<table>
<thead>
<tr>
<th>State</th>
<th>Louisiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstration Name</td>
<td>Healthy Louisiana Substance Use Disorder 1115 Demonstration</td>
</tr>
<tr>
<td>Approval Date</td>
<td>February 1, 2018</td>
</tr>
<tr>
<td>Approval Period</td>
<td>February 1, 2018 – December 31, 2022</td>
</tr>
</tbody>
</table>

**SUD (or if broader demonstration, then SUD Related) Demonstration Goals and Objectives**

The goal of this demonstration is for Louisiana to maintain critical access to opioid use disorder (OUD) and other substance use disorder (SUD) services and continue delivery system improvements for these services to provide more coordinated and comprehensive OUD/SUD treatment for Medicaid beneficiaries. This demonstration will provide the state with authority to provide high-quality, clinically appropriate SUD treatment services for short-term residents in residential and inpatient treatment settings that qualify as an Institution for Mental Diseases (IMD). It will also build on the state’s existing efforts to improve models of care focused on supporting individuals in the community and home, outside of institutions and strengthen a continuum of SUD services based on the American Society of Addiction Medicine (ASAM) criteria or other comparable nationally recognized assessment and placement tools that reflect evidence-based clinical treatment guidelines.

During the demonstration period, Louisiana seeks to achieve the following:

- Increase enrollee access to and utilization of appropriate OUD/SUD treatment services based on the ASAM Criteria;
- Decreased use of medically inappropriate and avoidable high-cost emergency department and hospital services by enrollees with OUD/SUD;
- Increased initiation of follow-up after discharge from emergency department for alcohol or other drug dependence; and
- Reduced readmission rates for OUD/SUD treatment.
2. Executive Summary

Louisiana received approval of the Healthy Louisiana OUD/SUD 1115 demonstration waiver on February 1, 2018. Louisiana completed action items identified in the approved Implementation Plan Protocol within the indicated timelines. Related to milestone 3, education of the benefits of Medication Assisted Treatment (MAT) is an ongoing initiative.

The 2019 Regular Legislative Session was adjourned on June 6, 2019. Several legislative items were passed and enacted that addressed access to MAT.

At the end of DY2 Q1, CMS provided feedback on the Monitoring Protocol and Evaluation Design. Based on discussion of this feedback from CMS, Louisiana submitted a revised Monitoring Protocol and a revised Evaluation Design in DY2 Q2. Submission of the data workbook is pending approval of the monitoring protocol; therefore, the DY2 Q2 Monitoring Report does not include a completed Part A, the SUD Metrics Workbook, and any corresponding metric trends analysis.
3. Narrative Information on Implementation, by Reporting Topic

<table>
<thead>
<tr>
<th>Prompts</th>
<th>Demonstration year (DY) and quarter first reported</th>
<th>Related metric (if any)</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.2 Assessment of Need and Qualification for SUD Services</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>1.2.1 Metric Trends</strong></td>
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<tr>
<td>Discuss any relevant trends that the data shows related to</td>
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<tr>
<td>assessment of need and qualification for SUD services. At</td>
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<tr>
<td>a minimum, changes (+ or -) greater than two percent should</td>
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<tr>
<td>be described.</td>
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</tbody>
</table>

☒ The state has no metrics trends to report for this reporting topic.

**1.2.2 Implementation Update**

Compared to the demonstration design details outlined in the STCs and implementation plan, have there been any changes or does the state expect to make any changes to: A) the target population(s) of the demonstration? B) the clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration?

Are there any other anticipated program changes that may impact metrics related to assessment of
<table>
<thead>
<tr>
<th>need and qualification for SUD services? If so, please describe these changes.</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ The state has no implementation update to report for this reporting topic.</td>
</tr>
</tbody>
</table>

### 2.2 Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)

#### 2.2.1 Metric Trends

Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.

| ☒ The state has no metrics trends to report for this reporting topic. |

#### 2.2.2 Implementation Update

Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to:

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

<table>
<thead>
<tr>
<th>DY2 Q2</th>
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</table>
| Currently, the state has taken measures to increase access to Medication Assisted Treatment by incorporating language into all behavioral health provider contracts, whereas providers must provide MAT onsite or initiate a referral to such services, when indicated. This method will ensure that providers move from abstinence based models of care to a no wrong door approach for persons on MAT. OBH has implemented a workforce development initiative to provide training and education on MAT to physicians and clinicians statewide. These trainings are geared towards providing evidence of the effectiveness of the use of MAT. 

