

**OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES  
ADMINISTRATION**

**Notice of Public Comment Period for Maternal Opioid Misuse Indiana Initiative (MOMII)  
§1115 Demonstration**

Pursuant to 42 CFR § 431.408, notice is hereby given that the Indiana Family and Social Services Administration (FSSA) will provide the public the opportunity to review and provide input on a proposed new Section 1115 demonstration waiver. This notice provides details about the waiver submission and serves to open the 30-day public comment period, which closes on September 11th, 2020.

In addition to the 30-day public comment period in which the public will be able to provide written comments to the FSSA via US postal service or email, the FSSA will host two virtual hearings in which the public may provide oral comments. Due to COVID-19 social distancing recommendations, these meetings will be virtual only. Visit <https://www.in.gov/fssa/5537.htm> for the most up to date information regarding the public hearings. Hearings will be held as follows:

1. VIRTUAL HEARING

**Tuesday, 08/19/2020, 1pm-2:30pm**

The meeting will be accessible via WebEx and Adobe Connect. To provide oral comments, please join using either WebEx option. To provide written comments, please join with Adobe Connect login. Participants can access the meeting as follows:

WebEx

*Online:*

<https://indiana.webex.com/webappng/sites/indiana/meeting/download/b374fc840f4847e092d7d486a74fdc0fsiteurl=indiana&MTID=m4c9c0a8c466182bff7ace1c94f3b486a>

    Password: X2h4qMRUnm3

*Call-in:* Dial: 1-240-454-0887; Meeting ID (access code): 160 902 4572

**To provide written comments, please join with Adobe Connect:**

Adobe Connect: <https://Indiana.AdobeConnect.com/hearing>. Participants will sign in as a guest using their name.

2. VIRTUAL HEARING

**Friday, 08/21/2020, 10am-11:30am**

The meeting will be accessible via WebEx and Adobe Connect. To provide oral comments, please join using either WebEx option. To provide written comments, please join with Adobe Connect login. Participants can access the meeting as follows:

WebEx

*Online:*

<https://indiana.webex.com/webappng/sites/indiana/meeting/download/dc58868ad2e34aeeb29883caa81a4712siteurl=indiana&MTID=m0c611306ecb946a28d40af28f101e646>

Password: yPnJX3cWC73

*Call-in:* Call-in: Dial: 1-240-454-0887; Meeting ID (access code): 160 938 5305

*Adobe Connect:* <https://Indiana.AdobeConnect.com/hearing>. Participants will sign in as a guest using their name.

Prior to finalizing the proposed demonstration, the FSSA will consider all written and verbal public comments received. The comments will be summarized and addressed in the final draft of the demonstration to be submitted to the Centers for Medicare and Medicaid Services (CMS).

## **PROPOSAL SUMMARY**

In December of 2019, the State of Indiana (State) was awarded the opportunity to enter into a Maternal Opioid Misuse (MOM) cooperative agreement with the Centers for Medicare and Medicaid Services (CMS) Center for Medicare and Medicaid Innovation (CMMI). As part of the State's MOM application and agreement with CMMI, frequently referred to as the Maternal Opioid Misuse Indiana Initiative (MOMII), the State proposed extending postpartum Medicaid coverage for women with opioid use disorder (OUD) who initially qualified with income at or below 213% of the federal poverty level (FPL). Indiana currently provides Medicaid coverage for the first 60 days postpartum, as allowed under the Medicaid State Plan. This §1115 demonstration application requests authority from CMS for the State to extend postpartum coverage from 60 days to 365 days for mothers with OUD who initially qualified with income at or below 213% FPL, and maintain continuous eligibility for the mother and baby during the entire postpartum period. These provisions will apply to mothers with OUD who are found eligible and are enrolled as of the date pregnancy ends, even if application is made after the end of pregnancy and eligibility is established retroactively (beginning in the application month or one of the three months prior to the application month). The goal of this proposal is to reduce maternal morbidity and mortality in by providing additional health care access and care coordination support to new mothers with OUD during the entire medically vulnerable postpartum period in conjunction with Indiana's goals under the MOMII.

## **GOALS**

The goals of this demonstration are to:

- 1) Provide additional access to health care and provide enhanced care coordination for MOMII §1115 enrollees following the birth of their child in order to reduce morbidity and mortality.
- 2) Reduce postpartum overdose-related hospitalizations for MOMII §1115 enrollees.

- 3) Increase access to long-acting reversible contraception (LARC), resulting in longer interpregnancy intervals for MOMII §1115 enrollees.
- 4) Increase substance-use (SUD) treatment engagement in the postpartum period.

## ELIGIBILITY

These provisions will apply to mothers with OUD who initially qualified with income at or below 213% FPL and enrolled for any mandatory or optional eligibility group approved for full Medicaid coverage as of the date pregnancy ends, even if application is made after the end of pregnancy and eligibility is established retroactively (the application month or one of the three months prior to the application month). Only the eligibility groups outlined in Table 1 below will *not* be eligible, as they receive limited Medicaid benefits only.

*Table 1: Eligibility Groups Excluded*

Eligibility Group Name	Social Security Act and CFR Citation(s)
Limited Services Available to Certain Aliens	42 CFR §435.139
Qualified Medicare Beneficiaries (QMB)	1902(a)(10)(E)(i); 1905(p)
Specified Low-Income Medicare Beneficiaries (SLMB)	1902(a)(10)(E)(iii)
Qualified Individual (QI)	1902(a)(10)(E)(iv)
Qualified Disabled Working Individual (QDWI)	1902(a)(10)(E)(ii); 1905(s)
Family Planning	1902(a)(10)(A)(ii)(XXI)

## ENROLLMENT & FISCAL PROJECTIONS

The demonstration is projected to enroll 725 enrollees in the first year of the demonstration, with enrollment projected to remain consistent over the course of the demonstration. It is expected to be budget neutral as outlined in the table below.

