

Healthy Louisiana Substance Use Disorder 1115 Demonstration Waiver

Renewal Application

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Bureau of Health Services Financing (BHSF)

Office of Behavioral Health (OBH)

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Introduction

The Louisiana Department of Health (LDH) Bureau of Health Services Financing (BHSF) and Office of Behavioral Health (OBH) is requesting a five-year renewal of the Healthy Louisiana Opioid Use Disorder/Substance Use Disorder 1115(a) Demonstration Waiver. The current 1115 waiver was approved for the period of February 1, 2018, through December 31, 2022. With this application, Louisiana is seeking to renew the waiver for the period of January 1, 2023, through December 31, 2027.

The Healthy Louisiana SUD 1115 waiver currently authorizes the state to provide for expenditures for otherwise covered substance use disorder (SUD) treatment and withdrawal management services furnished to eligible individuals who are short-term residents in facilities that meet the definition of an institution for mental disease (IMD). This 1115 renewal application seeks authority to continue to operate as approved with no changes.

Section 1 – Overview of the Louisiana Medicaid Health Delivery System

The mission of the Louisiana Department of Health (LDH) is to develop and provide health and medical services for the prevention of disease for the citizens of Louisiana, particularly those individuals who are indigent and uninsured, persons with mental illness, persons with developmental disabilities and those with addictive disorders. The Bureau of Health Services Financing (BHSF) is the single state Medicaid agency responsible for administering the Medicaid program including eligibility, program operations, financial management and policy implementation and support, and the Office of Behavioral Health (OBH) manages and delivers the services and supports necessary to improve the quality of life for citizens with mental illness and addictive disorders.

Subsection 1.1 – Medicaid Managed Care Program

In February 2012, Louisiana Medicaid initiated its transition from the legacy Fee-for-Service (FFS) program to a managed health care delivery system. The Louisiana Medicaid Managed Care Program is a full risk-bearing health care delivery system designed to provide high quality healthcare services statewide to enrollees in the Louisiana Medicaid Managed Care Program, known as Healthy Louisiana. Specialized behavioral health services were integrated into Healthy Louisiana in 2015.

Most Medicaid enrollees receive their healthcare through the managed care delivery model. The managed care programs use a Per-Member-Per-Month (PMPM) payment model, in which Louisiana Medicaid pays the managed care entities (MCEs) a monthly fee to manage the health needs of the Medicaid population. Managed care providers are paid by the MCEs rather than being paid directly by Louisiana Medicaid. All Medicaid recipients of specialized behavioral health services are enrolled with a managed care entity.

Current federal authority for the Louisiana Medicaid Managed Care Program is contained primarily in Section 1932(a) and Section 1915(b) of the Social Security Act and 42 C.F.R. Part 438. The Louisiana Medicaid Managed Care Program is operated under the authority of a Section 1932(a) State Plan Amendment and a Section 1915(b) waiver. The Louisiana Medicaid Managed Care Program is also impacted by the Section 1115 waiver for substance use disorder services.

Subsection 1.2 - Eligibility

Medicaid provides funding for health care to individuals and families who meet the eligibility criteria established by the state and approved by the Centers for Medicare and Medicaid Services (CMS). All individuals who receive Supplemental Security Income (SSI) are automatically enrolled in Medicaid. In addition, families who receive financial assistance through Louisiana's Temporary Aid to Needy Families (TANF) program, also known as Family Independence Temporary Assistance Program (FITAP), are automatically enrolled in Medicaid.

Individuals who are not automatically eligible may qualify for Medicaid coverage if they meet one of the following:

- Are disabled according to the Social Security Administration's definition;
- Have corrected vision no better than 20/200;
- Are a low-income parent of children under age 19;
- Are a child under age 19;
- Are pregnant;
- Have no insurance and need treatment for breast and/or cervical cancer;

- Receive Medicare coverage and are low-income; or
- Are aged 19 to 64 years old, have a household income less than 138% of the federal poverty level, doesn't already qualify for Medicaid or Medicare, and meet citizenship requirement.

Medicaid eligibility is also based upon the family size and relation of monthly income to the Federal Poverty Level income guidelines. For detailed information, the Medicaid Eligibility Manual is available online at <http://ldh.la.gov/index.cfm/page/1681>.

