Lessons Learned from Medicaid Section 1115 Substance Use Disorder Demonstrations

Provider Capacity and Initiation and Engagement in Treatment

March 6, 2024

12:30 – 2 pm ET / 9:30 – 11 am PT

Webinar Agenda

- Welcome by Jacey Cooper; Director, State Demonstrations Group; CMS
- Introduction
- Overview of federal evaluation efforts and key findings
- State Panel #1: Provider Capacity
  - Panelists from Vermont and Washington
- State Panel #2: Initiation and Engagement in Treatment
  - Panelists from Louisiana, Minnesota, and New Jersey
- Wrap up

Introduction

Presented by:
SiQing Xu, PhD
Health Insurance Specialist
Division of Demonstration Monitoring and Evaluation
State Demonstrations Group
Center for Medicaid and CHIP Services

Medicaid 1115 SUD Demonstration Goals and Milestones

Goals

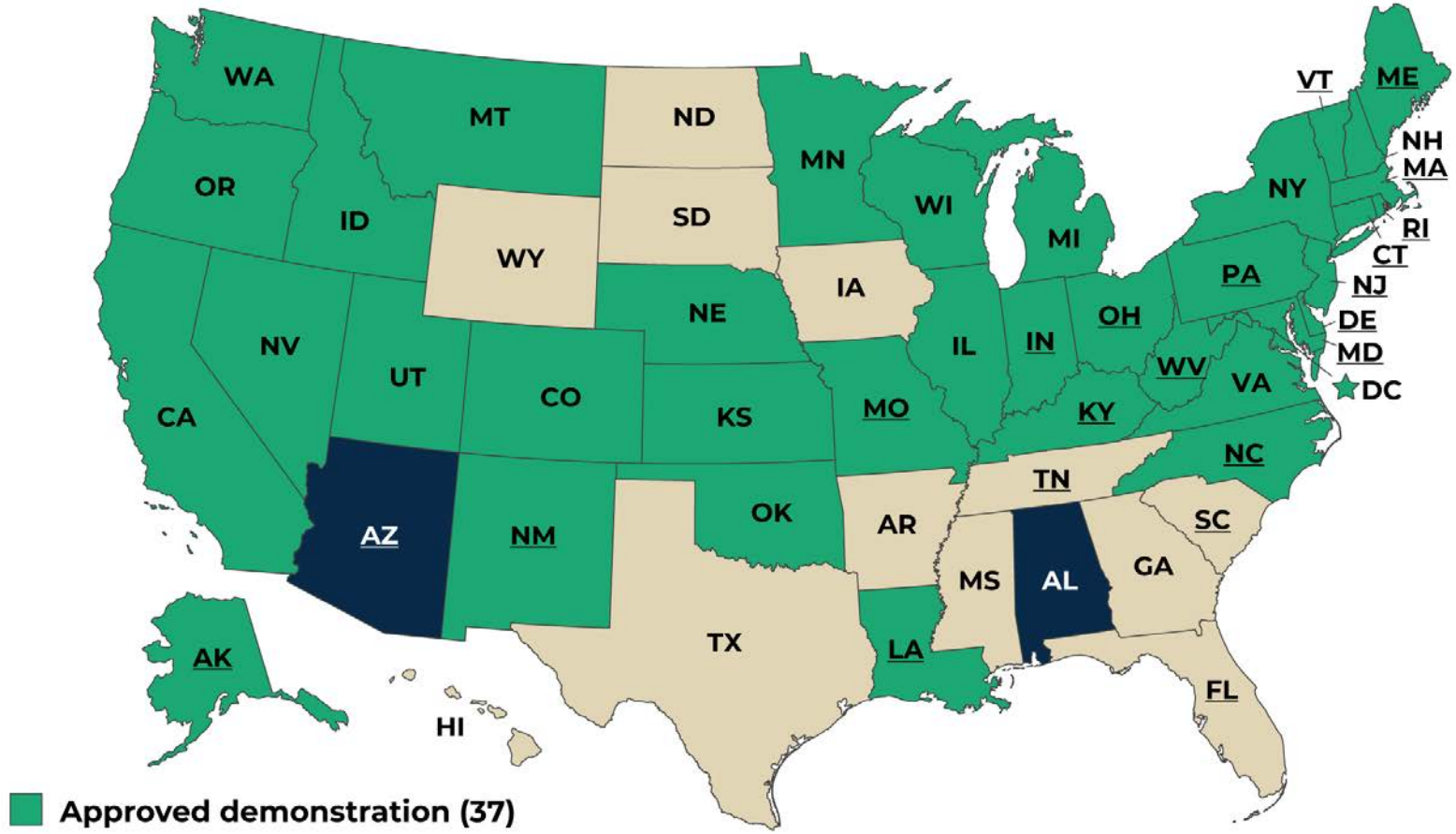
1. Increased rates of identification, initiation, and engagement in treatment
2. Increased adherence to and retention in treatment
3. Reduced overdose deaths
4. Reduced utilization of emergency department (ED) and inpatient hospital settings
5. Reduced readmissions to the same or higher level of care
6. Improved access to care for physical health conditions

