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	10/01/2023-12/31/2023
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 DY6Q4

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	DY4Q4

[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.

Since late 2022, the Office of Medicaid Policy and Planning has been working in coordination with the Indiana Division of Mental Health and Addiction to implement mobile crisis response as a reimbursable service under Indiana Medicaid. This stems from 988 initiatives passed in IC 12-21-8. In June 2023, OMPP submitted the state amendment pages to CMS for approval. The Division of Mental Health and Addiction began the designation process for mobile crisis units starting in July 2023. CMS approved the state amendment pages in September 2023. The Division of Mental Health and Addiction is continuing to work with providers to designate them as mobile crisis providers. The Office of Medicaid Policy and Planning is working with an outside vendor to create new provider specialty/type for the mobile crisis providers. After the state plan amendment pages were approved by CMS, the Division of Mental Health and Addiction began to designate mobile crisis units throughout Indiana. These mobile crisis units were affiliated with community mental health centers.

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 (October 2023 to December 2023), Indiana Medicaid and the Division of Mental Health and Addiction continued to assist providers with policy and reimbursement inquiries.

Please note that all percentage changes were calculated using updated Q1, Q2, and Q3 2023 data that Indiana resubmitted in PMDA in 2024.

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	The average monthly count of beneficiaries with a SUD diagnosis, metric #3, increased in Q4 by 6.24% compared to last quarter. Metric #4 is an annual metric, reported in the Q1 2023 (covering CY 2022) report. 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 the measurement period increased by 47.02% compared to Q1 2022 (CY 2021).
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	X		
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			

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 by 7.49% in Q4 compared to Q3. **#7:** The number of beneficiaries who used early intervention services (such as procedure codes associated with SBIRT) during the measurement period decreased in Q4 by 34.69% compared to last quarter. **#8:** Although the average monthly outpatient service utilization for SUD only increased by 0.12% in Q4 compared to last quarter, the most significant increase occurred in Q2 2023 (Jan-Feb) of CY 2023. Jan-Feb of 2023 experienced an 8.03% increase in utilization. **#9:** The average monthly utilization for Intensive Outpatient and Partial Hospitalization services for SUD decreased by 6.05% in Q4 compared to last quarter Q3. **#10:** The number of beneficiaries who use residential and/or inpatient services for SUD during the measurement period decreased by 9.09% in Q4. **#11**: The number of beneficiaries who use withdrawal management services (such as outpatient, inpatient, or residential) during the measurement period decreased by 9.69% in Q4. **#12:** The number of beneficiaries who have a claim for MAT for SUD during the measurement period decreased by 20.90% in Q4.
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 October 2023 and December 2023, 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.
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		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1.			Indiana Medicaid continues to offer telehealth options in the delivery of behavioral health treatment. In coordination with the Division of Mental Health and Addiction, the Office of Medicaid Policy and Planning developed several service parameters for when telehealth delivery satisfies the “face-to-face" contact required for several behavioral health services. Particularly this quarter, one of these innovative solutions was to allow skills training and development to be rendered through telehealth and establishing those services parameters accordingly. Additionally, Indiana Medicaid continues to offer audio-only telehealth options by expanding the types of services reimbursable when rendered via audio-only telehealth. The Indiana Division of Mental Health and Addiction is coordinating with the Office of Medicaid Policy and Planning to implement the statewide 9-8-8 Crisis Hotline services. 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.

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	Metric #5 and #36 are annual metrics, reported in the Q1 2023 (reporting on CY 2022) report. Metric #5, the number of beneficiaries with a claim for inpatient/residential treatment for SUD in an IMD during the measurement period increased by 26.35% in CY 2022 compared to Q1 2022 (reporting on CY 2021). Metric #36, the average length of stay for beneficiaries discharged from IMD inpatient/residential treatment for SUD, decreased by 7.14% in CY 2022 compared to Q1 2022 (reporting on CY 2021).
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			As previously reported, Indiana issued draft level of care guidelines based on ASAM to provide clarity for addiction provider expectations and quality control in 2020. The Indiana Division of Mental Health and Addiction (DMHA) is in the process of reviewing the draft level of care guidance against all the comments received and is developing a final draft for rule development. DMHA is currently looking at how the new revision of the ASAM criteria (ASAM 4.1) will impact provider expectations and quality control.

