

Heroin & Opioid Crisis Interagency Survey

Heroin and Opioid Crisis Interagency Coordination Survey

During the 2017 Regular Legislative Session, Act 88 established the Advisory Council on Heroin and Opioid Prevention and Education (HOPE). The Council's purpose is to create an Interagency Heroin and Opioid Coordination Plan, coordinate parish-level data on opioid overdoses and usage of overdose-reversal medication (Naloxone), and coordinate a central online location to disseminate information and resources, including the Interagency Heroin and Opioid Coordination Plan. Two sub-committees were formed to address this body of work: a Data Workgroup, and an Interagency Coordination Plan Workgroup.

The objective of the Interagency Coordination Plan Workgroup is to coordinate and organize existing initiatives and resources to assist in developing a statewide coordination plan. We are asking for your participation in this survey so we may gather information on heroin and opioid initiatives taking place within your organization **since July 1, 2016 (State Fiscal Year 2017)** and the impacts of these initiatives. We request a response to this survey by **close-of-business on April 5th, 2018**. Please send completed survey responses to Brad Wellons with the Office of Behavioral Health at brad.wellons@la.gov

Feel free to share this survey with other agencies, organizations or departments, as well. Thank you for your time, and we look forward to your response.

Organization Information

<u>Louisiana Department of Health</u>	<u>Medicaid</u>
Agency/Organization	Office/Subdivision
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Agency/Organization Mission

1. What is your agency's (or organization's) mission?

The mission of the Bureau of Health Services Financing (BHSF), which administers Medicaid in Louisiana, is to respond to the health needs of Louisiana's citizens by developing, implementing and enforcing administrative and programmatic policy with respect to eligibility, licensure, reimbursement and monitoring of health care services, in compliance with federal and state laws and regulations.

2. How does addressing the opioid crisis impact your mission?

Addressing the opioid crisis is one of the ways that Medicaid is responding to the health needs of Louisiana's citizens. Through the development and implementation of new policies to address the crisis, Medicaid is working to reduce the state's opioid utilization by limiting the amount of opioids that are provided through the Medicaid program and to effectively treat opioid dependence in order to reduce readmissions. Medicaid's opioid quantity limit initiatives align with evidence-based prescribing and treatment practices, which encourages prescribing providers to align as well in order to ensure patient access to appropriate medications utilized during the course of treatment. Additionally, the OUD/SUD 1115 demonstration waiver is designed to overcome traditional barriers and allow access to cost-effective community-based residential treatment services, regardless of length of stay.

Current Initiatives:

3. Identify your agency's (or organization's) initiatives that address the opioid crisis since **July 1, 2016** **(State Fiscal Year 2017)**

Initiative #1

A. Describe initiative:

Various opioid quantity limits in FFS and MCO prescription drug programs:

(1) 5/1/2018 - FFS quantity limits on long-acting opioids: deny claims that exceed the 30-day supply in a rolling 30 day period. Drugs included are long-acting or extended-release dosage forms of hydromorphone, morphine sulfate, morphine sulfate/naltrexone, oxycodone, oxycodone/acetaminophen, oxymorphone, tapentadol, hydrocodone bitartrate, oxycodone myristate, and tramadol. Diagnosis of cancer or palliative care exempts member from these edits; overrides available through a clinical review process.

(2) 5/1/2018 - Restrict use of opioids in conjunction with benzodiazepines: Deny FFS claims for an opioid when there is an active claim for benzodiazepines, and vice-versa. Pharmacist can override the denial when appropriate.

(3) FFS and MCO implementation of morphine milligram equivalent (MME) daily and cumulative limits:

5/1/2017 – implemented educational edit for 120 MME/day limit, cumulative limit of 3600 MME per rolling 30 days.

7/10/2017 – implemented denial edit for 120 MME/day limit.

9/12/2017 – FFS reduced the morphine milligram equivalent (MME) per day limit from 120 to 90.

Diagnosis of cancer or palliative care exempts member from these limits; overrides available through a clinical review process.

(4) 1/10/2017 – FFS implementation of quantity limits for 15-day supply within a 30-day period for patients with acute and chronic pain.

3/22/2017 – MCOs implemented this policy for opioid-naïve patients with acute pain.

7/10/2017 – FFS & MCO implementation of 7-day quantity limits for opioid-naïve patients.

