

**1. Title page for the state’s substance use disorder (SUD) demonstration or the SUD component of the broader demonstration**

<b>State</b>	<i>Louisiana</i>
<b>Demonstration name</b>	<i>Healthy Louisiana Substance Use Disorder 1115 Demonstration</i>
<b>Approval period for section 1115 demonstration</b>	<i>February 1, 2018 – December 31, 2022</i>
<b>SUD demonstration start date</b>	<i>February 1, 2018</i>
<b>Implementation date of SUD demonstration, if different from SUD demonstration start date</b>	<i>N/A</i>
<b>SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives</b>	<p><i>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 Disease (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 assessments and placement tools that reflect evidence-based clinical treatment guidelines.</i></p> <p><i>During the demonstration period, Louisiana seeks to achieve the following:</i></p> <ul style="list-style-type: none"> <li><i>• Increase enrollee access to and utilization of appropriate OUD/SUD treatment services based on the ASAM Criteria;</i></li> <li><i>• Decreased use of medically inappropriate and avoidable high-cost emergency department and hospital services by enrollees with OUD/SUD;</i></li> <li><i>• Increased initiation of follow-up after discharge from emergency department for alcohol or other drug dependence; Reduce readmission rates for OUD/SUD treatment.</i></li> </ul>
<b>SUD demonstration year and quarter</b>	<i>1115 SUD DY4 Q1</i>
<b>Reporting period</b>	<i>1/01/2021 – 3/31/2021</i>

## **2. Executive summary**

Louisiana received approval of the Healthy Louisiana Substance Use Disorder 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.

In DY3 Q4, the Mid-Point Assessment (STC 23) due date was modified to provide additional time for the independent evaluator to incorporate the latest guidance received from CMS in the data collection and review process. The final version of the Mid-Point Assessment was submitted to CMS on January 19, 2021.

In DY4 Q1, Louisiana started internal project management and organization for the state's intent to submit an extension application for the Health Louisiana SUD 1115 Demonstration waiver. The state notified the independent evaluator and discussed revised timelines for the Interim Evaluation Report. The state also received clarification from CMS on certain required elements.

Per guidance from CMS, the due date for this DY4 Q1 monitoring report was delayed from May 30 to July 30, 2021. CMS shared feedback on the previous monitoring reports, and the delay was to give the state enough time to address comments from the report.

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

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>1. Assessment of need and qualification for SUD services</b>			
<b>1.1 Metric trends</b>			
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		2	During this reporting period, there was a negative deviation for metric 2, Medicaid beneficiaries with Newly Initiated SUD Treatment/Diagnosis, which resulted in a -5.41 percent change. Factors contributing to this decrease include: the surge in COVID positive cases, which could have resulted in members’ reluctance to engage or access care for their SUD.
		4	Annual (metric 4) - Medicaid beneficiaries with SUD Diagnosis resulted in a decrease of -7.39 % percent of change. This is attributed to the COVID Pandemic which started in 2020.
<b>1.2 Implementation update</b>			
1.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes to: 1.2.1.i. The target population(s) of the demonstration	X		
1.2.1.ii. 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		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>2. Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)</b>			
<b>2.1 Metric trends</b>			
2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1		6-12	<p>ASAM 0.5 (Early Intervention) is not currently covered by Medicaid, contributing to the extremely low number of persons receiving this service. Although there is a positive percent change of 200%, there were only an additional 2 people that received 0.5 services versus one person last quarter. Metric 9 - (Intensive Outpatient and Partial Hospitalization) during this quarter reflected a slight increase of 2.62% (41 members) positive percent of change. This increase can be attributed to the use of telehealth services. There was a negative percent of change for Withdrawal Management by 87 beneficiaries showing a -8.63% decrease during this quarter.</p> <p>MAT increased by 508 beneficiaries showing a 5.30% positive change. Factors that contributed to this increase include: the utilization of telehealth during the pandemic and increased access to telehealth services for MAT. In addition, positive trends were observed due to ongoing virtual outreach strategies to enhance community knowledge about available services and ongoing trainings to providers and the community about available services for SUD and OUD.</p>
<b>2.2 Implementation update</b>			

