% in Q1 2024 compared to last quarter.
3.2	**Implementation update**			
3.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
	3.2.1.a State requirement that providers use an evidenced-based, publicly available patient assessment tool to determine appropriate level of care and length of stay			
	3.2.1.b Other state requirements/policies to improve access to a full continuum of care including crisis stabilization	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3.	X		Indiana's Division of Mental Health and Addiction (DMHA) is working to establish updates to intake assessments, particularly by replacing/updating CANS/ANSA criteria that are required for certain packages under Indiana Health Coverage Programs (e.g. the Medicaid Rehabilitation Option). These discussions are ongoing, and no decision has been made yet on how to proceed with the project. During this quarter, these discussions have been occurring on an ongoing basis. With the current pursuit of the certified community behavioral health center demonstration, DMHA is looking how MRO, and these assessments would be implemented into this project.

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4.	**Earlier Identification and Engagement in Treatment, Including Through Increased Integration (Milestone 4)**			
4.1	**Metric trends**			
4.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4.		#21, #22, #23, #26, #29, #30	**#21:** The number of beneficiaries with SMI/SED decreased by 3.03% compared in Q1 2024 to Q4 2023. **#22:** The number of beneficiaries with SMI/SED in CY 2023 increased 5% compared to CY 2022.
4.2	**Implementation update**			
4.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
	4.2.1.a Strategies for identifying and engaging beneficiaries in treatment sooner (e.g., with supported education and employment)			
	4.2.1.b Plan for increasing integration of behavioral health care in non-specialty settings to improve early identification of SED/SMI and linkages to treatment	X		
	4.2.1.c Establishment of specialized settings and services, including crisis stabilization services, focused on the needs of young people experiencing SMI or SED			OMPP and DMHA are currently designating mobile crisis providers across the state. As for March 2024, there are 20 mobile crisis providers. More providers have submitted their applications to be designated by DMHA in order to render these services. DMHA has started a Crisis Stabilization Services pilot program.

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4.2.1.d	Other state strategies to increase earlier identification/engagement, integration, and specialized programs for young people			OMPP is currently writing a SPA Amendment to expand school-based services including expanding behavioral health services in schools.
4.2.2	The state expects to make other program changes that may affect metrics related to Milestone 4.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
5.	**SMI/SED health information technology (health IT)**			
5.1	**Metric trends**			
5.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its SMI/SED health IT metrics.		Q1, Q1, Q3	**Q2:** The count of Behavioral Health providers enrolled in Medicaid decreased 3.02%. **Q3:** The percentage of CMHCs accessing client outcome reports decreased 50% in Q1 2024 from six CMHCs to three.
5.2	**Implementation update**			
5.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to: 5.2.1.a The three statements of assurance made in the state's health IT plan	X		
	5.2.1.b Closed loop referrals and e-referrals from physician/mental health provider to physician/mental health provider and/or physician/mental health provider to community-based supports	X		
	5.2.1.c Electronic care plans and medical records	X		
	5.2.1.d Individual consent being electronically captured and made accessible to patients and all members of the care team	X		
	5.2.1.e Intake, assessment and screening tools being part of a structured data capture process so that this information is interoperable with the rest of the health IT ecosystem	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
5.2.1.f	Telehealth technologies supporting collaborative care by facilitating broader availability of integrated mental health care and primary care	X		
5.2.1.g	Alerting/analytics	X		
5.2.1.h	Identity management	X		
5.2.2	The state expects to make other program changes that may affect SMI/SED metrics related to health IT.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.	**Other SMI/SED-related metrics**			
6.1	**Metric trends**			
6.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SMI/SED-related metrics.		#36, #37, #38	**#36:** There was a 25% decrease in the number of SMI grievances in Q1 2024 (n=3) compared to Q4 2023 (n=4). **#37:** There was a 27.81% decrease in the number of SMI appeals in Q1 2024 (n=109) in comparison to Q4 2023 (n=151). **#38:** There was a 2.53% increase in critical incidents in Q1 2024 (n=810) in comparison to Q4 2023 (n=790).
6.2	**Implementation update**			
6.2.1	The state expects to make the following program changes that may affect other SMI/SED-related metrics.	X		
7.	**Annual Assessment of Availability of Mental Health Services (Annual Availability Assessment)**			
7.1	**Description of changes to baseline conditions and practices**			