Louisiana’s FY20 enacted budget included funding to allow Medicaid coverage of Methadone treatment for opioid addiction to all Medicaid eligible members diagnosed with an Opioid Use Disorder (OUD). Coverage of Methadone will be available in January 2020. |
**3.2 Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)**

**3.2.1 Metric Trends**

Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. Changes (+ or -) greater than two percent should be described.

☐ The state is reporting metrics related to Milestone 2, but has no metrics trends to report for this reporting topic.

☒ The state is not reporting any metrics related to this reporting topic.

**3.2.2 Implementation Update**

- supervised withdrawal management)?
- SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential treatment, medically supervised withdrawal management, and medication assisted treatment services provided to individuals in IMDs?

Are there any other anticipated program changes that may impact metrics related to access to critical levels of care for OUD and other SUDs? If so, please describe these changes.

☐ The state has no implementation updates to report for this reporting topic.
Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to:

a. Planned activities to improve providers’ use of evidence-based, SUD-specific placement criteria?

b. Implementation of a utilization management approach to ensure:
   i. Beneficiaries have access to SUD services at the appropriate level of care?
   ii. Interventions are appropriate for the diagnosis and level of care?
   iii. Use of independent process for reviewing placement in residential treatment settings?

Are there any other anticipated program changes that may impact metrics related to the use of evidence-based, SUD-specific patient placement criteria (if the state is reporting such metrics)? If so, please describe these changes.
☒ The state has no implementation updates to report for this reporting topic.

### 4.2 Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)

#### 4.2.1 Metric Trends

Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. Changes (+ or -) greater than two percent should be described.

☐ The state is reporting metrics related to Milestone 3, but has no metrics trends to report for this reporting topic.

☒ The state is not reporting any metrics related to this reporting topic.

#### 4.2.2 Implementation Update

Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to:

a. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards?

b. State review process for residential treatment providers’ compliance with qualifications standards?

c. Availability of medication assisted treatment at residential treatment
facilities, either on-site or through facilitated access to services off site?

Are there any other anticipated program changes that may impact metrics related to the use of nationally recognized SUD-specific program standards to set provider qualifications for residential treatment facilities (if the state is reporting such metrics)? If so, please describe these changes.

☒ The state has no implementation updates to report for this reporting topic.

5.2 Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)

5.2.1 Metric Trends

Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.

[Add rows as needed]

☒ The state has no metrics trends to report for this reporting topic.

5.2.2 Implementation Update

Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to planned activities to
| assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care? |  |
| Are there any other anticipated program changes that may impact metrics related to provider capacity at critical levels of care, including for medication assisted treatment (MAT) for OUD? If so, please describe these changes. |  |

☒ The state has no implementation updates to report for this reporting topic.

### 6.2 Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)

#### 6.2.1 Metric Trends

Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.

☒ The state has no metrics trends to report for this reporting topic.

#### 6.2.2 Implementation Update

Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or |  |

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<table>
<thead>
<tr>
<th>does the state expect to make any changes to:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD?</td>
<td></td>
</tr>
<tr>
<td>b. Expansion of coverage for and access to naloxone?</td>
<td></td>
</tr>
</tbody>
</table>

Are there any other anticipated program changes that may impact metrics related to the implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD? If so, please describe these changes.

[Add rows as needed]

☒ The state has no implementation updates to report for this reporting topic.

### 7.2 Improved Care Coordination and Transitions between Levels of Care (Milestone 6)

#### 7.2.1 Metric Trends

Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.

[Add rows as needed]

☒ The state has no metrics trends to report for this reporting topic.

#### 7.2.2 Implementation Update
Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to implementation of policies supporting beneficiaries’ transition from residential and inpatient facilities to community-based services and supports?

Are there any other anticipated program changes that may impact metrics related to care coordination and transitions between levels of care? If so, please describe these changes.