Diagnosis of cancer or palliative care exempts member from these edits; overrides available through a clinical review process.

B. Initiative can be categorized as: (check all that apply)

- Prevention – type of Prevention initiative: Education Awareness Outreach
- Treatment
- Other

C. Current status of this initiative:

1. Start Date: Varies – see description.
2. In Progress: Yes No
3. End Date: n/a

D. Identify the program indicators used to measure the contributions necessary to enable the initiative to be implemented. Indicators may include process and impact. To better understand an indicator, please refer to this link: <https://www.cdc.gov/eval/indicators/index.htm>

- Program Indicator 1: Number of unique recipients filling opioid prescriptions each month.
- Program Indicator 2: Number of opioid prescriptions filled each month.
- Program Indicator 3: Average quantity and average days' supply for each prescription filled, evaluated monthly.
- Program Indicator 4: [Click or tap here to enter text.](#)

E. Target Population of this initiative: (check all that apply)

1. Age: 0-17 18-21 22-45 46 and older
2. Gender: Male Female Other Data not available
3. Geographic Location(s) – Identify the geographic location(s) impacted by your initiative (please check the appropriate type and list the specific region(s) in the text box provided below) :
- Statewide Parish Regional Health Unit Judicial District
- Local Governing Entity (LGE) Region/Human Services District Other geographic region

Individuals with cancer or palliative care services excluded.

F. Identify funding source for this initiative: (check all that apply)

- State general funds Federal grant funds Local/parish funds
- Private/foundation funds Other funds

G. Partnerships: List any other agencies or organizations that you partner with on this prevention or treatment initiative.

- Partnership 1: Monthly calls with BCBS to coordinate across the state because they implemented similar limits shortly after us and did marketing to the public
- Partnership 2: Click or tap here to enter text.
- Partnership 3: Click or tap here to enter text.
- Partnership 4: Click or tap here to enter text.

H. Can you identify any gaps or opportunities for partnerships?

Concern with providers indicating palliative care on all prescriptions to get around edits.

If your agency has no other initiatives, go to question 4, page 18

Initiative #2

A. Describe initiative:

1115 Waiver: Healthy Louisiana Opioid Use Disorder/Substance Use Disorder (OUD/SUD) Demonstration

Under the demonstration, the state has authority to receive FFP for the following services when provided to beneficiaries residing in institutions for mental diseases (IMDs) for short-term stays with durations longer than 15 days: Inpatient Services, Residential Treatment, Clinically Managed Withdrawal, Medically Supervised Withdrawal Management, and Medication Assisted Treatment.

The demonstration permits LDH, through our contracted Medicaid managed care organizations (MCOs), to provide medically necessary mental health and substance use disorder (SUD) services in the most appropriate setting for the member, regardless of length of stay, in a manner that is most cost effective to state and federal taxpayers. Recent Medicaid managed care regulations imposed new limitations and costs on LDH's use of IMDs as alternative settings for state plan behavioral health services. Without this waiver, these regulations would impede access to inpatient and residential mental health and SUD treatment services at a critical time in Louisiana's efforts to implement Medicaid behavioral health reform, and provide SUD treatment to confront Louisiana's opioid epidemic. This waiver supports Louisiana's efforts to divert individuals from repeat, costly behavioral health admissions at general hospitals to more appropriate and cost-effective behavioral health treatment facilities.

The waiver implementation plan also requires the state to ensure access to medicated assisted treatment (MAT) for opioid use disorder in residential provider settings.

B. Initiative can be categorized as: (check all that apply)

Prevention – type of Prevention initiative: Education Awareness Outreach

Treatment

Other

C. Current status of this initiative:

1. Start Date: 2/1/2018

2. In Progress: Yes No
3. End Date: 12/31/2022

D. Identify the program indicators used to measure the contributions necessary to enable the initiative to be implemented. Indicators may include process and impact. To better understand an indicator, please refer to this link: <https://www.cdc.gov/eval/indicators/index.htm>

- Program Indicator 1: Update state plan and provider manual to reflect current services array and requirements.
- Program Indicator 2: Update behavioral health provider manual to clarify that ASAM criteria and levels of care shall be used for each provider’s assessment tool.
- Program Indicator 3: Educate abstinence-based residential providers on benefits of MAT accessibility to begin cultural shift toward acceptance of MAT as a complementary treatment.
- Program Indicator 4: [Click or tap here to enter text.](#)

