

**Medicaid Section 1115 Substance Use Disorder Demonstrations  
Monitoring Report Template**

*Note: PRA Disclosure Statement to be added here*

**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<sup>a</sup></b>	<i>February 1, 2018</i>
<b>Implementation date of SUD demonstration, if different from SUD demonstration start date<sup>b</sup></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> </ul> <p><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></p>
<b>SUD demonstration year and quarter</b>	<i>1115 SUD DY5Q3</i>
<b>Reporting period</b>	<i>07/01/2022-09/30/22</i>

<sup>a</sup>**SUD demonstration start date:** For monitoring purposes, CMS defines the start date of the demonstration as the *effective date* listed in the state’s STCs at time of SUD demonstration approval. For example, if the state’s STCs at the time of SUD demonstration approval note that the SUD demonstration is effective January 1, 2020 – December 31, 2025, the state should consider January 1, 2020 to be the start date of the SUD demonstration. Note that the effective date is considered to be the first day the state may begin its SUD demonstration. In many cases, the effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example, CMS may approve an extension request on December 15, 2020, with an effective date of January 1, 2021 for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

<sup>b</sup>**Implementation date of SUD demonstration:** The date the state began claiming or will begin claiming federal financial participation for services provided to individuals in institutions for mental disease.

## 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.

In DY5 Q3, the Louisiana Department of Health (LDH) received comments from CMS on August 12, 2022, on the Interim Evaluation Report originally submitted December 2021. CMS and LDH had a zoom discussion to discuss the feedback from CMS. LDH’s responses and the revised Interim Evaluation will be due October 12, 2022 (in DY5 Q4).

Louisiana’s extension application, submitted to CMS on May 16, 2022, was still pending review by CMS. The application requested authority to continue to operate as currently approved with no changes.

**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	Metric 2 – During this reporting period for metric 2, Medicaid beneficiaries with Newly Initiated SUD Treatment/Diagnosis, the numerator minimally increased by 143 recipients for a 2.34% increase. The Omicron variant continued to decline in Q2 2022, and more members initiated treatment and were diagnosed with an SUD.
<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.a The target population(s) of the demonstration	X		
1.2.1.b 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		

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>			

<p>2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1.</p>		<p>6-12, 22</p>	<p>Metric 6 – For Any SUD Treatment during this quarter, there was an increase of 849 members corresponding to a 3.66% percent of change. The Omicron variant continued to decline in Q2 2022, and more members initiated treatment and entered any level of care.</p> <p>The state designated the metric 6 target to increase for both the annual target and demonstration target at the beginning of the demonstration. According to monthly data trends, this metric continues to not be at risk as it has increased 52.3% from January of 2018 (15,985 members) through June of 2022 (24,308 members).</p> <p>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 negative percent change of 71.43%, there were only 5 fewer people receiving 0.5 (Early Intervention) services versus 5 beneficiaries the previous quarter. However, the data shows a small increase over the course of the demonstration thus far and the metric is not at risk.</p> <p>Metric 8 – During this reporting period for metric 8, Outpatient Services, the numerator increased by 687 recipients for a 6.62% increase. The Omicron variant continued to decline in Q2 2022, and more members initiated outpatient treatment and were diagnosed with an SUD. In addition, telehealth services may have contributed to an increased number of participants treated in the outpatient setting.</p> <p>The state designated the metric 8 target to increase for both the annual target and demonstration target at the beginning of the demonstration. According to monthly data trends, this metric is currently not at risk as it has</p>
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		<p>increased 91.50% from January of 2018 (5,891 members) through June of 2022 (11,281 members).</p> <p>Metric 9 – During this reporting period for metric 9, Intensive Outpatient Services, the numerator increased by 157 recipients for an 8.59% increase. The Omicron variant continued to decline in Q2 2022, and more members initiated intensive outpatient treatment and were diagnosed with an SUD. In addition, telehealth services may have contributed to an increased number of participants treated in the intensive outpatient setting.</p> <p>The state designated the metric 9 target to increase for both the annual target and demonstration target at the beginning of the demonstration. According to monthly data trends, this metric is currently not at risk as it has increased 99% from January of 2018 (1049 members) through June of 2022 (2091 members).</p> <p>Metric 10 – During this reporting period for metric 10, residential and inpatient services, the numerator increased by 248 members by 10.28%. The Omicron variant continued to decline in Q2 2022, and more members initiated residential and inpatient treatment and were diagnosed with an SUD.</p> <p>Metric 11 – During this reporting period for metric 11, withdrawal management, the numerator increased by 111 members corresponding to a 12.60% increase. The Omicron variant continued to decline in Q2 2022, and more members initiated withdrawal management services.</p> <p>The state designated the metric 11 target to increase for both the annual target and demonstration target at the beginning of the demonstration. According to monthly data trends, this metric is currently not at risk as it has</p>
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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>increased 60.43%% from January of 2018 (647 members) through June of 2022 (1038 members).</p> <p>Metric 12 – The state designated the metric 12 target to increase for both the annual target and demonstration target at the beginning of the demonstration. According to monthly data trends, this metric is currently not at risk as it has increased 106.41% from January of 2018 (5430 members) through June of 2022 (11,208 members).</p> <p>Metric 22: The rate increased by 1.95 corresponding to a rate of percentage change of 4.3% for the Continuity of Pharmacotherapy for Opioid Use Disorder (CPO) measure from 2020 to 2021. This increase is attributed to multiple federal grants administered by OBH across Louisiana supporting the induction and continuity of medications for opioid use disorders.</p>
<p><b>2.2 Implementation update</b></p>			