Subsection 1.3 – Benefits Coverage

The Healthy Louisiana managed care organizations (MCOs) shall provide core benefits and services to Medicaid members. This includes the following list of specialized behavioral health services and practitioners:

- Psychiatrist (all ages)
- Licensed Mental Health Professionals (LMHP)
 - Medical Psychologists
 - Licensed Psychologists
 - Licensed Clinical Social Workers (LCSW)
 - Licensed Professional Counselors (LPC)
 - Licensed Marriage and Family therapists (LMFT)
 - Licensed Addiction Counselors (LAC)
 - Advanced Practice Registered Nurses (must be a nurse practitioner specialist in Adult Psychiatric & mental Health, Family Psychiatric & Mental health, or a Certified Nurse Specialist in Psychosocial, Gerontological Psychiatric Mental Health, Adult Psychiatric & Mental Health, Child Adolescent Mental Health)
- Mental Health Rehabilitation Services
 - Community Psychiatric Support and Treatment (CPST)
 - Community Psychiatric Support and Treatment (CPST), specialized for high-risk populations. This includes:
 - Multi-Systemic Therapy (MST) (under age 21)
 - Functional Family Therapy (FFT) (under age 21)
 - Homebuilders (under age 21)
 - Assertive Community Treatment (limited to 18 years and older)
 - Psychosocial Rehabilitation (PSR)
 - Crisis Intervention
 - Therapeutic Group Homes (under age 21): Therapeutic Group Homes have a non-Medicaid funded room and board component that must be addressed prior to placement.
 - Crisis Stabilization (under age 21)
- Peer Support Services (ages 21 and older), effective February 1, 2021
- Psychiatric Residential Treatment Facilities (under age 21)
- Inpatient hospitalization (age 21 and under; 65 and older) for Behavioral Health Services
- Outpatient and Residential Substance Use Disorder Services in accordance with the American Society of Addiction Medicine (ASAM) levels of care
- Medication-Assisted Treatment (MAT), including Methadone treatment in Opioid Treatment Programs (OTPs)

- Screening for services, including the Coordinated System of Care, may take place while the youth resides in a home and community-based setting and is at risk for hospital levels of care.

Subsection 1.4 – Cost Sharing

Pharmacy copay (cost sharing) is applied uniformly to all pharmacy claims, including mental health or substance use disorder pharmacy claims.

The following pharmacy services are exempt from the copayment requirements:

- Services furnished to pregnant women;
- Emergency services;
- Family planning services; and
- Preventive medications as designated by the US Preventive Services Task Force A and B Recommendations.

The following populations are exempt from copayment requirements:

- Individuals under 21 years of age;
- Individuals living in a long term care facility;
- Individuals receiving hospice care;
- Native Americans;
- Alaskan Eskimos;
- Home and Community Based Waiver recipients; and
- Women whose basis of Medicaid eligibility is breast or cervical cancer.

Cost sharing incurred by all individuals in the Medicaid household shall not exceed an aggregate limit of five (5) percent of the monthly household income.

Section 2 – Healthy Louisiana Opioid Use Disorder/Substance Use Disorder 1115(a) Demonstration

Louisiana received approval of the Healthy Louisiana OUD/SUD 1115 demonstration waiver on February 1, 2018. This waiver opportunity allowed Louisiana to make important changes to the state's SUD system to meet six important milestones, which were described in the approved Implementation Plan Protocol. Louisiana completed the action items from the approved Implementation Plan Protocol within the indicated timelines to fulfill the following milestones requirements:

1. Access to critical levels of care for OUD and other SUDs;
2. Widespread use of evidence-based, SUD-specific patient placement criteria;
3. Use of nationally recognized, evidence-based, SUD program standards to set residential treatment provider qualifications;
4. Sufficient provider capacity at each level of care, including MAT;
5. Implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD; and
6. Improved care coordination and transitions between levels of care.