*Table 2: Without Waiver Total Expenditures*

Without Waiver Total Expenditures						
	DEMONSTRATION YEARS (DY)					TOTAL
	DY 01	DY 02	DY 03	DY 04	DY 05	
<b>Hypo 1: Managed Care</b>	\$781,518	\$1,609,927	\$1,658,225	\$1,707,971	\$1,759,210	\$7,516,851
<b>Hypo 2: Fee-For-Service</b>	\$139,833	\$288,055	\$296,697	\$305,598	\$314,766	\$1,344,948
<b>TOTAL</b>	\$921,350	\$1,897,982	\$1,954,921	\$2,013,569	\$2,073,976	\$8,861,799

Table 3: With Waiver Total Expenditures

With Waiver Total Expenditures						
	DEMONSTRATION YEARS (DY)					TOTAL
	DY 01	DY 02	DY 03	DY 04	DY 05	
<b>Hypo 1: Managed Care</b>	\$781,518	\$1,609,927	\$1,658,225	\$1,707,971	\$1,759,210	\$7,516,851
<b>Hypo 2: Fee-For-Service</b>	\$139,833	\$288,055	\$296,697	\$305,598	\$314,766	\$1,344,948
<b>TOTAL</b>	\$921,350	\$1,897,982	\$1,954,921	\$2,013,569	\$2,073,976	\$8,861,799

Table 4: With and Without Waiver Expenditures Variance

VARIANCE	DY 01	DY 02	DY 03	DY 04	DY 05	TOTAL
E	\$0	\$0	\$0	\$0	\$0	\$0

### **BENEFITS, COST SHARING, AND DELIVERY SYSTEM**

This demonstration does not make any modifications to the Medicaid benefit package. Services to the demonstration enrollees during the enrollment period covered by the demonstration are currently provided via State Plan authority and will continue to be applied in accordance with the State Plan. The demonstration does not propose any modifications to delivery systems. Enrollees may continue with the delivery system in which they are enrolled under the current program for the duration of their eligibility period covered by this demonstration. Those who are enrolled after the pregnancy has ended will prospectively be assigned to receive benefits under the delivery system under which they would have been receiving benefits had they been identified prior to giving birth or during the current 60-day postpartum period. The majority of the demonstration population will continue with their Medicaid MCE, while a small portion of the population eligible for this demonstration will continue with a fee-for-service (FFS) delivery system. This demonstration does not impose cost sharing on demonstration enrollees.

### **HYPOTHESES & EVALUATION**

The FSSA proposes evaluate this demonstration in alignment with all CMS requirements. Below are proposed evaluation hypotheses and objectives:

The objectives of this demonstration are to:

- 1) Provide additional access to health care and provide enhanced care coordination for MOMII §1115 enrollees following the birth of their child in order to reduce morbidity and mortality.
- 2) Reduce postpartum overdose-related hospitalizations for MOMII §1115 enrollees.

- 3) Increase access to long-acting reversible contraception (LARC), resulting in longer interpregnancy intervals for MOMII §1115 enrollees.
- 4) Increase SUD treatment engagement in the postpartum period.

The hypotheses for the demonstration objectives are:

- 1) MOMII §1115 enrollees will have additional access to health care and enhanced care coordination.
- 2) MOMII §1115 enrollees will have reduced morbidity and mortality during the 365-day postpartum period.
- 3) The MOMII §1115 demonstration will reduce postpartum overdose-related hospitalizations.
- 4) The MOMII §1115 demonstration will increase access to LARC and result in longer interpregnancy intervals for MOMII §1115 enrollees.
- 5) The MOMII §1115 demonstration will increase ongoing SUD treatment in the post-partum period.

## **WAIVER & EXPENDITURE AUTHORITY**

The FSSA is requesting the following waivers of the Social Security Act and associated federal regulations and expenditure authorities over the course of the demonstration.

<i>1) Eligibility</i>	Sections 1902(a)(10)(B) and 1902(e)(5) and (6) 42 CFR §435.170 42 CFR §435.4 42 CFR §435.916
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To the extent necessary to allow the State to extend Medicaid eligibility to 12 months, or 365 days, postpartum for individuals with OUD who initially qualified with income at or below 213% of the federal poverty level and would otherwise lose eligibility at 60 days postpartum, and implement continuous eligibility for this population throughout the 365-day postpartum period.

## **REVIEW OF DOCUMENTS & SUBMISSION OF COMMENTS**

All information regarding the submission, including the public notice, the waiver, and other documentation regarding the proposal are available for public review at the FSSA, Office of Medicaid Policy and Planning, 402 W. Washington Street, Room W374, Indianapolis, Indiana 46204. These documents are also available to be viewed online at <https://www.in.gov/fssa/5537.htm>.

Written comments regarding the waiver amendment will be accepted through 5:00 pm on September 11<sup>th</sup>, 2020, and may be sent to the FSSA via mail at 402 West Washington Street, Room W374, Indianapolis, Indiana 46204, Attention: Sara Albertson or via email at [Sara.Albertson@fssa.IN.gov](mailto:Sara.Albertson@fssa.IN.gov).

Jennifer Sullivan, M.D., MPH  
Secretary  
Family and Social Services Administration