<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.a Planned activities to improve access to SUD treatment services across the continuum of care for Medicaid beneficiaries (e.g., outpatient services, intensive outpatient services, medication-assisted treatment, services in intensive residential and inpatient settings, medically supervised withdrawal management)</p>			<p>In DY5Q3, 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 participated in the 2022 LASACT conference (July 31- August 3, 2022) with identified presenters and evidence-based training topics in the areas of opioid use prevention, intervention, treatment and recovery. OBH and LASACT selected presenters for the prevention, treatment and recovery tracks.</p> <p>In addition, OBH, in partnership with the LGEs 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 were temporarily suspended due to the Governor’s stay at home order; however, teams are continuing to phase in face-to-face community outreach.</p> <p>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. LaSOR 2.0 is operable and has continued to recruit new OBOT providers to expand access to care.</p>
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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>OBH released a Request for Application (RFA) to select two new Opioid Treatment providers in the highest hit opioid overdose areas of the state which are Washington and Terrebonne Parishes. During DY5Q1, Behavioral Health Group was selected in both areas of the state, with an anticipated launching date of June 30, 2022, however, during DY5Q2 there have been construction delays due to hurricanes and the COVID pandemic. The newly established launching date in Terrebonne parish is January 2023. In DY5Q3 the other OTP has been delayed due to the city of Bogalusa’s emergency moratorium preventing the establishment of an OTP. Currently the OTP provider is exploring other location options.</p> <p>Furthermore, during DY5Q1 the Louisiana Department of Health (LDH) Office of Behavioral Health (OBH) selected Behavioral Health Group (Shreveport) and BAART/BayMark (Hammond) to provide 24/7 services. During DY5Q2 OBH started the contracting process with both providers. Contracts for both providers were approved in DY5Q3 and services began in those areas in a phased approach.</p>
<p>2.2.1.b 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</p>	<p>X</p>		
<p>2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1.</p>	<p>X</p>		

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.a Planned activities to improve providers’ use of evidence-based, SUD-specific placement criteria			In DY5Q3, OBH continued implementation of the specialized Hub and Spoke Model in LaSOR 2.0 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.
3.2.1.b 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		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2.	X		