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	X		During Q4, the Division of Mental Health and Addiction continued discussions relating to 3.7 ASAM level designations for our SUD residential providers. During Q4, 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. For the period of October-December 2023, 16,371 users utilized ATLAS with 13,791 being unique individuals. The top three substance filters are Heroin/Fentanyl, Alcohol, and Cocaine. The treatment ATLAS assessment is being completed by 67.9% of users and 46.6% are saving the results.
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: 4.2.1.a Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards			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 (December 2023), 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 61 providers with 2556 beds, a decrease of 1 provider and an increase of 2 beds from the prior reporting period. For combined ASAM 3.1 and 3.5 facilities, there were 3 providers and 125 beds for this reporting period. This level of providers/beds has stayed the same since the last reporting period.
	4.2.1.b Review process for residential treatment providers' compliance with qualifications.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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		
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	Metric #13 and #14 are annual metrics, reported in the Q1 2023 (reporting on CY 2022) report. Metric #13, the number of providers who were enrolled in Medicaid and qualified to deliver SUD services during the measurement period increased by 19.27% in CY 2022 compared to Q1 2022 (reporting on CY 2021). Metric #14, the number of providers who were enrolled in Medicaid and qualified to deliver SUD services during the measurement period and who meet the standards to provide buprenorphine or methadone as part of MAT increased by 1.48% in CY 2022 compared to Q1 2022 (reporting on CY 2021).
5.2	**Implementation update**			

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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	The average monthly utilization of emergency department utilization for SUD per 1,000 Medicaid beneficiaries, metric #23, increased in Q4 by 2.23% compared to last quarter. Metric #27 was reported in the Q1 monitoring report. The rate of overdose deaths during the measurement period (CY2022) among adult Medicaid beneficiaries living in a geographic area covered by the demonstration increased by 16% compared to CY 2021.
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.

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	Metrics, 15 and 17 are EQMs submitted in the Q2 monitoring report. Metric #25 is an annual metric submitted in the Q1 monitoring report. Metric #15: Percentage of beneficiaries aged 18 and older who received the following: Initiation of AOD Treatment - Alcohol abuse or dependence decreased by 15.68% during the reporting period. Initiation of AOD Treatment - Opioid abuse or dependence decreased by 18.96% during the reporting period. Initiation of AOD Treatment - Other drug abuse or dependence decreased by 15.66% during the reporting period. Initiation of AOD Treatment - Total AOD abuse of dependence decreased by 16.24% during the reporting period. Engagement of AOD Treatment - Alcohol abuse or dependence decreased by 13.99% during the reporting period. Engagement of AOD Treatment - Opioid abuse or dependence increased by 11.14% during the reporting period. Engagement of AOD Treatment - Other drug abuse or dependence increased by 25.11% during the reporting period. Engagement of AOD Treatment - Total AOD abuse of dependence increased by 36.50% during the reporting period. Metric #17 The percentage of ED visits for which the beneficiary received follow-up within 30 days of the ED visit decreased by 4.76% in the reporting period. The percentage of ED visits for which the beneficiary received follow-up within 7 days of the ED visit decreased by 1.31% in the reporting period.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			The percentage of ED visits for mental illness for which the beneficiary received follow-up within 30 days of the ED visit decreased by 7.40% during the reporting period. The percentage of ED visits for mental illness for which the beneficiary received follow-up within 7 days of the ED visit decreased by 5.29% during the reporting period. <u>Metric #25</u> The rate of all-cause readmissions during the measurement period among beneficiaries with SUD decreased by 1.04% during the reporting period.
7.2 Implementation update			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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 DY6Q4 reporting period, key activities include: 1. **October 2023 to December 2023:** a. *OTP Reimbursement.* Indiana Medicaid continued to have discussions with DMHA on how to resolve some of the policy and reimbursement questions that Indiana Medicaid were receiving from various OTP providers across the state. Indiana Medicaid published a clarifying bulletin listing all of the bundled services that were now included in the newly implemented G-codes. b. *Provider Accessibility*. Indiana Medicaid discussed the increased demand for SUD providers in Northern Indiana in lieu of a major SUD provider's license being revoked. Indiana Medicaid is working with DMHA to ensure that provider accessibility remains a top priority.
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, the number of patient requests made into INSPECT on a statewide basis decreased by 8.70% in Q4.
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 increased by 3.23% compared to last quarter. Metric #24's monthly average increased from 3.61 (Q3) to 3.72(Q4).
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	Metric #33, the number of grievances filed during the measurement period that are related to SUD treatment services, did not change in Q4. Like in Q3 2023, five grievances were filed in Q4 2023. Metric #34, the number of appeals filed during the measurement period that are related to SUD treatment services, decreased by 42.73% in Q4. In Q4, 189 appeals were filed versus the 330 appeals in Q3.