<p>2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <p>2.2.1.i. 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)</p>		<p>In DY4 Q1, despite the COVID pandemic, OBH continued to implement ongoing workforce development initiatives to provide virtual training and education on MAT to physicians and clinicians statewide. Louisiana has continued partnership with Tulane University to offer the Extension for Community Health Outcomes (ECHO) Project, which is a virtual online professional development series for educators, University Fellow Programs, physicians, clinicians, BH providers and private practitioners. OBH also partnered with the Louisiana Association for Substance Abuse Counselors and Trainer (LASACT) to educate stakeholders and the community on the efficacy of MAT and associated stigma. OBH participated on the planning committee and identified presenters and evidence-based training topics in the areas of opioid use prevention, intervention, treatment and recovery. LASACT’s Annual Conference will be held in July, 2021.</p> <p>In addition, OBH continued use of outreach mobile teams, which consist of a Licensed Mental Health Professional (LMHP), Nurse and a Peer Support Specialist. These teams provide education on MAT, Narcan distribution and Screening, Brief Intervention and Referral to MAT specialty treatment services. Due to COVID, these programs were temporarily suspended their boots on the ground framework due to the Governor’s stay at home order, and teams implemented other virtual techniques to disseminate information, such as social media.</p> <p>OBH has continued efforts and partnerships with Louisiana State University Health Science Center to expand access to MAT services with Office Based Opioid</p>
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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			Treatment (OBOT) Programs. The goal is to enlist fifty (50) new Data Waivered prescribers to provide MAT services by September 2021. During DY4 Q1, there are 48 contracted OBOTs, with 2 additional in the contracting process.
2.2.1.ii. SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential treatment, medically supervised withdrawal management, and medication-assisted treatment services provided to individual IMDs	X		
2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1	X		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>3. Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)</b>			
<b>3.1 Metric trends</b>			
3.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2	X		
<b>3.2. Implementation update</b>			
3.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 3.2.1.i. Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria			In DY4 Q1, OBH continued implementation of the specialized Hub and Spoke Model to expand capacity of MAT services. To facilitate proper patient placement and assigning the right level of care, at the right dose and time, providers continue to complete a comprehensive assessment and the Treatment Needs Questionnaire (TNQ) Form, to guide proper patient placement for MAT services. The intent of the TNQ form is to guide practitioners in determining whether the patient should be receiving treatment at an Office Based Opioid Treatment facility (OBOT) or receive more intensive services at an Opioid Treatment Program (OTP). General service providers must complete a comprehensive evaluation and the ASAM six dimensions to guide proper placement.
3.2.1.ii. 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		
3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2	X		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>4. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)</b>			
<b>4.1 Metric trends</b>			
4.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3  <i>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.</i>	X		
<b>4.2 Implementation update</b>			
4.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:  4.2.1.i. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards	X		
4.2.1.ii. Review process for residential treatment providers' compliance with qualifications.			OBH requires the MCOs to conduct monitoring reviews of SUD providers to ensure adherence to standards and guidelines on a quarterly basis.
4.2.1.iii. Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site			The State successfully updated rules and regulations to ensure residential SUD providers offer MAT, effective January 1, 2021. During the initial licensing application or the annual licensing renewal application, residential SUD providers must submit an attestation indicating they will offer onsite access to at least one form of opioid agonist and antagonist medications.
4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3	X		



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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>5. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)</b>			
<b>5.1 Metric trends</b>			
5.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4		13, 14	The number of Medicaid SUD providers qualified to deliver SUD services (Metric #13) as well as those that meet the standard to provide buprenorphine or methadone as part of MAT (Metric #14) have both increased by 6.17% and 31.64% respectively over the previous annual reporting period.  LDH continues to encourage healthcare providers to become certified dispensers by offering access to Drug Addiction Treatment Act of 2000 (DATA 2000) waiver trainings, experts and resources to gain the qualifications, confidence and experience needed to become MAT prescribers. The Louisiana Medicaid Healthy Louisiana managed care organizations (MCOs) also continue to focus on furthering MAT network development efforts, of both physical and behavioral health providers, by collaborating with their Commercial and Medicare lines of business to identify additional providers to add to their LA Medicaid network through contracting efforts.
<b>5.2 Implementation update</b>			
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 in 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		
<b>6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)</b>			