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>			
<p>4.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3.</p> <p>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.</p>	X		
<b>4.2 Implementation update</b>			
<p>4.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <p>4.2.1.a Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards</p>	X		
<p>4.2.1.b Review process for residential treatment providers' compliance with qualifications</p>			OBH requires the MCOs to conduct monitoring reviews of SUD providers to ensure adherence to standards and guidelines on a quarterly basis.
<p>4.2.1.c Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site</p>	X		
<p>4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3.</p>	X		

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.		14	Metric 14 - Metric #14 is an annual metric and an update on status and trends is not readily available. The Medicaid database (pharmacy) tables are missing data from August 2021 forward. The Medicaid Fiscal Intermediary responsible for the database tables will fix the issue and backfill the data. Once the tables are updated, Louisiana will rerun CY 2021 data for SUD metric #13 and #14 and resubmit a revised DY5Q1 workbook.
<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 across the continuum of SUD care.			As mentioned in 2.2.1 above, OBH selected two new Opioid Treatment Program (OTP) providers in the highest hit opioid overdose areas of the state which are Washington and Terrebonne parishes. The launching date in Terrebonne Parish is January 2023. In DY5Q3, the other OTP has been delayed due to the city of Bogalusa’s emergency moratorium preventing the establishment of an OTP. Currently the OTP provider is exploring other location options.  Furthermore, during DY5 Q3, the contracts for the OTP providers in Shreveport (Behavioral Health Group) and Hammond (BAART/BayMark) were approved for delivery of 24/7 services. Services began in those areas in a phased approach.
5.2.2 The state expects to make other program changes that may affect metrics related to Milestone 4.	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)</b>			
<b>6.1 Metric trends</b>			

<p>6.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5.</p>		<p>18, 21, 23</p>	<p>Metric 18: The Use of Opioids in High Doses in People without Cancer measure rate decreased by 0.52 corresponding to a 29.10% rate of percentage change from 2020 to 2021. This large rate of change is partly attributed to the low rates for this metric: 1.80% for MY 2020 and 1.28% for MY 2021. The decrease observed is attributed to multiple state initiatives advocating for or requiring safer opioid prescribing.</p> <p>Metric 21: The Concurrent Use of Opioids and Benzodiazepines measure rate decreased by 2.51 corresponding to a 19.75% rate of percentage change from 2020 to 2021. This continuing decrease is attributed to the safer prescribing education efforts by Louisiana Medicaid, the Healthy Louisiana MCOs, SUD grant-related programs and pharmacist organizations.</p> <p>Metric 23 - The rate per thousand increased from 2.20 to 2.34 for Emergency Department Utilization over this quarterly comparison period. This corresponds to a 6.38% increase in the rate per 1,000 Medicaid beneficiaries. Definitively correlating a substance use disorder as a primary reason for an ED visit is not possible due the metric specifications indicating the capture of any SUD diagnosis at any position on the claim. Therefore, increases or decreases observed in ED visits for this measure may, or may not have been related to a substance use disorder being the primary reason for the ED visit.</p> <p>The state designated the metric 23 target to decrease for both the annual target and demonstration target at the beginning of the demonstration. According to monthly data trends, this metric is stable with quarterly increases and decreases through the timeframe from January of 2018 (2.40 per 1,000 members) through June of 2022 (2.34 per 1000 members). As stated above, definitively correlating a substance use disorder as a primary reason</p>
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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			for an ED visit is not possible due the metric specifications indicating the capture of any SUD diagnosis at any position on the claim. Therefore, the rates observed in ED visits for this measure may, or may not have been related to a substance use disorder being the primary reason for the ED visit.
<b>6.2 Implementation update</b>			
6.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 6.2.1.a Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD	X		
6.2.1.b 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		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)</b>			
<b>7.1 Metric trends</b>			
<p>7.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6.</p>		<p>15, 17(1), 17(2)</p>	<p>Metric 15: Overall, all 8 cohorts of the IET measure remained stable from 2020 to 2021 with two cohorts slightly increasing over 2%. Louisiana is pleased to report all 8 IET cohorts continue to be near or above the 75th QC percentile.</p> <p>Metric 17(1): The 7 day FUA measure rate increased by 1.06 corresponding to a 13.42% rate of percentage change and the 30 day FUA measure rate increased by 1.29 corresponding to a 10.02% rate of percentage change from 2020 to 2021. The increases for the 7 and 30 day rates are attributed to the statewide efforts of our 2021 Healthy Louisiana MCO SUD performance improvement project which included the FUA measure.</p> <p>Metric 17(2): The 7 day FUM measure rate decreased by 3.40 corresponding to a 17.80% rate of percentage change %, and the 30 day FUA measure rate decreased by 4.34 corresponding to a 13.53% rate of percentage change from 2020 to 2021. The COVID pandemic surges during the reporting year likely influenced the decline observed from 2020 to 2021. The state has incorporated this measure in the Behavioral Health Transitions of Care performance improvement project in collaboration with the Healthy LA managed care organizations in an effort to improve the FUM rate and behavioral health-related hospital and ED transitions of care at large.</p>
<b>7.2 Implementation update</b>			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>8. SUD health information technology (health IT)</b>			
<b>8.1 Metric trends</b>			
8.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics.	X		From last quarter (DY5Q2) none of the four HIT metrics have increased or decreased by greater or less than 2%.  All metrics continue to align with our targets.
<b>8.2 Implementation update</b>			
8.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 8.2.1.a How health IT is being used to slow down the rate of growth of individuals identified with SUD			Note: A general update on the Health IT Plan and data for DY5 (Q3) is included in LA_SUDHIT-DY5Q3_Report_Part-A1_20221229 and LA_SUDHIT-DY5Q3_Report_Part-A2_20221229. Additionally, the uploaded LA_SUD-DY5Q3_Report_Part-A_20221229 includes data for the HIT metrics
8.2.1.b How health IT is being used to treat effectively individuals identified with SUD	X		
8.2.1.c How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD	X		
8.2.1.d Other aspects of the state’s plan to develop the health IT infrastructure/capabilities at the state, delivery system, health plan/MCO, and individual provider levels	X		
8.2.1.e Other aspects of the state’s health IT implementation milestones	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.2.1.f The timeline for achieving health IT implementation milestones	X		
8.2.1.g 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>			