Louisiana administers its SUD services based on the American Society of Addiction Medicine (ASAM) Patient Placement Criteria. Louisiana continues to offer the full continuum of residential and outpatient

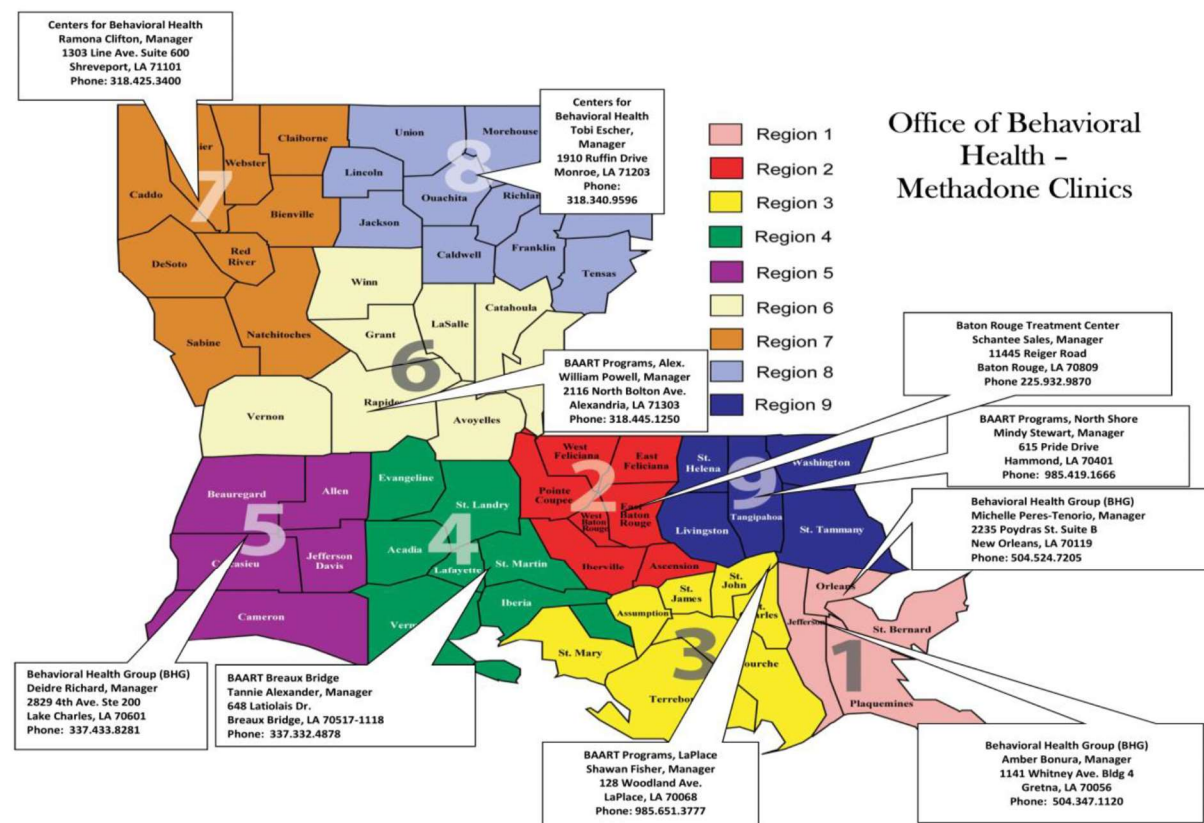
care services set forth by the American Society of Addiction Medicine (ASAM) as included in the Medicaid benefits service array. Two key accomplishments that were realized through the activities of the 1115 waiver were the inclusion of Methadone as a Medicaid covered benefit and the MAT referral requirement on residential providers.

Subsection 2.1 – Methadone and Opioid Treatment Programs (OTPs)

When the 1115 waiver was approved in 2018, Louisiana covered Methadone for the treatment of chronic pain conditions, but not for opioid dependence. Effective January 20, 2020, Methadone was added in the State Plan as an authorized medication for OUD treatment provided by the Opioid Treatment Programs (OTPs). A provider subspecialty code 8V was established for the OTP clinics as sole source providers. Using other states as a model, a bundled rate was developed to reimburse for OTP services. Bundled rates for the OTPs facilitate the practical needs of patient-centered treatment in the administration of MAT to integrate the provision of counseling and medical services. This rate is inclusive of the behavioral health treatment components, physical examinations and laboratory services, and ancillary services offered by the OTPs. Prior to Medicaid coverage, this was a self-pay cash business (or OBH grant funded) for every client.