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)**			
1.1	**Metric trends**			
1.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1.		*#2*	Metric #2, the percentage of children and adolescents ages 1 to 17 who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment., decreased 3.73% in the reporting period (CY 2022). Metrc #2 is an EQM and was reported in the Q2 2023 report. Therefore, the reporting timeframes being compared are CY 2022 and CY 2021.
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 licensure or accreditation processes for participating hospitals and residential settings	X		
	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		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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		
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.		#3, #4, #6, #7, #8, #9, #10	Metrics #4, #6, #7, #8, #9, #10 are EQMs that are reporting in the Q2 monitoring report. #4: The rate of unplanned, 30-day, readmission for demonstration beneficiaries with a primary discharge diagnosis of a psychiatric disorder or dementia/Alzheimer's disease, in the reporting period (CY 2022) increased by 3.76% compared to CY 2021. #6: This measure assesses whether psychiatric patients admitted to an inpatient psychiatric facility (IPF) for major depressive disorder (MDD), schizophrenia, or bipolar disorder filled a prescription for evidence-based medication within 2 days prior to discharge and 30 days post-discharge. In the reporting period (CY2022), the metric increased by 1.26% compared to CY2021. #7: The percentage of discharges for children ages 6 to 17 who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner within 30 days after discharge, increased by 0.09% in the reporting period (CY2022) compared to CY2021. #7: The percentage of discharges for children ages 6 to 17 who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner within 7 days after discharge, decreased by 12.89% in the reporting period (CY2022) compared to CY 2021. #8: Percentage of discharges for beneficiaries age 18 years and older who were hospitalized for treatment of selected mental illness diagnoses or intentional self-harm and who had a follow-up visit with a mental health practitioner within 30 days after discharge, decreased by

