

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

State	<i>Louisiana</i>
Demonstration name	<i>Healthy Louisiana Substance Use Disorder 1115 Demonstration</i>
Approval period for section 1115 demonstration	<i>February 1, 2018 – December 31, 2022</i>
SUD demonstration start date	<i>February 1, 2018</i>
Implementation date of SUD demonstration, if different from SUD demonstration start date	<i>N/A</i>
SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives	<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"> <i>• Increase enrollee access to and utilization of appropriate OUD/SUD treatment services based on the ASAM Criteria;</i> <i>• Decreased use of medically inappropriate and avoidable high-cost emergency department and hospital services by enrollees with OUD/SUD;</i> <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>
SUD demonstration year and quarter	<i>1115 SUD DY3Q3</i>
Reporting period	<i>07/01/2020 – 09/30/2020</i>

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.

Preliminary guidance on the Mid-Point Assessment, required from STC 23, was sent by CMS at the beginning of the quarter. In DY3 Q3, Louisiana focused its efforts on working with the independent evaluator, Tulane University, to review and discuss information needed for the Mid-Point Assessment and Evaluation.

In late August, CMS hosted a webinar to provide an overview of the upcoming release for the updated monitoring protocol and reports templates, including the technical specifications manual version 3.0. A thorough review of these updated technical specifications started in September, and continued into the next quarter.

Due to the changes in the technical specs v3, and the recent LDH staff deployments for emergencies which occurred in Louisiana, the state is unable to report the Q2 data intended to be submitted with this DY3 Q3 report. CMS advised for Louisiana to submit the Q3 monitoring report without the metrics, and the Q2 data will be submitted with the next monitoring report due at the end of March 2021.

Louisiana processed the data for DY3 Q3 Part-A Report and have provided trend analysis accordingly.

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
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	X		
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.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
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		6-12	<p>During this reporting period, there was a positive deviation for Any SUD Treatment of (3.41%). Levels of care which contributed to this increase was Intensive Outpatient (7.91%), MAT (19.9 %) and withdrawal management (3.20%). Factors that contributed to this increase include the utilization of telehealth during the pandemic and increased access to MAT. In addition, positive trends were observed following the state’s Performance Improvement Project (PIP) with the MCOs to improve rates of initiation and engagement in SUD treatment. In 2020, OBH added a new HEDIS measure to the PIP to improve aftercare following an emergency department visit for SUD-related reason. In addition, the state has implemented trainings, outreach and awareness campaigns to heighten awareness in the community about available services for SUD and OUD.</p> <p>During this period there was a negative deviation for Outpatient Services (10.94%) and Residential (32.63%). Decreases during this quarterly comparison period were attributed to the COVID pandemic which increased fear of accessing treatment services within the congregant environment of residential programs, and higher functioning patients being less willing to risk exposure to COVID at a medical or behavioral health outpatient SUD visit during the stay at home order in Louisiana.</p>
2.2 Implementation update			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<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>OBH continues to implement ongoing workforce development initiatives to provide training and education on MAT to physicians and clinicians statewide. Particularly, Louisiana has implemented the Extension for Community Health Outcomes (ECHO) Project, which a virtual online professional development series for educators, University Fellow Programs, physicians, clinicians, BH providers and private practitioners. OBH has 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 supported an Opioid Specify tract to address Evidence Based Practices for OUD in the areas of Prevention, Intervention, Treatment and Recovery. In addition, OBH 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. OBH is also working with the Louisiana State University Health Science Center to expand access to MAT services by partnering with Office Based Opioid Treatment (OBOT) Programs. The goal is to enlist fifty new Data Waivered physicians to provide MAT services.</p>

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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
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	X		
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.i. Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria			OBH successfully implemented 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 complete a comprehensive assessment and the Treatment Needs Questionnaire (TNQ) Form, which guides 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
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 <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		
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.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 conducts monitoring reviews of SUD providers to ensure adherence to standards and guidelines.
4.2.1.iii. Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site			Effective January 1, 2021, on the initial licensing application or the annual licensing renewal application, SUD providers must submit an attestation indicating they will offer MAT services on site or make medications available via linkage to a Data Waivered physician.
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
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	X		
5.2 Implementation update			
5.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients 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		
6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			
6.1 Metric trends			
6.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5	X		
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.i. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD	X		
6.2.1.ii. Expansion of coverage for and access to naloxone	X		

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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			Narrative on previously mentioned performance projects in section 6.2.2 has been moved to section 11.1.1 because the performance improvement projects affect multiple metrics and milestones.
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	X		
7.2 Implementation update			
7.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 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	X		
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 health IT metrics			
8.2 Implementation update			

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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 Compared to the demonstration design and operational details, the state expects to make the following changes to: 8.2.1.i. How health IT is being used to slow down the rate of growth of individuals identified with SUD			
How health IT is being used to treat effectively individuals identified with SUD			
8.2.1.ii. How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD			
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			
8.2.1.iv. Other aspects of the state’s health IT implementation milestones			
8.2.1.v. The timeline for achieving health IT implementation milestones			
8.2.1.vi. Planned activities to increase use and functionality of the state’s prescription drug monitoring program			
8.2.2 The state expects to make other program changes that may affect metrics related to health IT			
9. Other SUD-related metrics			
9.1 Metric trends			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<p>9.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics</p>		<p>23, 24 & 33-35</p>	<p>The rate per thousand increased from 2.69 to 2.82 for metric 23-Emergency Department Utilization over this quarterly comparison period. The 0.13 increase in the rate per 1,000 Medicaid beneficiaries is attributed to intoxication/overdoses due to benzodiazepines, cocaine and other stimulants, alcohol and other substances leading to an increased rate per thousand of ED visits for substance use disorders.</p> <p>The rate per thousand decreased from 1.78 to 1.71 for metric 24-Inpatient Stays for SUD over this quarterly comparison period. The 0.07 rate per thousand decrease is attributed to fewer people being willing to access inpatient withdrawal management services due to the Louisiana stay at home order from March 22, 2020 to May 15, 2020 and fear of infection related to the COVID pandemic.</p> <p>Metrics 33, 34, and 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 no critical incidents reported last quarter compared to 1 critical incident this quarter. Additionally, there were no changes in the number of appeals or grievances from last quarter compared to this quarter.</p>
<p>9.2 Implementation update</p>			

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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-		24, 26, & 32	OBH 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
10. Budget neutrality		
10.1 Current status and analysis		
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.		
10.2 Implementation update		
10.2.1 The state expects to make other program changes that may affect budget neutrality		

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Prompts	State has no update to report (Place an X)	State response
11. SUD-related demonstration operations and policy		
11.1 Considerations		
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.		The State resumed SUD-related performance improvement projects in Q3 2020 that affect multiple metrics and milestones. The extent of the COVID-19 pandemic’s impact on the performance improvement projects and many of the 1115 metrics/milestones is undetermined at this time.
11.2 Implementation update		
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 one of six states participating 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 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 currently implementing a 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 this date, OBH has created 48 of the 50 Spokes across the state, to treat the under and uninsured population.</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 addition 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
12. SUD demonstration evaluation update		
12.1 Narrative information		
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 DY3 Q3 evaluation activities was submitted as attachment, Tulane_SUD-DY3Q3_Quarterly_Report_20201125, with the original Part-B Narrative submission, on 11/25/2020.
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 our independent evaluator, 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
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	

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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	
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 report.	X	
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 (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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