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>24, 33-35</p>	<p>Metric 24 - The rate per thousand for metric 24, Inpatient Stays for SUD, increased from 1.74 to 1.79 over this quarterly comparison period. This corresponds to a 2.63% increase in the rate per 1,000 Medicaid beneficiaries. Definitively correlating a substance use disorder as a primary reason for an inpatient stay is not possible due the metrics specifications indicating the capture of any SUD diagnosis at any position on the claim. Therefore, the decrease observed in inpatient stays for this measure may, or may not have been related to a substance use disorder being the primary reason for the inpatient stay.</p> <p>The state designated the metric 24 target to decrease for both the annual target and demonstration target at the beginning of the demonstration. According to monthly data trends, this metric has increased from January of 2018 (1.42 per 1,000 members) through March of 2022 (1.97 per 1000 members). As stated above, definitively correlating a substance use disorder as a primary reason for an inpatient stay is not possible due the metric specifications indicating the capture of any SUD diagnosis at any position on the claim. Therefore, the rates observed in inpatient stays for this measure may, or may not have been related to a substance use disorder being the primary reason for the inpatient stay.</p> <p>Metric 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%. All appeals and critical incidents were addressed within the appropriate timelines.</p>
<p><b>9.2 Implementation update</b></p>			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
9.2.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent 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
<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.		The Budget Neutrality Template uploaded to PMDA (LA_SUD-DY5Q3_Report_Part-C_20221129) incorporates data collected from the beginning of the 1115 SUD Demonstration period.  LDH received CMS approval of the January 1, 2021 MCO capitation rates on January 13, 2022. Our fiscal intermediary has begun processing member-level Healthy Louisiana data with dates of service in 2021. After catch-up processing of the monthly PMPMs occurs, a separate IMD SUD process run by our fiscal intermediary will identify IMD and SUD members and recoup any previously paid PMPMs for these members before making the new payment. We expect to see updated payment information to report for our next budget neutrality quarterly report.  Additionally, please note - no payments are currently being reflected for WY4 on the budget neutrality report due to an error on the CMS 64 report. A prior period adjustment will be completed next quarter and the amount paid in WY4 will be included on the next report.
<b>10.2 Implementation update</b>		
10.2.1 The state expects to make other program changes that may affect budget neutrality.	X	