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
7.1.1	Describe and explain any changes in the mental health service needs of Medicaid beneficiaries with SMI/SED compared to those described in the Initial Assessment of the Availability of Mental Health Services (for example, prevalence and distribution of SMI/SED). Recommended word count is 500 words or less.			In Q2 2020, the average count of beneficiaries with SMI/SED (monthly) was 94,204. As of 2024 Q1, the average monthly count of beneficiaries with SMI/SED has increased to 112,670. The count of beneficiaries with SMI/SED (annually) in 2020 was 266,256, increasing to 322,851 in 2024. (Metrics #21 and #22 were used for the analysis) In the initial provider availability assessment, the number of adult Medicaid beneficiaries with SMI 21+ was 23,936. In the 2024 assessment, the latest available, the number of adult Medicaid beneficiaries with SMI 21+ was 45,796. The assessments are ran as of January 31st of every year. The logic behind the population was modified to align with CMS' standardized definitions. Therefore, CMS should be cautious to compare the data given the logic change.
7.1.2	Describe and explain any changes to the organization of the state's Medicaid behavioral health service delivery system compared to those described in the Initial Assessment of the Availability of Mental Health Services. Recommended word count is 500 words or less.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
7.1.3	Describe and explain any changes in the availability of mental health services for Medicaid beneficiaries with SMI/SED in the state compared to those described in the Initial Assessment of the Availability of Mental Health Services. At minimum, explain any changes across the state in the availability of the following services: inpatient mental health services; outpatient and community-based services; crisis behavioral health services; and care coordination and care transition planning. Recommended word count is 500 words or less.			In July 2023, the mobile crisis units became effective. In September 2023, CMS approved the SPA for the mobile crisis units. Also, there is current cross-collaboration between the Division of Mental Health and Addiction and OMPP to designate these mobile crisis units. As of March 2024, there are 20 mobile crisis providers with more providers submitting applications to DMHA. As of March 2024, nine of the 20 have received their designation, but the remainder are still offering services to Medicaid beneficiaries. In addition, DMHA and OMPP are collaborating on the upcoming implementation of the certified community behavioral health centers. Significant changes in the availability of mental health services include mobile crisis units, increasing from 6 in the 2020 assessment to 20 in the 2024 assessment. Crisis stabilization units have also increased since the initial assessment, initially six and now 18 in 2024.
7.1.4	Describe and explain any changes in gaps the state identified in the availability of mental health services or service capacity while completing the Annual Availability Assessment compared to those described in the Initial Assessment of the Availability of Mental Health Services. Recommended word count is 500 words or less.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
7.1.5	Describe and explain whether any changes in the availability of mental health services have impacted the state's maintenance of effort (MOE) on funding outpatient community-based mental health services. Recommended word count is 500 words or less.	X		
7.2	**Implementation update**			
7.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		Throughout the assessments, that state has continued to improve data collection. As a result, the data sources for a few settings have changed between the assessments. Given that the Division of Mental Health and Addiction is the licensing authority for multiple settings in the assessment, OMPP has continued to update strategies as needed to collaborate with DMHA more closely.
	7.2.1.a The state's strategy to conduct annual assessments of the availability of mental health services across the state and updates on steps taken to increase availability			
	7.2.1.b Strategies to improve state tracking of availability of inpatient and crisis stabilization beds	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.	**Maintenance of effort (MOE) on funding outpatient community-based mental health services**			
8.1	**MOE dollar amount**			
8.1.1	Provide as a dollar amount the level of state appropriations and local funding for outpatient community-based mental health services for the most recently completed state fiscal year.			SFY 2023 Expenditures ($ in millions) State general funds: $203.5 State county funds: $26.4
8.2	**Narrative information**			
8.2.1	Describe and explain any reductions in the MOE dollar amount below the amount provided in the state's application materials. The state should confirm that it did not move resources to increase access to treatment in inpatient or residential settings at the expense of community-based services.			SFY 2019 Expenditures ($ in millions) included in the application: State general funds: $118.1 State county funds: $27.8 Differences in MOE amounts are mainly due to the enhanced federal funding (increased 6.2% FMAP) that was effective January 2020 (in the middle of the SFY 2020) due to the Public Health Emergency. The FMAP went decreased to 5.0% for April 2023 to June 2023.