Louisiana’s landscape consists of 10 existing OTPs with one in each region of the state. Each facility is privately owned and operated serving approximately 3,000 – 4,000 patients per month during the last six (6) years.

Image 1: Methadone Clinics in Louisiana



Subsection 2.2 – Medication-Assisted Treatment (MAT)

Milestone 3, which provided for the use of nationally recognized, evidence-based, SUD program standards to set residential treatment provider qualifications, included the specification that residential treatment facilities offer Medication-Assisted Treatment (MAT) on-site or facilitate access off-site. Louisiana promulgated rules on April 20, 2019, to provide for this mandate on residential facilities. The following language was included in the Medicaid Behavioral Health Provider Manual:

“SUD providers, when clinically appropriate, shall:

- Educate members on the proven effectiveness, benefits and risks of Food and Drug Administration approved MAT options for their SUD;
- Provide on-site MAT or refer to MAT offsite; and
- Document member education, access to MAT and member response in the progress notes.

Residential SUD providers shall provide MAT onsite or facilitate access to MAT offsite which includes coordinating with the member’s health plan for referring to available MAT provider and arranging Medicaid non-emergency medical transportation if other transportation is not available for the patient.”

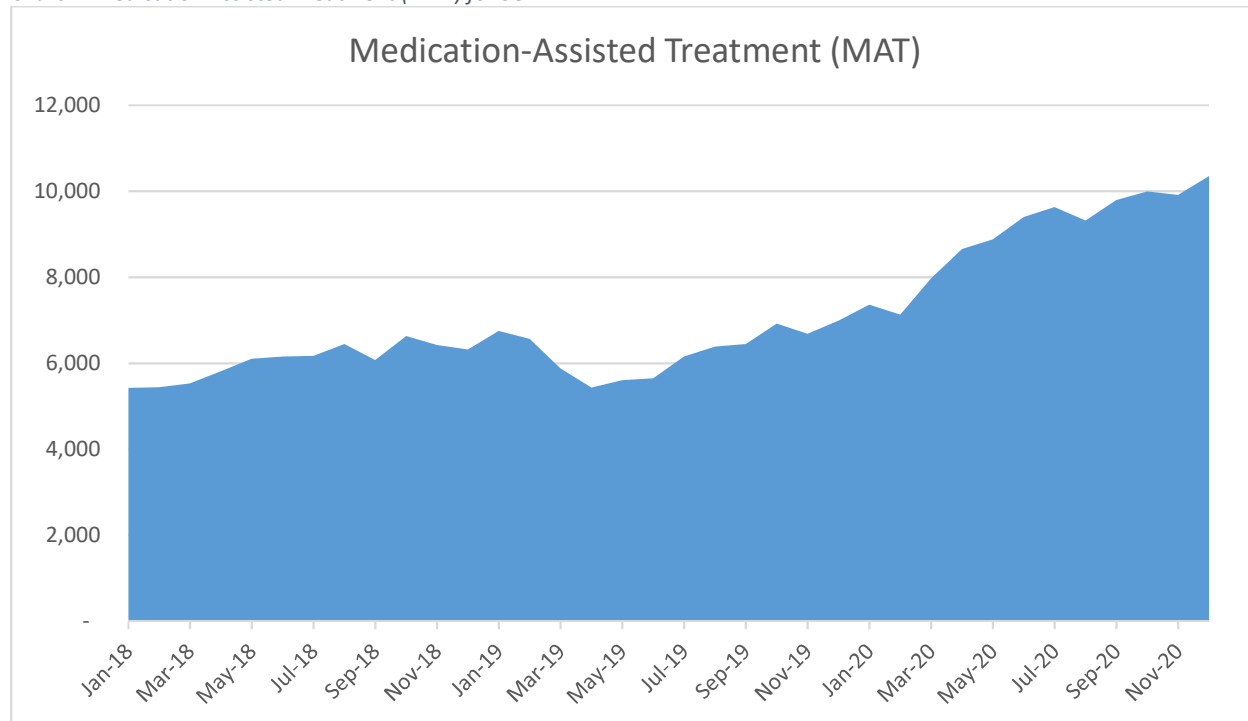
The state has taken measures to increase access to MAT by incorporating language into all behavioral health provider contracts and agreements, whereas providers must provide MAT onsite or initiate a referral to such services, when indicated. This method will ensure that providers move from abstinence based models of care to a no wrong door approach for persons on MAT. The Office of Behavioral Health (OBH) continues to implement 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 Office of Public Health to participate in Symposiums across the state to educate stakeholders and the community on the efficacy of MAT and associated stigma.