			9.70% in the reporting period (CY2022) compared to CY 2021. The percentage of discharges for beneficiaries age 18 years and older who were hospitalized for treatment of selected mental illness diagnoses or intentional self-harm and who had a follow-up visit with a mental health practitioner within 7 days after discharge decreased by 13.17% in the reporting period (CY2022) compared to CY 2021. #9: Percentage of (ED) visits for beneficiaries age 18 and older with a primary diagnosis of alcohol or other drug (AOD) abuse dependence who had a follow-up visit for AOD abuse or dependence within 30 days of the ED visit increased by 66.62% in the reporting period (CY2022) compared to CY 2021. The percentage of (ED) visits for beneficiaries age 18 and older with a primary diagnosis of alcohol or other drug (AOD) abuse dependence who had a follow-up visit for AOD abuse or dependence within 7 days of the ED visit increased by 67.76% in the reporting period (CY2022) compared to CY 2021. #10: Percentage of (ED) visits for beneficiaries age 18 and older with a primary diagnosis of mental illness or intentional self-harm and who had a follow-up visit for mental illness within 30 days of the ED visit decreased by 4.09% in the reporting period (CY2022) compared to CY 2021. The percentage of (ED) visits for beneficiaries age 18 and older with a primary diagnosis of mental illness or intentional self-harm and who had a follow-up visit for mental illness within 7 days of the ED visit decreased by 8.41% in the reporting period (CY2022) compared to CY 2021.
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:		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			
	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		
	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		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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:** There was a decrease in average monthly inpatient utilization for mental health by 0.09% 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 during the measurement period decreased by 5.09% compared to the last quarter. **#15:** The average monthly utilization of outpatient services for mental health decreased by 5.98% compared to last quarter. **#16:** The average monthly utilization of ED services for mental health increased by 4.42% compared to last quarter. **#17:** The average monthly utilization of telehealth services for mental health decreased by 11.40% compared to last quarter. **#18:** The average monthly utilization of all mental health services decreased by 6.60% compared to last quarter. .
3.2	**Implementation update**			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
3.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 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	X		
3.2.1.b Other state requirements/policies to improve access to a full continuum of care including crisis stabilization	X		
3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3.			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 average monthly count of beneficiaries with SMI/SED decreased by -3.43% compared to Q3. The remainder of the metrics are annual EQMs, reported in the Q2 monitoring report. Summarized below are the metrics that changed greater than 2% when compared with the previous reporting period. **#23:** The percentage of beneficiaries ages 18 to 75 with a serious mental illness and diabetes (type 1 and type 2) whose most recent Hemoglobin A1c (HbA1c) level >9.0% during the measurement year (CY2022) decreased by 2.18% compared to CY 2021. **#29:** The percentage of children and adolescents on antipsychotics who received blood glucose testing during the reporting period (CY022) increased by 3.05% compared to CY 2021. **#30**: The percentage of Medicaid beneficiaries aged 18 years and older with new antipsychotic prescriptions who have completed a follow-up visit with a provider with prescribing authority within four weeks (28 days) of prescription of an antipsychotic medication decreased by 3.04% in CY 2022 compared to CY 2021.
4.2	**Implementation update**			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 4.2.1.a Strategies for identifying and engaging beneficiaries in treatment sooner (e.g., with supported education and employment)	X		
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 is currently in the process of developing a state plan amendment for Mobile Crisis Intervention Services. The proposed budget for this state plan amendment was reviewed by the State Budget Committee December 2022 with a goal effective date set for July 2023. During Q4, the Division of Mental Health and Addiction created a designation plan, that will be used to identify these providers within the state. OMPP has been involved in the development of this designation process, that will ultimately be used to build a new provider enrollment specialty within our program. OMPP has submitted the state amendment pages to CMS in June 2023 for approval. OMPP along with the Division of Mental Health and Addiction are having discussions with CMS to implement the state amendment pages. CMS approved the Mobile Crisis SPA in September 2023. OMPP and DMHA are currently in the beginning stages of implementing Crisis Stabilization 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	X		
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.			**Q2:** The count of Behavioral Health providers enrolled in Medicaid increased by 3.44%.
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 an increase in the number of SMI grievances in Q4 2023 (4) compared to Q3 2023 (2). **#37:** There was a 54.08% increase in the number of SMI appeals in Q4 2023 (151) in comparison to Q3 2023 (98).
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 2023 Q4, the average monthly count of beneficiaries with SMI/SED has increased to 116,194. The count of beneficiaries with SMI/SED (annually) in 2020 was 266,256, increasing to 306,730 in 2022. (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 2023 assessment, the latest available, the number of adult Medicaid beneficiaries with SMI 21+ was 22,485. The assessments are ran as of January 31st of every year. 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. Accurate comparison of assessments will begin in Q1 2024.
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. 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 16 in the 2023 assessment. Crisis observation centers have also increased, from 2 in the original assessment to 3 in 2023. Community mental health centers increased from 97 in 2020 to 231 in 2023.
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		
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		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
7.2	**Implementation update**			
7.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to: 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			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.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 MOE data will be reported in the 2024Q1 monitoring report. Currently, 2022 MOE is available. SFY 2022 Expenditures ($ in millions) State general funds: $174.2 State county funds: $27.2
8.2	**Narrative information**			
8.2.1	Describe and explain any reductions in the MOE dollar amount below the amount provided in the state's application materials. The state should confirm that it did not move resources to increase access to treatment in inpatient or residential settings at the expense of community-based services.			SFY 2019 Expenditures ($ in millions) included in the application: State general funds: $118.1 State county funds: $27.8 Indiana confirms that the state did not move resources to increase access to treatment in inpatient or residential settings at the expense of community-based services. Differences in MOE amounts are mainly due to the enhanced federal funding (extra 6.2% FMAP) that was effective January 2020 (in the middle of the SFY 2020) due to the Public Health Emergency