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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
7.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6		25	Metric 25-Readmissions Among Beneficiaries with SUD presented a slight positive deviation of 0.22 to 0.23, which is a 0.01 rate percent difference, which corresponds to a 4.55% rate change. This may be attributed to hospital admissions due to other primary comorbidities, thereby treating the SUD as another condition when readmitted to the hospital, if indicated as a need or active problem.
<b>7.2 Implementation update</b>			
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	X		
7.2.2 The state expects to make other program changes that may affect metrics related to Milestone 6			The state is developing an MCO reporting system based on claims data to monitor transitions in care from acute withdrawal management services (4-WM and 3.7-WM) and through/from residential treatment services to lower levels of care.
<b>8. SUD health information technology (health IT)</b>			
<b>8.1 Metric trends</b>			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<p>8.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics</p>		Q3, S1	<p>Q3-Number of incarcerated individuals who are Medicaid eligible that are enrolled with a MCO prior to release. From last quarter (DY3Q4) this metric has decreased by 11.16%.</p> <p>We will continue monitoring this metric to determine if these trends represent a significant variation requiring further investigation/action.</p> <p>S1-Number of inquiries to the AWARe™ system made by physicians with active access privileges. From last quarter (DY3Q4) this metric has increased by 4.02%.</p> <p>The more than 4% increase in inquiries to the AWARe™ system made by physicians with active access privileges aligns with our target of increasing inquiries to the AWARe™ system.</p> <p>We will continue monitoring this metric moving forward.</p>
<b>8.2 Implementation update</b>			
<p>8.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <p>8.2.1.i. How health IT is being used to slow down the rate of growth of individuals identified with SUD</p>	X		<p>Note: A general update on the Health IT Plan and data for DY4 (Q1) is included in LA_SUDHIT-DY4Q1_Report_Part-A1_20210730 and LA_SUDHIT-DY4Q1_Report_Part-A2_20210730. Additionally, the uploaded LA_SUD-DY4Q1_Report_Part-A_20210730 includes data for the HIT metrics.</p>
<p>How health IT is being used to treat effectively individuals identified with SUD</p>	X		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.2.1.ii. How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD	X		
8.2.1.iii. 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.iv. Other aspects of the state’s health IT implementation milestones	X		
8.2.1.v. The timeline for achieving health IT implementation milestones	X		
8.2.1.vi. 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 metrics related to health IT	X		
<b>9. Other SUD-related metrics</b>			
<b>9.1 Metric trends</b>			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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 rate per thousand decrease from 1.78 to 1.59 for metric 24-Inpatient Stays for SUD over this quarterly comparison period. The modest 0.19 rate per thousand decrease is attributed to the surge in COVID positive cases, which could have resulted in member’s reluctance to engage or access care for their SUD.
		26	Metric 26 - Overdose Death count presented a positive deviation of 60.47%. This could be attributed to the COVID pandemic, which could have resulted in member’s reluctance to engage or access care for their SUD, thereby creating an environment for more fatal overdoses to occur. Other contributing factors could include the number of persons buying unfamiliar product laced with fentanyl.
		33-35	For metrics 33-35, given the very low incidents of these categories, even an increase of 1 gives a percentage change of greater than 2%. Statewide there were 3 grievances last quarter compared to 0 grievances this quarter. There were 10 appeals last quarter compared to 7 this quarter. All grievances and appeals were addressed within the appropriate timelines. There were 2 adverse incidents last quarter compared to 0 this quarter. All adverse incidents were reported to the appropriate investigative agency within the appropriate timelines.
<b>9.2 Implementation update</b>			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
9.2.1 The state expects to make other program changes that may affect metrics related to other SUD-related metrics-			OBH continues implementation of community outreach mobile teams, which consist of a Licensed Mental Health Professional (LMHP), Nurse and a Peer Support Specialist continue to implement outreach strategies to provide education on MAT, Narcan distribution, and Screening, Brief Intervention and Referral to MAT specialty treatment services.