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
9.	**SMI/SED financing plan**			
9.1	**Implementation update**			
9.1.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:			OMPP continues to work collaboratively with DMHA to establish mobile crisis units as a provider type/specialty able to receive direct reimbursement by Indiana Medicaid. Mobile crisis services have been effective in Indiana since July 2023. CMS approved the Mobile Crisis Unit State Plan Amendment in September 2023. DMHA has begun the process of designating mobile crisis unit providers. OMPP is working with an outside vendor to set up a new provider specialty for the mobile crisis units. In March 2024, Indiana Medicaid established a new mobile crisis specialty to expand access to mobile crisis units.
	9.1.1.a Increase availability of non-hospital, non-residential crisis stabilization services, including services made available through crisis call centers, mobile crisis units, and observation/assessment centers, with a coordinated community crisis response that involves law enforcement and other first responders			
	9.1.1.b Increase availability of on-going community-based services, e.g., outpatient, community mental health centers, partial hospitalization/day treatment, assertive community treatment, and services in integrated care settings such as the Certified Community Behavioral Health Clinic model			Currently, Indiana uses the community mental health center (CMHC) to deliver accessible behavioral health care to the residents of Indiana. DMHA has started the planning stages of implementing the designation process of certified community behavioral health center (CCBHC). In Q4 2023, DMHA and OMPP worked collaboratively on the financial/reimbursement aspects of the CCBHC project. Furthermore, the certification standards for the CCBHCs are in the final stages. In March 2024, DMHA successfully applied for the CMS 1115 Demonstration for CCBHC.

4. Narrative information on other reporting topics applicable to both SUD and SMI/SED components

Prompts		State has no update to report (place an X)	State response
10.	**Budget neutrality**		
10.1	**Current status and analysis**		
10.1.1	Describe the current status of budget neutrality and an analysis of the budget neutrality to date. If the SUD and SMI/SED components are part of a broader demonstration, the state should provide an analysis of the SUD- and SMI/SED-related budget neutrality and an analysis of budget neutrality as a whole.		The budget neutrality for Q1 2024 has been updated to include actual experience for January 1, 2021, through March 31, 2024. The "Total Adjustments" tab reflects adjustments made to Schedule C expenditures that weren't previously reported from January 2021-December 2023. This adjustment is necessary as Schedule C reporting has a lag of six months. Enrollment for SUD and the two SMI MEGs is assumed to grow at 5% for DY 10 and DY 11. The state anticipates that institutions of mental disease (IMD) and residential treatment utilization may continue to grow as the program continues to serve members with SMI and additional providers are identified.
10.2	**Implementation update**		
10.2.1	The state expects to make other program changes that may affect budget neutrality.	X	

Prompts		State has no update to report (place an X)	State response
11.	**SUD- and SMI/SED-related demonstration operations and policy**		
11.1	**Considerations**		
11.1.1	The state should highlight significant SUD and SMI/SED (or if broader demonstration, then SUD- and SMI/SED-related) demonstration components' 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 and SMI/SED demonstration components approved goals or objectives, if not already reported elsewhere in this document. See Monitoring Report Instructions for more detail.		Indiana Medicaid has finalized a telehealth code set that was effective July 2022. This code set includes expanded services available via telehealth service delivery, such as expanded behavioral health treatment, and substance use disorder treatment services (e.g., counseling, psychotherapy, MAT adherence/management services, intensive outpatient therapy, etc.). In addition, Indiana Medicaid will also continue to cover audio-only telehealth options in the delivery of behavioral health treatment. In coordination with the Indiana Division of Mental and Health Addiction, the Office of Medicaid Policy and Planning has allowed coverage for skills training and development through telehealth certain criteria have been met. The updated code set for telehealth services will remain in place in 2022 and 2023. At the end of 2023, Indiana Medicaid will reevaluate these codes. Currently, there are discussions being held among OMPP and FSSA leadership to discuss the re-evaluation of the telehealth codes. Indiana Medicaid has utilized a collaboration with local research universities to determine the feasibility of allowing intensive outpatient treatments to be rendered through the telehealth modality.
11.2	**Implementation update**		
11.2.1	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.	X	
11.2.2	The state is working on other initiatives related to SUD, OUD and/or SMI/SED.	X	