In tandem with the 1115 waiver, OBH has worked 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 implementing a Hub and Spoke model. This model is utilizing Louisiana’s current ten opioid treatment programs (OTPs) as the “Hub” and mobilizing Drug Addiction Treatment Act (DATA) Waived Physicians as the “Spokes.”

The chart below shows the number of beneficiaries who have a claim for MAT for SUD during a month measurement period, from January 2018 through December 2020. Data was pulled in accordance with CMS-constructed technical specifications.

Chart 1: Medication Assisted Treatment (MAT) for SUD



Section 3 – Renewal Request

The state is requesting a five-year renewal of the Healthy Louisiana Opioid Use Disorder/Substance Use Disorder 1115(a) Demonstration Waiver for the period of January 1, 2023, through December 31, 2027.

The Healthy Louisiana SUD 1115 waiver currently authorizes the state to provide for expenditures for otherwise covered substance use disorder (SUD) treatment and withdrawal management services furnished to eligible individuals who are short-term residents in facilities that meet the definition of an institution for mental disease (IMD). This 1115 renewal application seeks to extend the expenditure authority to continue to operate as approved with no changes.

Section 4 – Goals, Objectives, and Evaluation

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 Diseases (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 assessment 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; and
- Reduced readmission rates for OUD/SUD treatment.

Subsection 4.1 – Demonstration Goals and Hypotheses

LDH contracted with Tulane University Department of Health Policy and Management as an independent evaluator for purposes of drafting an evaluation design and conducting analyses of the 1115 demonstration waiver. CMS approved Louisiana’s evaluation design in July 2019.

The following goals and hypotheses are proposed for the extension period and are unchanged from the initial demonstration approval.

Table 1: LA Healthy LA 1115 SUD Goals and Hypotheses

Goal	Hypothesis	Example Measure	Data Source
Increase access to evidence-based OUD/SUD care	The demonstration will increase the share of beneficiaries who are treated for OUD/SUD in ways that are consistent with evidence-based care	Share of beneficiaries with an OUD/SUD treated in an IMD	Louisiana Medicaid Claims Data
Increase access to and utilization of medication-assisted treatment (MAT) for OUD/Alcohol Use Disorder (AUD)	The demonstration will increase the use of MAT	Share of those with an OUD/AUD diagnosis who are treated using MAT	Louisiana Medicaid Claims Data; Key informant interviews
Ensure efficient provider capacity at each level of care for OUD/SUD	The demonstration will improve provider capacity	Total number of SUD providers	Louisiana Medicaid Claims Data
Decrease use of medically inappropriate care and reduce reliance on emergency department and hospital services for OUD/SUD treatment	The demonstration will reduce visits to the emergency department and the use of hospital services for the treatment of OUD/SUD	Emergency department visits for OUD/SUD	Louisiana Medicaid Claims Data
Reduce readmission rates for OUD/SUD treatment	The demonstration will reduce hospital readmission rates for OUD/SUD	Readmissions for OUD/SUD	Louisiana Medicaid Claims Data
Increase use of evidence-based OUD/SUD patient placement criteria	The demonstration will increase the use of evidence-based OUD/SUD patient placement criteria	Appropriate placement for OUD/SUD treatment	MCO Monitoring Reports
Increase initiation of follow-up after discharge from the emergency department or hospital for OUD/SUD	The demonstration will increase initiation of follow-up after discharge from the	Follow-up after discharge from the ED for OUD/SUD	Louisiana Medicaid Claims Data

	emergency department or hospital for OUD/SUD		
Increase adherence to and retention in treatment	The demonstration will increase adherence to and retention in treatment	Share of those with an OUD/SUD diagnosis who receive follow-up treatment within 35-60 and 61-90 days after initial episode of care	Louisiana Medicaid Claims Data
Reduce instances of drug overdose and overdose deaths	The demonstration will decrease the rate of drug overdose and the number of drug deaths	Number of non-fatal drug overdoses	Louisiana Medicaid Claims Data and Louisiana Office of Public Health Vital Records