**4. Narrative information on other reporting topics**

Prompts	State has no update to report (Place an X)	State response
<b>10. Budget neutrality</b>		
<b>10.1 Current status and analysis</b>		
10.1.1 If the SUD component is part of a broader demonstration, the state should provide an analysis of the SUD-related budget neutrality and an analysis of budget neutrality as a whole. Describe the current status of budget neutrality and an analysis of the budget neutrality to date.		<p>The Budget Neutrality Template uploaded to PMDA (LA_SUD-DY4Q1_Report_Part-C_20210730) incorporates data collected from the beginning of the 1115 SUD Demonstration period.</p> <p>Please note that the Budget Neutrality Template does not include a line for reporting of CHIP costs, so the numbers are being reported under the one Meg that is listed.</p>
<b>10.2 Implementation update</b>		
10.2.1 The state expects to make other program changes that may affect budget neutrality	X	

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Prompts	State has no update to report (Place an X)	State response
<b>11. SUD-related demonstration operations and policy</b>		
<b>11.1 Considerations</b>		
11.1.1 The state should highlight significant SUD (or if broader demonstration, then SUD-related) demonstration 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 demonstration’s approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail.		OBH continues to collaborate with the MCOs on the SUD performance improvement project, with the goal of improving transitions of care to SUD levels of care.
<b>11.2 Implementation update</b>		
11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 11.2.1.i. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)	X	
11.2.1.ii. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)	X	
11.2.1.iii. Partners involved in service delivery	X	
11.2.2 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	



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Prompts	State has no update to report (Place an X)	State response
<p>11.2.3 The state is working on other initiatives related to SUD or OUD</p>		<p>Louisiana is continuing to participate in the Shatterproof Quality Measurement System pilot program. The Shatterproof pilot complements the SUD demonstration to improve accessibility and quality of care. The Pilot’s free, online SUD treatment locator (ATLAS) launched in the six pilot states in July of 2020. Included on the ATLAS website is a lay-friendly drug and alcohol use assessment tool to offer possible indicated types/levels of care based upon criteria entered.</p> <p>OBH continues to work on expanding access to MAT via multiple grant awards, targeting expansion of evidence-based prevention, treatment and recovery for persons with opioid use disorder (OUD). The state has implemented the Hub and Spoke model, which has expanded outpatient treatment capacity to serve persons with severe and/or moderate to mild OUD. The state contracted with ten Hubs, which are identified as Opioid Treatment Programs (OTPs), across the state. These Hubs 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. As of DY4 Q1, there are 48 active OBOTs and 2 are in the contracting process.</p> <p>In DY4Q1, Louisiana continues implementation of the Louisiana State Opioid Response Grant 2.0, to expand access to treatment for persons suffering or impacted by the Opioid Epidemic and those with Stimulant Use Disorder. During implementation OBH worked to target new partnerships in an effort to forge relationships that will support targeted efforts to continue combating the opioid epidemic.</p>
<p>11.2.4 The initiatives described above are related to the SUD or OUD demonstration (The state should note similarities and differences from the SUD demonstration)</p>		<p>The Shatterproof initiative works with all addiction treatment facilities, not only those providing Medicaid services.</p>

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Prompts	State has no update to report (Place an X)	State response
<b>12. SUD demonstration evaluation update</b>		
<b>12.1 Narrative information</b>		
12.1.1 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. There are specific requirements per Code of Federal Regulations (CFR) for annual reports. See report template instructions for more details.		A summary of DY4 Q1 evaluation activities is included in the attachment, Tulane_SUD-DY4Q1_Report_20210428.
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		LDH meets regularly with the independent evaluator of Tulane University to identify, clarify and fulfill information requests on deliverables. LDH anticipates expected timelines to be met at this time.
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates		Draft Interim Evaluation Report, Dec 31, 2021 Final Interim Evaluation Report, 60 days after receipt of CMS comments Draft Summative Evaluation Report, June 30, 2024 Final Summative Evaluation Report, 60 days after receipt of CMS comments
<b>13. Other demonstration reporting</b>		
<b>13.1 General reporting requirements</b>		
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	

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Prompts	State has no update to report (Place an X)	State response
13.1.3 Compared to the demonstration design and operational details, the state expects to make the following changes to: 13.1.3.i. The schedule for completing and submitting monitoring reports	X	
13.1.3.ii. The content or completeness of submitted reports and/or future reports	X	
13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation	X	
<b>13.2 Post-award public forum</b>		
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 report.	X	
<b>14. Notable state achievements and/or innovations</b>		
<b>14.1 Narrative information</b>		
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 (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.	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:

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