E. Target Population of this initiative: (check all that apply)

1. Age: 0-17 18-21 22-45 46 and older
2. Gender: Male Female Other Data not available
3. Geographic Location(s) – Identify the geographic location(s) impacted by your initiative (please check the appropriate type and list the specific region(s) in the text box provided below) :
- Statewide Parish Regional Health Unit Judicial District
- Local Governing Entity (LGE) Region/Human Services District Other geographic region

Age 21-64

F. Identify funding source for this initiative: (check all that apply)

- State general funds Federal grant funds Local/parish funds
- Private/foundation funds Other funds

G. Partnerships: List any other agencies or organizations that you partner with on this prevention or treatment initiative.

- Partnership 1: Office of Behavioral Health
- Partnership 2: Click or tap here to enter text.
- Partnership 3: Click or tap here to enter text.
- Partnership 4: Click or tap here to enter text.

H. Can you identify any gaps or opportunities for partnerships?

Click or tap here to enter text.

If your agency has no other initiatives, go to question 4, page 18

Initiative #3

A. Describe initiative:

Allow Medicaid reimbursement for prescriptions filled in accordance with the standing naloxone order.

B. Initiative can be categorized as: (check all that apply)

- Prevention – type of Prevention initiative: Education Awareness Outreach
- Treatment
- Other

C. Current status of this initiative:

1. Start Date: 1/23/2017
2. In Progress: Yes No
3. End Date: 1/8/2019

D. Identify the program indicators used to measure the contributions necessary to enable the initiative to be implemented. Indicators may include process and impact. To better understand an indicator, please refer to this link: <https://www.cdc.gov/eval/indicators/index.htm>

- Program Indicator 1: Number of naloxone prescriptions filled as a result of the standing order.
- Program Indicator 2: Click or tap here to enter text.
- Program Indicator 3: Click or tap here to enter text.
- Program Indicator 4: Click or tap here to enter text.

E. Target Population of this initiative: (check all that apply)

1. Age: 0-17 18-21 22-45 46 and older
2. Gender: Male Female Other Data not available
3. Geographic Location(s) – Identify the geographic location(s) impacted by your initiative (please check the appropriate type and list the specific region(s) in the text box provided below) :
- Statewide Parish Regional Health Unit Judicial District
- Local Governing Entity (LGE) Region/Human Services District Other geographic region

Click or tap here to enter text.

F. Identify funding source for this initiative: (check all that apply)

- State general funds Federal grant funds Local/parish funds
- Private/foundation funds Other funds

G. Partnerships: List any other agencies or organizations that you partner with on this prevention or treatment initiative.

- Partnership 1: Click or tap here to enter text.
- Partnership 2: Click or tap here to enter text.
- Partnership 3: Click or tap here to enter text.
- Partnership 4: Click or tap here to enter text.

H. Can you identify any gaps or opportunities for partnerships?

Click or tap here to enter text.

If your agency has no other initiatives, go to question 4, page 18

Initiative #4

A. Describe initiative:

Click or tap here to enter text.

B. Initiative can be categorized as: (check all that apply)

- Prevention – type of Prevention initiative: Education Awareness Outreach
- Treatment
- Other

C. Current status of this initiative:

1. **Start Date:** Click or tap here to enter text.
2. **In Progress:** Yes No
3. **End Date:** Click or tap here to enter text.

D. Identify the program indicators used to measure the contributions necessary to enable the initiative to be implemented. Indicators may include process and impact. To better understand an indicator, please refer to this link: <https://www.cdc.gov/eval/indicators/index.htm>

- Program Indicator 1: Click or tap here to enter text.
- Program Indicator 2: Click or tap here to enter text.
- Program Indicator 3: Click or tap here to enter text.
- Program Indicator 4: Click or tap here to enter text.

E. Target Population of this initiative: (check all that apply)

1. Age: 0-17 18-21 22-45 46 and older
2. Gender: Male Female Other Data not available
3. Geographic Location(s) – Identify the geographic location(s) impacted by your initiative (please check the appropriate type and list the specific region(s) in the text box provided below) :
- Statewide Parish Regional Health Unit Judicial District
- Local Governing Entity (LGE) Region/Human Services District Other geographic region

Click or tap here to enter text.