Milestones

1. Access to critical levels of care for opioid use disorder (OUD) & other SUDs
2. Use of evidence-based, SUD-specific patient placement criteria
3. Use of nationally recognized SUD-specific program standards for residential treatment facilities
4. Sufficient provider capacity at critical levels of care
5. Implementation of comprehensive treatment and prevention strategies to address opioid abuse and disorders
6. Improved care coordination and transitions between levels of care

Source: State Medicaid Director Letter (SMDL 17-003)
https://www.medicaid.gov/sites/default/files/federal-policy-guidance/downloads/smd17003.pdf

37 States with Approved 1115 SUD Demonstrations as of January 9, 2024



Approved demonstration (37)

Pending application (2)

No application and no approved demonstration (12)

Underlined states: Overdose death rate > 32.4 per 100,000 population

In underlined states, age-adjusted drug overdose death rates were higher than the national average in 2021 (>32.4 per 100,000 population), based on information from the National Center for Health Statistics, accessed at https://www.cdc.gov/nchs/pressroom/sosmap/drug_poisoning_mortality/drug_poisoning.htm.

Overview of Federal Evaluation Efforts and Key Findings

Presented by:
SiQing Xu, PhD
Health Insurance Specialist
Division of Demonstration Monitoring and Evaluation
State Demonstrations Group
Center for Medicaid and CHIP Services

Federal Cross-State Analysis

- **Goal of analysis:** Conduct cross-state analysis to assess monitoring data from states with demonstrations. Objectives include:
  - Understand the extent to which demonstrations are meeting the milestones, goals, and requirements in the State Medicaid Director Letter (SMDL)
  - Focus on cross-state findings to highlight commonalities
- **Data and methods:** Analyze data from state-submitted quarterly monitoring reports. Include relevant narrative with milestone/goal analyses. For metric data analysis:
  - Include data that pass quality checks
  - Conduct regressions on monthly metrics and z-tests on annual metrics
- **Public report:** Cross-State Analysis (includes data submitted through June 1, 2022)

Note: Analyses include data that overlap with the COVID-19 pandemic, thus, results should be interpreted within the context of the pandemic and may not necessarily be representative of a post-pandemic setting.

Federal Meta-Evaluation

- **Goal of analysis:** Integrate a variety of data sources to study the impacts of SUD demonstrations across states. Objectives include:
  - Compare demonstration features and experiences across states to identify factors associated with variation in demonstration impacts across states
  - Inform national policy making and to support scaling up and diffusion of successful demonstration policy experiments
- **Data and methods:**
  - Abstracted narrative data from state reports to identify demonstration features
  - Interviews with state officials on demonstration features, context, and implementation challenges
- **Public reports:**
  - An In-Depth Look Into Pre-demonstration Measures of SUD Need, Treatment Use, Availability, and Outcomes Across States (February 2023)
  - Features of State Approaches to Improve Medicaid SUD Treatment Delivery Systems (February 2023)
  - Implementation Challenges Across States (February 2023)
  - State Experiences Expanding Availability of Medication Assisted Treatment for Patients in Residential Settings (February 2023)

Note: Analyses include data that overlap with the COVID-19 pandemic, thus, results should be interpreted within the context of the pandemic and may not necessarily be representative of a post-pandemic setting.