☒ The state has no implementation updates to report for this reporting topic.

### 8.2 SUD Health Information Technology (Health IT)

#### 8.2.1 Metric Trends

Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. Changes (+ or -) greater than two percent should be described.

☒ The state has no metrics trends to report for this reporting topic.

#### 11.2.2 Implementation Update
Compared to the demonstration design and operational details outlined in STCs and implementation plan, have there been any changes or does the state expect to make any changes to:

| a. | How health IT is being used to slow down the rate of growth of individuals identified with SUD? |
| b. | How health IT is being used to treat effectively individuals identified with SUD? |
| c. | How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD? |
| 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? |
| e. | Other aspects of the state’s health IT implementation milestones? |
| f. | The timeline for achieving health IT implementation milestones? |

A general update on the Health IT Plan and data for DY2Q2 is included in Attachments A1-DY2-Q2 and A2-DY2-Q2. Additionally, the attached 1115 SUD Metrics Workbook-HIT Measures – DY2 (Q2) includes data for HIT metrics Q1.a, Q1.b, Q2, and Q3.

LDH has revised metric Q3 to state: Number of incarcerated individuals who are Medicaid eligible that are enrolled with a MCO prior to release. Due to the fact that the Department of Corrections (DOC) data system is unable to capture a total count (denominator) we will be reporting a simple count rather than a percentage.
| g. Planned activities to increase use and functionality of the state’s prescription drug monitoring program? |
| Are there any other anticipated program changes that may impact metrics related to SUD Health IT (if the state is reporting such metrics)? If so, please describe these changes. |
| ☐ The state has no implementation updates to report for this reporting topic. |

### 9.2 Other SUD-Related Metrics

#### 9.2.1 Metric Trends

Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.

[Add rows as needed]

☒ The state has no metrics trends to report for this reporting topic.

#### 9.2.2 Implementation Update

Are there any anticipated program changes that may impact the other SUD-related metrics? If so, please describe these changes.

[Add rows as needed]

☒ The state has no implementation updates to report for this reporting topic.

### 10.2 Budget Neutrality
### 10.2.1 Current status and analysis

| Discuss the current status of budget neutrality and provide an analysis of the budget neutrality to date. If the SUD component is part of a comprehensive demonstration, the state should provide an analysis of the SUD-related budget neutrality and an analysis of budget neutrality as a whole. | Updated budget neutrality data is included in the Attachment entitled “Budget Neutrality Workbook DY2Q2”. |

☐ The state has no metrics trends to report for this reporting topic.

### 10.2.2 Implementation Update

| Are there any anticipated program changes that may impact budget neutrality? If so, please describe these changes. | LDH staff attended the CMS training on the new budget neutrality template. Due to the requirement of including data from the CMS 64 report in the new template, Medicaid met with staff from our Fiscal reporting section to discuss importing the CMS 64 report to the new budget neutrality template. We anticipate being able to import CMS 64 data into the new CMS template for our quarterly budget neutrality reporting in our next quarterly report in November 2019. |

☐ The state has no implementation updates to report for this reporting topic.

### 11.1 SUD-Related Demonstration Operations and Policy

#### 11.1.1 Considerations

| Highlight significant SUD (or if broader demonstration, then SUD-related) demonstration operations or policy considerations that could positively or negatively impact beneficiary enrollment, access to | The 2019 Regular Legislative Session was adjourned on June 6, 2019. Several legislative items were passed and enacted that may positively impact the 1115 waiver:  
- Act 423 - Requires LDH to obtain specific data from hospitals and coroners regarding opioid-related overdoses, and allows for sharing of more information from first responders. |
services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the SUD demonstration’s approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail.