F. Identify funding source for this initiative: (check all that apply)

- State general funds Federal grant funds Local/parish funds
- Private/foundation funds Other funds

G. Partnerships: List any other agencies or organizations that you partner with on this prevention or treatment initiative.

- Partnership 1: Click or tap here to enter text.
- Partnership 2: Click or tap here to enter text.
- Partnership 3: Click or tap here to enter text.
- Partnership 4: Click or tap here to enter text.

H. Can you identify any gaps or opportunities for partnerships?

Click or tap here to enter text.

If your agency has no other initiatives, go to question 4, page 18

Initiative #5

A. Describe initiative:

Click or tap here to enter text.

B. Initiative can be categorized as: (check all that apply)

- Prevention – type of Prevention initiative: Education Awareness Outreach
- Treatment
- Other

C. Current status of this initiative:

1. **Start Date:** Click or tap here to enter text.
2. **In Progress:** Yes No
3. **End Date:** Click or tap here to enter text.

D. Identify the program indicators used to measure the contributions necessary to enable the initiative to be implemented. Indicators may include process and impact. To better understand an indicator, please refer to this link: <https://www.cdc.gov/eval/indicators/index.htm>

- Program Indicator 1: Click or tap here to enter text.
- Program Indicator 2: Click or tap here to enter text.
- Program Indicator 3: Click or tap here to enter text.
- Program Indicator 4: Click or tap here to enter text.

E. Target Population of this initiative: (check all that apply)

1. Age: 0-17 18-21 22-45 46 and older
2. Gender: Male Female Other Data not available
3. Geographic Location(s) – Identify the geographic location(s) impacted by your initiative (please check the appropriate type and list the specific region(s) in the text box provided below) :
- Statewide Parish Regional Health Unit Judicial District
- Local Governing Entity (LGE) Region/Human Services District Other geographic region

Click or tap here to enter text.

F. Identify funding source for this initiative: (check all that apply)

- State general funds Federal grant funds Local/parish funds
- Private/foundation funds Other funds

G. Partnerships: List any other agencies or organizations that you partner with on this prevention or treatment initiative.

- Partnership 1: Click or tap here to enter text.
- Partnership 2: Click or tap here to enter text.
- Partnership 3: Click or tap here to enter text.
- Partnership 4: Click or tap here to enter text.

H. Can you identify any gaps or opportunities for partnerships?

Click or tap here to enter text.

I. If your agency or organization has additional initiatives, please list them here:

Click or tap here to enter text.

Future Opportunities

4. Identify any potential opportunities to partner with other agencies or organizations to expand the scope of your initiatives:

Identify ways to partner with LSBME to enhance prescriber monitoring and corrective action.

Implement quantity limits on liquid opioids. Will require DUR board approval and further study ways to standardize implementation across different drugs.

5. What new initiatives would you undertake if funding were available?

Implement a program in which Medicaid reimburses for methadone and “methadone clinic” services, which are used to treat opioid dependence.

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6. Please provide any additional information that you feel necessary to explain or help us understand any of your responses to this survey:

INITIATIVE 2 INPUT INDICATORS, CONTINUED

- 4) Review MCO contract language regarding MAT to determine if changes to the contract are necessary.
- 5) Review provider manual and service description to require access to MAT and any associated provider manual requirements and rate adjustments if needed.
- 6) Require MCOs to update their specialized behavioral health network development and management plan to specifically focus on SUD provider capacity, including MAT.
- 7) Add an indicator if providers are accepting new patients to the quarterly network adequacy reports.
- 8) LDH to assess MAT capacity based on MCO data or independent review.
- 9) Coordinate with stakeholders on establishing required reporting for naloxone administration.
- 10) Coordinate with Board of Pharmacy to create Medicaid access to monitor prescribing practices of opioids under the PMP.
- 11) Work with Board of Pharmacy to track Naloxone distribution under the PMP.

Specific waiver evaluation and monitoring protocols are still under development; however, hypotheses to be tested include:

- 1) Decreased emergency department, outpatient, and inpatient hospital setting utilization.
- 2) Increased rates of initiation and engagement of alcohol and other drug dependence treatment.
- 3) Increased utilization of follow-up after discharge from emergency department for mental health or alcohol or

other drug dependence rates.

4) Reduced readmission rates for treatment.

Thank you for taking the time to fill out this survey. Your input is greatly appreciated. Please remember to save the survey document and send to brad.wellons@la.gov