Subsection 4.2 – Interim Evaluation Report

Tulane University Department of Health Policy and Management conducted an Interim Evaluation of the 1115 demonstration waiver in accordance with the CMS-approved evaluation design. The evaluation design used a complex methodological approach which varied for each specific goal and hypothesis.

Tulane concluded that that the “ability to continue OUD/SUD treatment in IMDs in Louisiana, through this Demonstration, appears to have resulted in small but important ways that are consistent with evidence-based care.” However, the Covid-19 pandemic began in March 2020, and the full impact of the pandemic on the various evaluation measures is unknown. A summary of Tulane’s results and findings is provided below, and the full Interim Evaluation Report is included as Appendix 1.

Goal 1.1: Increase access to evidence-based OUD/SUD care.

The number of beneficiaries receiving outpatient and withdrawal management services has not changed, but the number receiving intensive outpatient and partial hospitalization was increasing prior to the demonstration and is still increasing but at a slower rate. The number of beneficiaries receiving residential and inpatient services increased sharply at the start of the waiver but then shows a steady decrease (see Figure 2 in Appendix 1). There is also a sharp decline in the beginning of 2020, which could be caused by the COVID-19 pandemic. Unfortunately, we do not have the data to verify if this is the cause.

Goal 1.2: Increase access to and utilization of medication-assisted treatment (MAT) for OUD/Alcohol Use Disorder (AUD).

The number of beneficiaries with a claim for MAT has been increasing steadily both before and after the intervention, but the rate of increase is greater after the intervention than before. However, we also examined the share of beneficiaries with a claim for MAT and found that it is increasing at a faster rate after the intervention (see Figure 3 in Appendix 1). The number of providers who were enrolled in Medicaid and qualified to deliver SUD services has been steadily increasing at the same rate before and after. Overall, we conclude the demonstration is increasing the use of MAT.

Goal 1.3: Ensure sufficient provider capacity at each level of care for OUD/SUD.

The number of providers has been slowly increasing before and after implementation and the ITS analysis indicates that rate of increase has slowed slightly post implementation (slope change -0.393, $p < 0.05$). We conclude that the demonstration is not yet having a positive impact on provider capacity.

Goal 2.1: Decrease use of medically inappropriate care and reduce reliance on emergency department and hospital services for OUD/SUD treatment.

The ITS analysis shows no change in the number of ED visits per 1,000 beneficiaries. The number of inpatient stays was increasing prior to the intervention and is no longer increasing after the intervention (slope change -0.033, $p < 0.01$) and appears to have leveled off (post-period slope -0.003). These results provide mixed evidence that the demonstration is reducing medically inappropriate care.

Goal 2.2: Reduce readmission rates for OUD/SUD treatment.

ITS analysis indicates that readmissions rates have been slightly increasing before the intervention and that there has been no change post intervention. We conclude that there has been no effect of the demonstration on all-cause readmission rates.

Goal 3.1: Increase initiation of follow-up after discharge from the emergency department or hospital for OUD/SUD.

Quantitatively, we measured this by the percentage of ED visits for beneficiaries aged 18 and older with a principal diagnosis of AOD abuse or dependence who had a follow-up visit for AOD abuse or dependence within 7 and within 30 days of the ED visit (Monitoring metric #17). The ITS analysis showed no change in the initiation of follow-up after discharge. Our qualitative analysis of care coordination has not indicated any differences in care coordination among inpatient facilities. We conclude that the demonstration has not yet had an impact on the rates of follow-up after discharge from the ED or inpatient settings.

Goal 3.2: Increase adherence to and retention in treatment.

Goal 3.2 is more complex than most of the other goals. It consists of two measures—one for initiation and one for engagement—for four different cohorts:

1. Alcohol abuse or dependence
2. Opioid abuse or dependence
3. Other drug abuse or dependence
4. Total AOD abuse or dependence

Overall results indicate there has been no increase in adherence to or retention in treatment across all four cohorts.

