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

| **State** |   | *Louisiana* |
| --- | --- | --- |
| **Demonstration name**  |   | *Healthy Louisiana Substance Use Disorder 1115 Demonstration* |
| **Approval period for section 1115 demonstration** |  | *February 1, 2018 – December 31, 2022* |
| **SUD demonstration start date** |  | *February 1, 2018* |
| **Implementation date of SUD demonstration, if different from SUD demonstration start date** |  | *N/A*  |
| **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 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.**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; Reduce readmission rates for OUD/SUD treatment.*
 |
| **SUD demonstration year and quarter** |  | *1115 SUD DY4 Q3* |
| **Reporting period** |  | *7/01/2021 – 9/30/2021*  |

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 DY4 Q3, the state increased activities related to the upcoming submission of the 1115 extension application, which is due to CMS prior to December 31, 2021. In particular, the state finalized steps for compliance with the transparency requirements and public notice period. The state continued to coordinate with the independent evaluator regarding the Interim Evaluation, including discussion and review of timelines, data, and outcomes.

Due to requests related to the 1115 metrics technical specifications and methodologies, CMS granted an extension to the state for this DY4 Q3 monitoring report. The extended deadline allowed the state to make necessary changes to the 1115 data pull logic, which resulted in large increases in Q2 data compared to Q1.

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 |   | 23 | During this reporting period for metric 2, Medicaid beneficiaries with Newly Initiated SUD Treatment/Diagnosis, the numerator increased by 662 recipients for a 11.21% increase. Factors contributing to this increase in percent change is the result of data pull logic modifications related to date of service used for inclusion in reporting period.During this reporting period for metric 3, Medicaid beneficiaries with SUD Diagnosis, the numerator increased by 5081 recipients for a 6.74% increase. Factors contributing to this increase in percent change is the result of data pull logic modifications related to date of service used for inclusion in reporting period. |
| **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. The target population(s) of the demonstration
 | X |  |  |
| 1. 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 |  |  |
| **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 | Metric 6 - Any SUD Tx - During this reporting period for metric 6 the numerator increased by 1600 recipients for a 7.06% increase. Factors contributing to this increase in percent change is the result of data pull logic modifications related to date of service used for inclusion in reporting period.Metric 7 – 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 100%, there were only 5 additional people that received 0.5 services versus three people last quarter. Metric 8 – For outpatient services during this quarter, there was an increase of 3113 members corresponding to a 45.29% percent of change. The increase seen in percent change is the result of data pull logic modifications related to our same provider deviation, priority assignment for metrics 7-12, and data of service used for inclusion in reporting period. Metric 11 – For Withdrawal Management services, the numerator increased by 75 recipients for a 7.72% percent of change increase. This increase in percent change is the result of data pull logic modifications related to our same provider deviation, priority assignment for metrics 7-12, and data of service used for inclusion in reporting period. |
| **2.2 Implementation update** |
| 2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 1. 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)
 |   |   | In DY4 Q3, despite the COVID pandemic, OBH continued to implement ongoing workforce development initiatives to provide virtual training and education on Medications for Opioid Use Disorder (MOUD) 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 MOUD and associated stigma, which was held July 25-28th , 2021. OBH is currently participating on the LASACT planning committee for fiscal year 2022 conference and will identify presenters and evidence-based training topics in the areas of opioid use prevention, intervention, treatment and recovery. 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 MOUD, Narcan distribution and Screening, Brief Intervention and Referral to MOUD specialty treatment services. Due to COVID, these programs temporarily suspended their boots on the ground framework due to the Governor’s stay at home order; however, teams implemented other virtual techniques to disseminate information, such as social media.OBH has continued efforts and partnerships with Louisiana State University Health Science Center to expand access to MOUD services with Office Based Opioid Treatment (OBOT) Programs. For the LaSOR 1.0 grant, the goal is to enlist fifty (50) new Data Waivered prescribers to provide MOUD services by September 2021. During DY4 Q3, there were 49 contracted OBOTs, LaSOR 1.0 ended September 29, 2021; however, LaSOR 2.0 has been operable since  |
| 1. 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 |   |   |
| **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: 1. Planned activities to improve providers’ use of evidence-based, SUD-specific placement criteria
 |   |   | In DY4 Q3, OBH continued implementation of the specialized Hub and Spoke Model to expand capacity of MOUD 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 MOUD 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. |
| 1. 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 |   |   |
| **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: 1. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards
 | X |  |  |
| 1. 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. |
| 1. 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 |  |  |
| **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 |  | 23 | The rate per thousand increased from 2.47 to 2.91 for metric 23-Emergency Department Utilization over this quarterly comparison period.  The 0.44% increase in the rate per 1,000 Medicaid beneficiaries. Factors contributing to this increase in percent change is the result of data pull logic modifications related to our same provider deviation and date of service used for inclusion in reporting period. |
| **6.2 Implementation update** |
| 6.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 1. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD
 | X |   |   |
| 1. Expansion of coverage for and access to naloxone
 | X |   |   |
| 6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5 | X |   |  |
| **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 |   |  | 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. |
| **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 |   | Q1Q2 | Q1 – Percentage of eligible physicians with active access privileges to the PMP.From last quarter (DY4Q2), this metric has increased by 2.6%. We will continue monitoring this trend moving forward.Q2 - Number of ERs providing ADT information to the state.Updated data for measure Q2 provided by the Louisiana Healthcare Quality Forum indicated an increase in the number of active ADT feeds. They are reporting 92 active feeds which represents a 61% increase over the number of feeds reported for the prior quarter. |
| **8.2 Implementation update** |
| 8.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 1. How health IT is being used to slow down the rate of growth of individuals identified with SUD
 | X |   | Note: A general update on the Health IT Plan and data for DY4 (Q3) is included in LA\_SUDHIT-DY4Q3\_Report\_Part-A1\_20220225 and LA\_SUDHIT-DY4Q3\_Report\_Part-A2\_20220225. Additionally, the uploaded LA\_SUD-DY4Q3\_Report\_Part-A\_20220225 includes data for the HIT metrics. |
| How health IT is being used to treat effectively individuals identified with SUD | X |   |   |
| 1. How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD
 | X |   |   |
| 1. 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 |   |   |
| 1. Other aspects of the state’s health IT implementation milestones
 | X |   |   |
| 1. The timeline for achieving health IT implementation milestones
 | X |   |   |
| 1. 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 |   |   |
| **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 |   | 2433-35 | The rate per thousand increased from 1.50 to 2.08 for metric 24-Inpatient Stays for SUD over this quarterly comparison period.  Factors contributing to the 0.58 rate per thousand increase is the result of data pull logic modifications related to our same provider deviation and date of service used for inclusion in reporting period.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 2 appeals last quarter compared to 8 this quarter. There was 0 critical incidents last quarter compared to 1 this quarter. All grievances, appeals, and critical incidents were addressed within the appropriate timelines. |
| **9.2 Implementation update** |
| 9.2.1 The state expects to make other program changes that may affect metrics related to other SUD-related metrics~~.~~ | X |  |  |