Prompts	State has no update to report (place an X)	State response
11.2.3 The initiatives described above are related to the SUD and/or SMI/SED demonstration components. (The state should note similarities and differences from the SUD and SMI/SED demonstration components).	X	
11.2.4 Compared to the demonstration design and operational details, the state expects to make the following changes to:	X	
11.2.4.a How the delivery system operates under the demonstration (e.g., through the managed care system or fee for service)		
11.2.4.b Delivery models affecting demonstration participants (e.g., Accountable Care Organizations, Patient Centered Medical Homes)	X	
11.2.4.c Partners involved in service delivery	X	
11.2.4.d ***SMI/SED-specific:*** The state Medicaid agency's Memorandum of Understanding (MOU) or other agreement with its mental health services agency	X	

Prompts		State has no update to report (place an X)	State response
12.	**SUD and SMI/SED demonstration evaluation update**		
12.1	**Narrative information**		
12.1.1	Provide updates on SUD and SMI/SED evaluation work and timeline. The appropriate content will depend on when this monitoring report is due to CMS and the timing for the demonstration. There are specific requirements per 42 Code of Federal Regulations (CFR) § 431.428a(10) for annual reports. See Monitoring Report Instructions for more details.		Throughout Q1, the SMI independent evaluator finalized the mid-point evaluation and FSSA submitted in February 2024. Afterwards, the evaluator began the interim evaluation due to CMS no later December 31, 2024. The SUD evaluator, throughout Q1, continued work on the interim evaluation.
12.1.2	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.		Indiana submitted the 2021-2022 SUD Mid-Point Assessment to CMS December 31, 2023, as agreed in the STCs. The 2021-2022 SMI Mid-Point Assessment was granted an extension due to the re-run of monitoring reports, a data source of the assessment. As a result, FSSA submitted the SMI MPA on February 24, 2024.
12.1.3	List anticipated evaluation-related deliverables related to this demonstration and their due dates.		Indiana will submit the SUD and SMI Interim evaluations to CMS no later than December 31, 2024.

Prompts		State has no update to report (place an X)	State response
13.	**Other demonstration reporting**		
13.1	**General reporting requirements**		
13.1.1	The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol.	X	
13.1.2	The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes.	X	
13.1.3	Compared to the demonstration design and operational details, the state expects to make the following changes to: 13.1.3.a The schedule for completing and submitting monitoring reports	X	
	13.1.3.b The content or completeness of submitted monitoring reports and/or future monitoring reports	X	Indiana found that the state's data to address the original Q3 health IT metric in the currently approved protocol was poor in quality. Due to this, in agreement with CMS, Indiana re-worked the Q3 metric and will replace the Q3 metric in the monitoring reports with a new metric moving forward. Reporting on the new Q3 metric began in Q2 2023.
13.1.4	The state identified current or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation.	X	
13.1.5	Provide updates on the results of beneficiary satisfaction surveys, if conducted during the reporting year, including updates on grievances and appeals from beneficiaries, per 42 CFR § 431.428(a)5.	X	

Prompts		State has no update to report (place an X)	State response
13.2	**Post-award public forum**		
13.2.2	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 monitoring report.	X	

Prompts		State has no update to report (place an X)	State response
14.	**Notable state achievements and/or innovations**		
14.1	**Narrative information**		
14.1.1	Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SUD and SMI/SED (or if broader demonstration, then SUD- or SMI/SED-related) demonstration components 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).	X	

*The state should remove all example text from the table prior to submission.

Note: Licensee and states must prominently display the following notice on any display of Measure rates:

SUD measures IET-AD, FUA-AD, FUM-AD, and AAP [Metrics #15, 17(1), 17(2), and 32] and SMI/SED measures MPT, FUH-CH, FUH-AD, FUA-AD, FUM-AD, AAP, and APM measures (#13, 14, 15, 16, 17, 18, 7, 8, 9, 10, 26, 29) *are Healthcare Effectiveness Data and Information Set (HEDIS®) measures that are owned and copyrighted by the National Committee for Quality Assurance (NCQA). HEDIS measures and specifications are not clinical guidelines, do not establish a standard of medical care and have not been tested for all potential applications. The measures and specifications are provided "as is" without warranty of any kind. NCQA makes no representations, warranties or endorsements about the quality of any product, test or protocol identified as numerator compliant or otherwise identified as meeting the requirements of a HEDIS measure or specification. NCQA makes no representations, warranties, or endorsement about the quality of any organization or clinician who uses or reports performance measures and NCQA has no liability to anyone who relies on HEDIS measures or specifications or data reflective of performance under such measures and specifications.*

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