Goal 4.1: Reduce instances of drug overdose and overdose deaths.

Both descriptive and ITS analysis indicate there has been no change in the number of drug overdoses.

Section 5 – Quality

The state utilizes its existing systems and review processes to support Eligibility quality control for the Healthy LA and SUD 1115 demonstration. Effective November 13, 2018, Louisiana launched a new Medicaid eligibility and enrollment system that uses advanced technology to ensure that benefits go only to those who meet eligibility and program requirements. The system connects with state and federal databases for real-time verification of citizenship, income, disability and lawful presence in the United States. In addition, it enables consistent enforcement of policy, with timely, automated coverage terminations for non-compliance. A standard operating procedure for secondary review tasks is also employed to support quality control at various stages of eligibility case processing. This includes

supervisor reviews for new eligibility workers to ensure that actions taken align with Medicaid policy and case reviews which review eligibility determinations of both new and established staff to confirm accuracy.

Related to SUD treatment, LDH has initiatives aimed at improving SUD quality of care, including:

- LDH requires the Healthy Louisiana MCOs to conduct routine quality monitoring reviews of SUD providers and facilities to ensure provider adherence to requirements and standards pertaining to overall practice/treatment, coordination of care, member health and welfare, documentation, staffing among other areas.
- Performance improvement projects were developed by the MCOs in collaboration with LDH to improve access to SUD care. Validated HEDIS data from the HEDIS measure associated with this project indicates the average statewide Total Initiation rate increased to above the 90th percentile in 2020 and the average statewide Total Engagement rate is above the 75th percentile for Medicaid plans nationally in MY 2020. The new MCO PIP starting in 2022 includes the HEDIS measure: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA).
- Louisiana's free, online LDH SUD treatment locator, ATLAS, was developed with Shatterproof and six other states and launched in July of 2020. ATLAS has structure and process measures on SUD services offered by facilities and captured by a treatment facility survey. ATLAS offers the opportunity for participating providers to compare services to their peers.

LDH is also required to conduct an annual external quality review (EQR) of the services provided by contracted Medicaid managed care entities (MCEs). LDH contracted with IPRO to assess and report the impact of its Medicaid managed care program, the Healthy Louisiana Program, and each of the participating MCEs on the accessibility, timeliness, and quality of services. The 2021 Aggregate EQRO Report is included as Appendix 2.

Section 6 – Budget Neutrality

The following table includes historical enrollment and expenditure totals from the first three years of the initial demonstration period and projected totals for the extension period. Each year listed in the table below represents twelve months of data collected in the months January through December. Expenditures reported represent the capitation payments paid to the Healthy Louisiana and Dental managed care plans for those receiving qualifying SUD services in IMDs.

Table 2: LA Healthy LA 1115 SUD Historical and Projected Enrollment and Expenditures

	Number of Persons Eligible	Total Expenditures
Initial Waiver Period		
2018	2,008	\$12,744,753
2019	1,942	\$14,291,000
2020	1,944	\$16,109,357
Extension Waiver Period (projected)		
2023	1,944	\$24,030,297
2024	1,944	\$27,457,029
2025	1,944	\$31,372,362
2026	1,944	\$35,846,062

2027	1,944	\$40,957,694
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Note: 2021 actual enrollment and expenditure data not finalized and 2022 data not available.

No changes are projected in enrollment for the extension period and expenditures are trended based on historical experience. Enrollment data from the initial waiver period indicates a leveling off during calendar years 2019 and 2020. Because of this, the state included a flat (0%) trend for enrollment.

The complete Budget Neutrality workbook is included as Appendix 4.

Section 7 – Compliance with Public Notice and Tribal Consultation

Subsection 7.1 – Annual Public Forums

Pursuant to 42 CFR 431.420(c), the Louisiana Department of Health (LDH) held annual post-award public forums to allow the public an opportunity to provide comment and to solicit feedback on the progress of the Healthy Louisiana Substance Use Disorder 1115 Demonstration Waiver. These forums were held on June 28, 2018, December 23, 2019, and December 16, 2020. No members of the public attended the annual public forums held on June 28, 2018, and December 23, 2019, and LDH received no questions or comments from the public. Four members of the public attended the December 16, 2020, forum; however, LDH received no questions or comments.