<table>
<thead>
<tr>
<th>11.1.2 Implementation Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compared to the demonstration design and operational details outlined in STCs and the implementation plan, have there been any changes or does the state expect to make any changes to:</td>
</tr>
<tr>
<td>a. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)?</td>
</tr>
<tr>
<td>b. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)?</td>
</tr>
</tbody>
</table>

- Act 425 - Requires licensed residential SUD treatment facilities to provide onsite access to antagonist (naloxone) and agonist (MAT) treatment. Enforcement of these requirements to begin January 1, 2021.
- HCR 71 – Requests LDH to issue regulations to allow the establishment of new opioid treatment programs and methadone dosing sites. Report to be published by December 31, 2020.
- HR 257 -- Requests the La. Department of Health to study the benefits and costs of eliminating prior authorization requirements for medication-assisted treatment for opioid use disorder.
- HR 291 - Requests LDH to study changes necessary to increase access to outpatient substance use treatment, including MAT. Report to be published by March 1, 2020.

☐ The state has no related considerations to report for this reporting topic.
### c. Partners involved in service delivery?

<table>
<thead>
<tr>
<th>Has the state experienced any significant challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers)? Has the state noted any performance issues with contracted entities?</th>
</tr>
</thead>
<tbody>
<tr>
<td>OBH is working to expand access to MAT via multiple grant awards, targeting expansion of evidence based treatment for persons with opioid use disorder (OUD). The state is implementing a Hub and Spoke model, which will expand outpatient treatment capacity to serve persons with severe and/or moderate to mild OUD. The state has contracted with ten Hubs, which are identified as Opioid Treatment Programs (OTPs), across the state. These Hubs will provide treatment to persons with severe OUD by use of methadone maintenance. OBH is also conducting outreach to Spokes, which are identified as Office Based Treatment Programs (OBOTs) that will address the needs of person with moderate to mild OUD. The goal is to create 50 Spokes across the state, to treat the under and uninsured population.</td>
</tr>
</tbody>
</table>

Louisiana is one of six states participating in the Shatterproof Quality Measurement System pilot program. The Shatterproof pilot complements the SUD demonstration via use of claims based measures, improving consumer awareness of SUD services and providing the opportunity for consumer feedback on SUD providers. The Shatterproof initiative is similar to the SUD demonstration in the use of claims based measures. The Shatterproof initiative is different from the SUD demonstration with the provider services array survey and consumer experience survey.

### [Add rows as needed]

- The state has no implementation updates to report for this reporting topic.

#### 12.1 SUD Demonstration Evaluation Update

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### 12.1.1 Narrative Information

Provide updates on SUD evaluation work and timeline. The appropriate content will depend on when this report is due to CMS and the timing for the demonstration. See report template instructions for more details.

<table>
<thead>
<tr>
<th>Demonstration Evaluation Design</th>
<th>Minor revisions were made to the evaluation design in response to guidance from CMS during DY2 Q2. At this time, there are no anticipated barriers to meeting goals established in the STCs.</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Deliverables</th>
<th>DY1Q2</th>
</tr>
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</table>
| List anticipated evaluation-related deliverables related to this demonstration and their due dates. | Evaluation Design, May 25, 2019  
Interim Evaluation Report, Dec 31, 2021  
Summative Evaluation Report, June 30, 2024 |

☐ The state has no SUD demonstration evaluation update to report for this reporting topic.

### 13.1 Other Demonstration Reporting

#### 13.1.1 General Reporting Requirements

Have there been any changes in the state’s implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol?

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Status</th>
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<tbody>
<tr>
<td>Does the state foresee the need to make future changes to the STCs,</td>
<td></td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>implementation plan, or monitoring protocol, based on expected or upcoming implementation changes?</th>
</tr>
</thead>
</table>

Compared to the details outlined in the STCs and the monitoring protocol, has the state formally requested any changes or does the state expect to formally request any changes to:

a. The schedule for completing and submitting monitoring reports?

b. The content or completeness of submitted reports? Future reports?

<table>
<thead>
<tr>
<th>Has the state identified any real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation?</th>
</tr>
</thead>
</table>

☑ The state has no updates on general reporting requirements to report for this reporting topic.

### 13.1.2 Post Award Public Forum

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
There was not a post-award public forum held during this reporting period and this is not an annual report, so the state has no post award public forum update to report for this reporting topic.

### 14.1 Notable State Achievements and/or Innovations

#### 14.1 Narrative Information

Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SUD (or if broader demonstration, then SUD related) demonstration or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries.

The state has no notable achievements or innovations to report for this reporting topic.