Key Findings

Provider Capacity

Implementation of Milestone 4 (SUD Provider Availability)

- For **SUD providers per 10,000 adult Medicaid beneficiaries**:
  - **In data as of June 1, 2022**, in 19 states reporting data:*
    - Significantly increased in 3 states
    - Significantly decreased in 9 states
- For **SUD providers per 1,000 Medicaid beneficiaries with a SUD diagnosis**:
  - **In data as of June 2, 2023**, in 17 states reporting data:**
    - Significantly increased in 8 states
    - Significantly decreased in 6 states

Note: Analysis of SUD providers per 10,000 adult Medicaid beneficiaries ([(annual Metric #13/Metric #23 denominator) * 10,000]). Analysis of SUD providers per 1,000 Medicaid beneficiaries with a SUD diagnosis ([(annual Metric #13/Metric #4) * 1,000]). Significant change is noted when difference between the value and the prior-year value is statistically significant ($p < 0.05$) based on z-tests.

* See Cross-State Analysis, Chapter VI.D.

** Analysis not published.

Implementation Challenges Related to SUD Provider Availability and State Strategies to Address Challenges

Challenges

- Lack of knowledge among providers about Medicaid structure, billing, & operational requirements
- Shortages of behavioral health providers, office-based treatment programs, & opioid treatment programs
- Stigma among providers toward MAT
- Lack of knowledge at residential facilities about storing medications & managing beneficiaries prescribed MAT
- Creating reimbursement rates for residential providers inclusive of costs associated with dispensing MAT onsite

Strategies

- Educating providers about Medicaid certification & billing practices
- Communicating early & often with providers to inform reimbursement rates
- Expanding telehealth to address limited access to behavioral health professionals, especially in rural areas
- Conducting outreach about the appropriateness of MAT & convince more providers to become buprenorphine prescribers and Medicaid-certified OBOT providers
- Investing in non-emergency medical transportation to facilitate access to offsite prescribers for residential clients.

N=31 states. Based on interviews conducted from 12/2020 – 7/2021.

Sources: Medicaid Section 1115 Substance Use Disorder (SUD) Demonstrations: State Experiences Expanding Availability of Medication Assisted Treatment for Beneficiaries in Residential Settings; Medicaid Section 1115 Substance Use Disorder (SUD) Demonstrations: Implementation Challenges Across States