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. |  | The Budget Neutrality Template uploaded to PMDA (LA\_SUD-DY4Q3\_Report\_Part-C\_20211129 incorporates data collected from the beginning of the 1115 SUD Demonstration period.LDH is still awaiting CMS approval of the January 1, 2021 MCO capitation rates: therefore, we have not processed any member-level Healthy Louisiana data with dates of service in 2021. Once catch-up processing of the monthly PMPMs begins, the IMD SUD process run by our fiscal intermediary, Gainwell, will identify IMD and SUD members and recoup any previously paid PMPMs for these members before making the new payment. |
| **10.2 Implementation update** |
| 10.2.1 The state expects to make other program changes that may affect budget neutrality | X |  |
| **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. |   | 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. |
| **11.2 Implementation update** |
| 11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 1. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)
 | X |  |
| 1. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)
 | X |  |
| 1. 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 |  |
| 11.2.3 The state is working on other initiatives related to SUD or OUD |  | During DY4 Q3, 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. 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. During this period resource push cards were developed and distributed to stakeholders, providers, families and the community to increase awareness and access to care statewide.In addition, OBH continues to work on expanding access to MOUD 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 Q2, there are 49 active OBOTs. As of September 29, 2021, LaSOR 1.0 ended. OBH is now in progress with LaSOR 2.0. In DY4 Q3, 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. OBH will sustain initiatives that were developed in LaSOR 1.0 but also added some new components to expand access to SUD/OUD prevention, treatment and recovery services. To name a few, OBH will partner with Higher Education, FQHC’s, jails and harm reduction programs, including targeting pregnant women.  |
| 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) |  | The Shatterproof initiative works with all addiction treatment facilities, not only those providing Medicaid services. |
| **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 DY4 Q3 evaluation activities is included in the attachment, Tulane\_SUD-DY4Q3\_Report\_20211109. |
| 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.  |
| 12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates |   | Draft Interim Evaluation Report, Dec 31, 2021Final Interim Evaluation Report, 60 days after receipt of CMS commentsDraft Summative Evaluation Report, June 30, 2024Final 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 |   |
| 13.1.3 Compared to the demonstration design and operational details, the state expects to make the following changes to: 1. The schedule for completing and submitting monitoring reports
 | X |  |
| 1. 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. |  | On July 1, 2021, Louisiana marked five years since expanding Medicaid coverage for the hard-working poor across the state. To date, more than 600,000 citizens are benefitting from access to quality healthcare that many otherwise have never been able to afford. |

\*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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