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 Monitoring Report Instructions for more detail.		During DY5Q3, 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.a How the delivery system operates under the demonstration (e.g., through the managed care system or fee for service)	X	
11.2.1.b Delivery models affecting demonstration participants (e.g., Accountable Care Organizations, Patient Centered Medical Homes)	X	
11.2.1.c Partners involved in service delivery	X	

Prompts	State has no update to report (place an X)	State response
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	

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>During DY5Q3, 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 distributed to stakeholders, providers, families and the community to increase awareness and access to care statewide.</p> <p>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.</p> <p>In DY5Q3, 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. OBH was awarded a No Cost Extension for LaSOR 2.0, extending the end date to September 29, 2023. OBH was also awarded the 2-year LaSOR 3.0 grant which began September 30, 2022. Funding for this grant will used to expand and enhance LaSOR 2.0 initiatives.</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>

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 monitoring report is due to CMS and the timing for the demonstration. There are specific requirements per 42 Code of Federal Regulations (CFR) § 431.428a(10) for annual [monitoring] reports. See Monitoring Report Instructions for more details.		A summary of DY5Q3 evaluation activities is included in the attachment, Tulane_SUD-DY5Q3_Report_20221031.
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.	X	
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates.		Final Interim Evaluation Report submitted to CMS on October 12, 2022, currently pending approval.  Draft Summative Evaluation Report, June 30, 2024  Final Summative Evaluation Report, 60 days after receipt of CMS comments

Prompts	State has no update to report (place an X)	State response
<b>13. Other SUD 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	
13.1.3 Compared to the demonstration design and operational details, the state expects to make the following changes to: 13.1.3.a The schedule for completing and submitting monitoring reports	X	
13.1.3.b The content or completeness of submitted monitoring reports and/or future monitoring reports	X	
13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation.	X	
13.1.5 Provide updates on the results of beneficiary satisfaction surveys, if conducted during the reporting year, including updates on grievances and appeals from beneficiaries, per 42 CFR § 431.428(a)5.	X	

Prompts	State has no update to report (place an X)	State response
<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 monitoring report.	X	

Prompts	State has no update to report (place an X)	State response
<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:  
*Measures IET-AD, FUA-AD, FUM-AD, and AAP [Metrics #15, 17(1), 17(2), and 32] are Healthcare Effectiveness Data and Information Set (HEDIS®) measures that are owned and copyrighted by the National Committee for Quality Assurance (NCQA). HEDIS measures and specifications are not clinical guidelines, do not establish a standard of medical care and have not been tested for all potential applications. The measures and specifications are provided “as is” without warranty of any kind. NCQA makes no representations, warranties or endorsements about the quality of any product, test or protocol identified as numerator compliant or otherwise identified as meeting the requirements of a HEDIS measure or specification. NCQA makes no representations, warranties, or endorsement about the quality of any organization or clinician who uses or reports performance measures and NCQA has no liability to anyone who relies on HEDIS measures or specifications or data reflective of performance under such measures and specifications. The measure specification methodology used by CMS is different from NCQA’s methodology. NCQA has not validated the adjusted measure specifications but has granted CMS permission to adjust. A calculated measure result (a “rate”) from a HEDIS measure that has not been certified via NCQA’s Measure Certification Program, and is based on adjusted HEDIS specifications, may not be called a “HEDIS rate” until it is audited and designated reportable by an NCQA-Certified HEDIS Compliance Auditor. Until such time, such measure rates shall be designated or referred to as “Adjusted, Uncertified, Unaudited HEDIS rates.”*