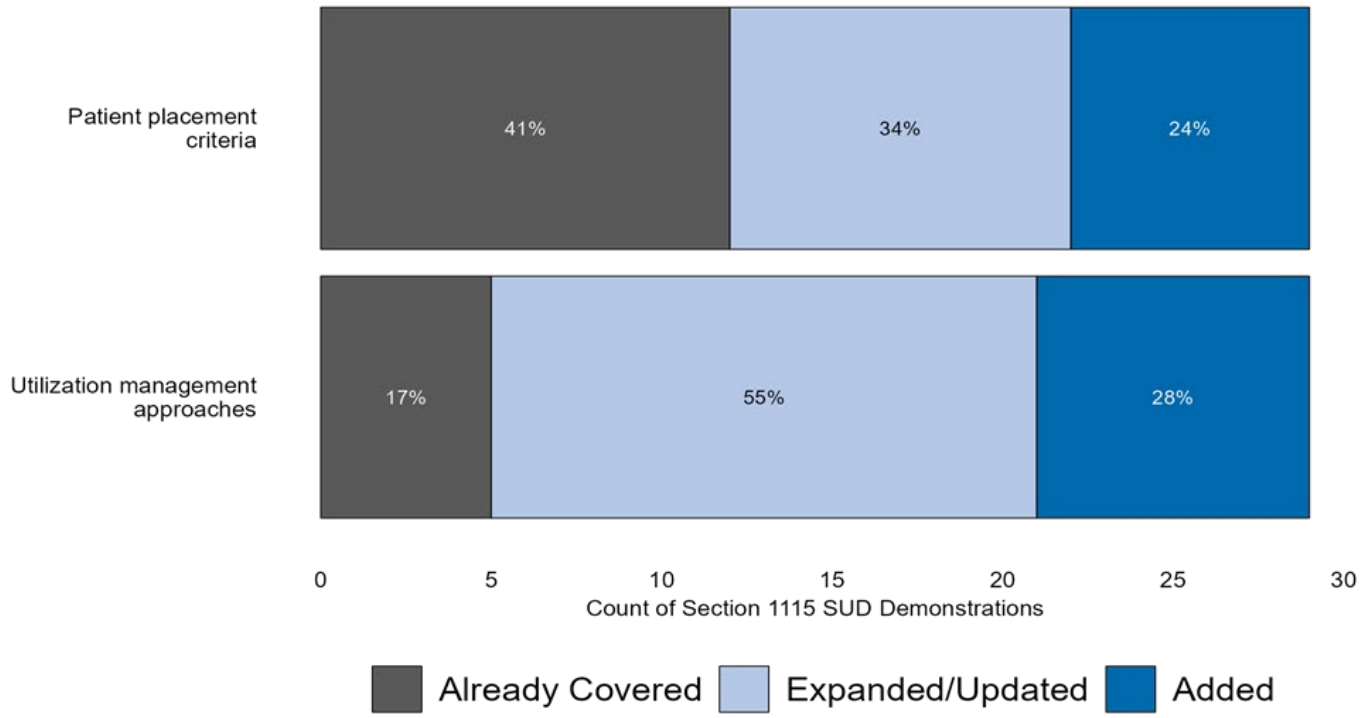
Key Findings

Initiation and Engagement in Treatment

Implementation of Milestone 2 (Patient Placement Criteria)

- 17 states (58%) added or updated their patient placement criteria
- 7 states (24%) adopted nationally recognized, evidence-based criteria for the first time
- 24 states (83%) added or updated their utilization management approaches
- 8 states (28%) implemented SUD-specific utilization management approaches for the first time
- 4 (14%) had both components in place prior to demonstration and made no changes to them

Section 1115 SUD demonstration states that added or updated patient placement criteria and utilization management approaches



N=29. Based on data collected from 2/2020 – 7/2021. Sum of percentages may not total 100 due to rounding.

Source: Medicaid Section 1115 Substance Use Disorder (SUD) Demonstrations: Features of State Approaches to Improve Medicaid SUD Treatment Delivery Systems

Implementation Challenges Related to Patient Placement Criteria and Utilization and State Strategies to Address Challenges

Challenges

- Lack of provider familiarity with evidence-based, SUD-specific patient placement criteria
- Perceived vagueness of criteria and inconsistent application
- Operational challenges associated with utilization review

Strategies

- Provider education and training
- Stakeholder workgroups in which providers could raise concerns about criteria and MCO utilization review process

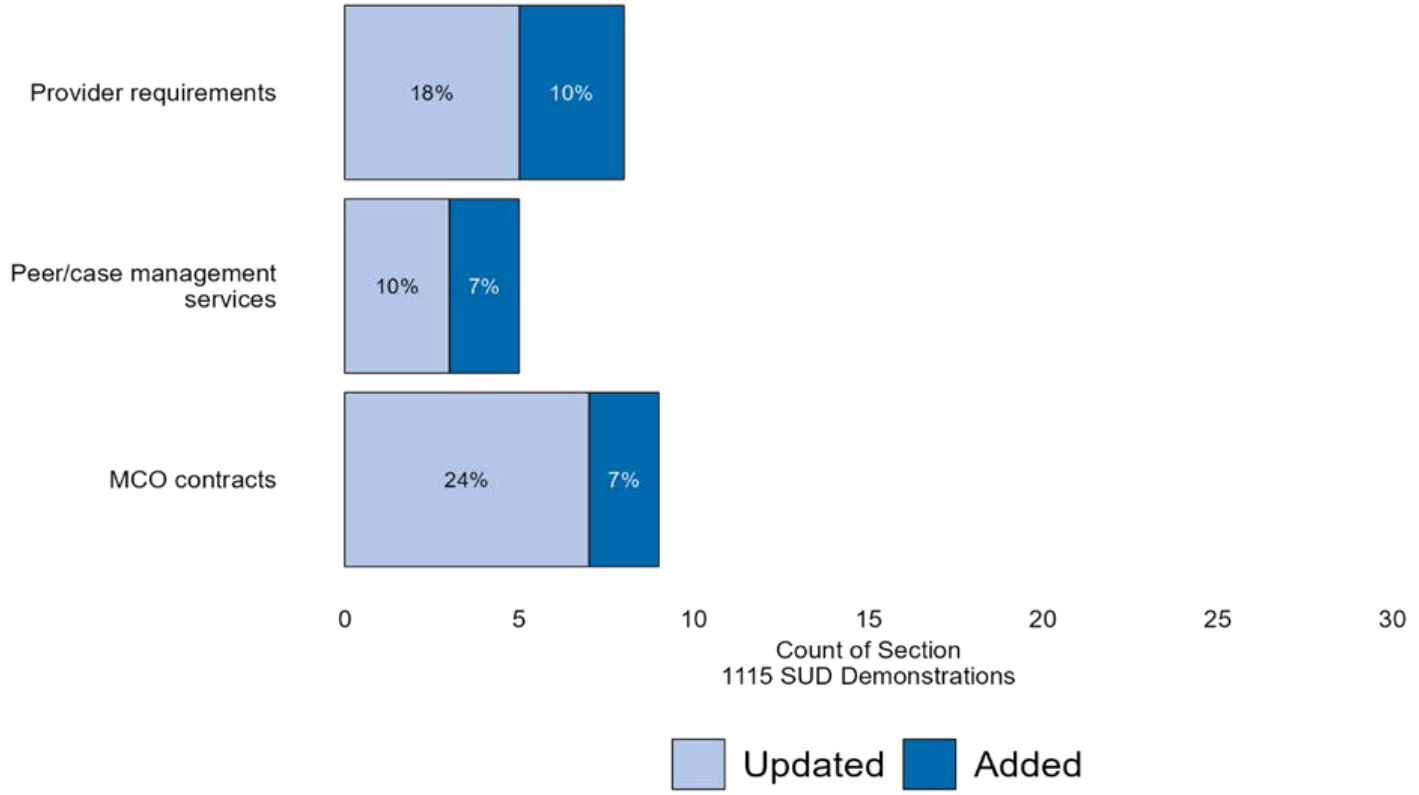
N=31 states. Based on interviews conducted from 12/2020 – 7/2021.

