State Demonstrations Group

July 22, 2021

Allison Taylor
Medicaid Director
Indiana Family and Social Services Administration
402W. Washington Street, Room W461, MS25
Indianapolis, IN 46204

Dear Ms. Taylor:

The Centers for Medicare & Medicaid Services (CMS) completed its review of the Substance Use Disorder (SUD) and the Serious Mental Illness (SMI) Monitoring Protocols, which are required by the Special Terms and Conditions (STC), specifically, STCs IX.4 and X.4, of Indiana’s section 1115 demonstration, “Healthy Indiana Plan (HIP)” (Project No: 11-W-00296/5). The demonstration overall is effective through December 31, 2030 with the SUD and SMI demonstration components effective through December 31, 2025. CMS determined that the Monitoring Protocols, which were submitted on March 25, 2021 and revised on June 17, 2021, meet the requirements set forth in the STCs, and thereby approves the state’s SUD and SMI Monitoring Protocols.

The Monitoring Protocols are approved for the period that the SUD and SMI components of the Healthy Indiana Plan demonstration are effective through December 31, 2025, and are hereby incorporated into the demonstration STCs as Attachments D and G (see attached). In accordance with STC XV.10 (Public Access), the approved SUD and SMI Monitoring Protocols may now be posted to your state’s Medicaid website.

We look forward to our continued partnership on the Healthy Indiana Plan section 1115 demonstration. If you have any questions, please contact your CMS demonstration team.

Sincerely,

[Signature]
Director
Division of Demonstration Monitoring and Evaluation

[Signature]
Director
Division of Eligibility and Coverage Demonstrations

cc: Mai Le-Yuen, State Monitoring Lead, CMS Medicaid and CHIP Operations Group
1. **Title page for the state’s substance use disorder (SUD) demonstration or the SUD component of the broader demonstration**

The state should complete this title page as part of its monitoring protocol. This form should be submitted as the title page for all monitoring reports. The content of this table should stay consistent over time. Definitions for certain rows are below the table.

<table>
<thead>
<tr>
<th>State</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstration name</td>
<td>Healthy Indiana Plan</td>
</tr>
<tr>
<td>Approval period for section 1115 demonstration</td>
<td>01/01/2021-12/31/2025</td>
</tr>
<tr>
<td>SUD demonstration start date(^a)</td>
<td>01/01/2021</td>
</tr>
<tr>
<td>Implementation date of SUD demonstration, if different from SUD demonstration start date(^b)</td>
<td>02/01/2018</td>
</tr>
<tr>
<td>SUD (or if broader demonstration, then SUD-related) demonstration goals and objectives</td>
<td>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</td>
</tr>
</tbody>
</table>

\(^a\) **SUD demonstration start date**: 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 demonstration approval. 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 demonstration. 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 12/15/2020, with an effective date of 1/1/2021 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 demonstration: The date the state began claiming federal financial participation for services provided to individuals in institutions for mental disease.

2. Acknowledgement of narrative reporting requirements

☒ The state has reviewed the narrative questions in the Monitoring Report Template provided by CMS and understands the expectations for quarterly and annual monitoring reports. The state will provide the requested narrative information (with no modifications).

3. Acknowledgement of budget neutrality reporting requirements

☒ The state has reviewed the Budget Neutrality Workbook provided by the CMS demonstration team and understands the expectations for quarterly and annual monitoring reports. The state will provide the requested budget neutrality information (with no modifications).

4. Retrospective reporting

The state is not expected to submit metrics data until after protocol approval, to ensure that data reflects the monitoring plans agreed upon by CMS and the state. Prior to monitoring protocol approval, the state should submit quarterly and annual monitoring reports with narrative updates on implementation progress and other information that may be applicable, according to the requirements in its STCs.

For a state that has monitoring protocols approved after one or more initial quarterly monitoring report submissions, it should report metrics data to CMS retrospectively for any prior quarters of the section 1115 SUD demonstration that precede the monitoring protocol approval date. A state is expected to submit retrospective metrics data—provided there is adequate time for preparation of these data—in its second monitoring report submission that contains metrics. The retrospective report for a state with a first SUD DY of less than 12 months, should include data for any baseline period quarters preceding the demonstration, as described in Part A of the state’s monitoring protocols (see Appendix B of the instruction for further guidance determining baseline periods for first SUD DYs
that are less than 12 months.) If a state needs additional time for preparation of these data, it should propose an alternative plan (i.e., specify the monitoring report that would capture the data) for reporting retroactively on its section 1115 SUD demonstration.

In the monitoring report submission containing retrospective metrics data, the state should also provide a general assessment of metrics trends from the start of its demonstration through the end of the current reporting period. The state should report this information in Part B of its report submission (Section 3: Narrative information on implementation, by milestone and reporting topic). This general assessment is not intended to be a comprehensive description of every trend observed in the metrics data. Unlike other monitoring report submissions, for instance, the state is not required to describe all metric changes (+ or - greater than 2 percent). Rather, the assessment is an opportunity for a state to provide context on its retrospective metrics data and to support CMS’s review and interpretation of these data. For example, consider a state that submits data showing an increase in the number of medication-assisted treatment (MAT) providers (Metric #14) over the course of the retrospective reporting period. This state may decide to highlight this trend for CMS in Part B of its report (under Milestone 4) by briefly summarizing the trend and explaining that during this period, a grant supporting training for new MAT providers throughout its state was implemented.

For further information on how to compile and submit a retrospective report, the state should review Section B of the Monitoring Report Instructions document.

☒ The state will report retrospectively for any quarters prior to monitoring protocol approval as described above, in the state’s second monitoring report submission that contains metrics after protocol approval.

☐ The state proposes an alternative plan to report retrospectively for any quarters prior to monitoring protocol approval: Insert narrative description of proposed alternative plan for retrospective reporting. The state should provide justification for its proposed alternative plan.