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. This project will require a state plan amendment needing CMS approval. This effective date has been pushed to July 2023 to attribute for state budgetary concerns. OMPP submitted the state amendment pages to CMS in June, 2023. 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 new provider specialty for the 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. Both DMHA and OMPP are working on the planning stages of submitting a 1115 Demonstration Waiver for the CCBHC project. In Q4, DMHA and OMPP have been working collaboratively on the financial/reimbursement aspects of the CCBHC project. Furthermore, the certification standards for the CCBHCs are in the final stages.

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, submitted in PMDA for Q4, has been updated to include actual experience for January 1, 2021, through December 31, 2023. The SUD and SMI/SED budget neutrality components are part of the 1115 HIP budget neutrality report. The "Total Adjustments" tab reflects adjustments made to Schedule C expenditures that are now being reported for January 2021-December 2023. This adjustment is necessary as Schedule C reporting has a lag of six months. Enrollment for SUD and SMI Managed Care MEGs is assumed to grow at 5% for DY 10 and DY 11. The state anticipates that institution 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 has 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.
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	
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	

Prompts	State has no update to report (place an X)	State response
11.2.4 Compared to the demonstration design and operational details, the state expects to make the following changes to: 11.2.4.a How the delivery system operates under the demonstration (e.g., through the managed care system or fee for service)	X	
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 Q4, Indiana Medicaid and the SMI independent evaluator continued working on the mid-point evaluation. The evaluator and the state completed several rounds of data validation for SMI critical metrics outlined in the Midpoint TA CMS guidance. During Q4, the SUD evaluator for the mid-point assessment provided drafts to the state for review. Finalizing the assessment for submission to CMS was most of the work during Q4.
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, CMS extended the due date to February 29, 2024, to grant the evaluator additional time to appropriately analyze the Part A data.
12.1.3	List anticipated evaluation-related deliverables related to this demonstration and their due dates.		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, CMS extended the due date to February 29, 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		Throughout 2023, OMPP has notified CMS that multiple issues have been found in the scripts that calculate the SUD and SMI metrics. To align with the feedback CMS has provided to OMPP on 10/31/2022 and 10/3/2023, OMPP will resubmit the DY2Q2-DY6Q3 SUD monitoring reports and DY1Q2-DY4Q3 SMI monitoring reports. During a bi-weekly touchpoint with CMS, OMPP and CMS agreed to resubmit the retrospective reports no later than May 2024. As of Q4 2023, all the monitoring reports have been resubmitted in their corresponding PMDA slots.
	13.1.3.b The content or completeness of submitted monitoring reports and/or future monitoring reports		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	

Prompts		State has no update to report (place an X)	State response
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.		No satisfaction surveys were completed during Q4 by the state. However, for the Midpoint Assessments, the independent evaluators have conducted beneficiary satisfaction surveys. The results of these surveys will be shared with CMS in the SUD and SMI Midpoint assessments.
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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