Most recently, due to COVID 19 restrictions, LDH held its annual public forum virtually via Zoom on December 29, 2021, from 1:00 – 2:00 PM CST. Attendees included seven LDH employees. No one from the public attended this forum, and no questions or comments were received.

Subsection 7.2 – Public Notice

In compliance with 42 CFR Section 431.408

Public Notice – October 2021

On Friday, October 15, 2021, an abbreviated public notice was published in the state’s major newspapers that included a summary description of the demonstration and the location and times of two public hearings. The public notice included an active link to the abbreviated public notice document on the state’s website. Due to COVID-19 and physical distancing guidelines, the public hearings were held via internet and telephone only.

LDH provided a 30-day public notice and comment period from October 29, 2021, to November 28, 2021. On October 29, 2021, the full public notice was published in the state’s major newspapers that included a summary description of the demonstration. A web address to the state’s [1115 SUD website](#) and instructions for requesting a hardcopy document were included in the notice to allow the public to review the demonstration renewal application. The public notice document also provided instructions to the public for submitting written comments.

The first public hearing was hosted in conjunction with the Louisiana Behavioral Health Advisory Council (LBHAC) on Monday, November 1, 2021, 9:00 a.m. to 10:30 a.m. CST. Attendees included subject matter experts from the Office of Behavioral Health (OBH) and Medicaid; representatives from the state education, rehabilitation, criminal justice, housing, and social services agencies; behavioral health advocates; consumers who receive behavioral health services; family members of children with serious emotional disturbances; and representatives of the managed care organizations (MCOs). No questions or comments were received.

The second public hearing was hosted by the Louisiana Department of Health (LDH) on Tuesday, November 16, 2021, from 3:00 p.m. to 4:30 p.m. CST. Attendees included subject matter experts from the Office of Behavioral Health (OBH) and Medicaid, behavioral health providers, and behavioral health advocates. One individual submitted a question regarding peer services, stating “I know that a while back the state was looking for peer support specialist training providers. Will this waiver include opportunities for peer supports/outpatient services?” LDH responded that “[t]he 1115 waiver does not directly address the peer support specialist program” and the individual was connected with the appropriate OBH subject matter expert for additional information.

The State received no written comments during the public comment period.

Public Notice – April 2022

LDH issued a second public notice on April 5, 2022, regarding intent to seek approval from CMS for a renewal of the Healthy Louisiana Substance Use Disorder 1115 Demonstration Waiver program. This notice revised the prior notice issued on October 29, 2021. The revisions included additional detail related to the demonstration’s goals, objectives, hypotheses, health care delivery system, eligibility and cost sharing requirements, expenditure authority, and enrollment and expenditure data.

LDH posted the full public notice, renewal application, and appendices to the [1115 website](#) for public comment from April 6, 2022, through May 6, 2022.

A public hearing was hosted by the Louisiana Department of Health (LDH) on Monday, April 11, 2022, from 2:00 p.m. to 3:00 p.m. CST. Attendees included subject matter experts from the Office of Behavioral Health (OBH) and Medicaid, as well as representatives from the Coalition of Louisiana Addiction Services and Prevention Providers (CLASPP). CLASPP thanked LDH for the work on the 1115 waiver and expressed support for a renewal. No additional questions or comments were received.

OBH also presented to the OBH Kitchen Cabinet on April 18, 2022, and to the Louisiana Behavioral Health Advisory Council (LBHAC) on May 2, 2022, and provided an update on the renewal application and public notice period. The State received no written comments during the public comment period.

Section 7.3 – Tribal Consultation:

In compliance with 42 CFR Section 431.408

On Friday, October 15, 2021, the State sent notification, via electronic mail, to the seven Tribal contacts in Louisiana to inform them of the Healthy Louisiana Substance Use Disorder 1115 Demonstration Waiver renewal. This notification provided a summary description of the demonstration renewal application as well as instructions for sending comments to the State.

The State received no comments from the Tribes.

Louisiana Department of Health

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(225) 342-9500

www.ldh.la.gov



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