Source: Medicaid Section 1115 Substance Use Disorder (SUD) Demonstrations: Implementation Challenges Across States

Implementation of Milestone 6 (Care Coordination and Transitions)

- 19 states (66%) added or updated their care coordination policies
- 8 (28%) added or updated care coordination requirements for providers
- 5 (17%) added or updated peer support and SUD case management services as a care coordination policy
- 9 (31%) added or updated care coordination requirements in managed care contracts for individuals with SUD
- 10 states (34%) reported that they did not need to make changes to meet the requirements of the milestone

Section 1115 SUD demonstration states that added or updated care coordination policies



N=29. Based on data collected from 2/2020 – 7/2021.
Already covered and *Not covered* are omitted due to incomplete data.

Source: Medicaid Section 1115 Substance Use Disorder (SUD) Demonstrations: Features of State Approaches to Improve Medicaid SUD Treatment Delivery Systems

Implementation of Milestone 6 (Engagement in SUD Treatment)

- For **engagement in SUD treatment among individuals with OUD**:
  - **From CY 2019 to CY 2020**, in 14 states reporting data:*
    - Significantly increased in 5 states
    - Significantly decreased in 2 states
  - **From CY 2020 to CY 2021**, in 18 states reporting data:**
    - Significantly increased in 5 states
    - Significantly decreased in 7 states

Note: Analysis of Engagement of Alcohol or Other Drug (AOD) Abuse or Dependence Treatment within 34 days of initiation visit for OUD diagnosis (annual Metric #15[6]). Significant change is noted when difference between the value and the prior-year value is statistically significant ($p < 0.05$) based on z-tests.

* Based on monitoring data submitted through June 1, 2022. See Cross-State Analysis, Chapter VI.F.

** Based on monitoring data submitted through June 2, 2023. Analysis not published.

Next Steps for Federal Evaluation Efforts

- Cross-state analysis
  - Analysis of states' monitoring reports is ongoing
- Meta-evaluation
  - Forthcoming reports summarizing interviews with managed care and provider organizations in select states about their experiences with SUD demonstration implementation
  - Follow-up interviews with states focused on later implementation experiences and sustainability of efforts
- Additional reports will be posted to Medicaid.gov

Questions?

For any additional questions, please contact danielle.daly@cms.hhs.gov.

State Panel #1: Provider Capacity

Facilitated by:

Kirsten Beronio, JD

Senior Policy Advisor

Center for Medicaid and CHIP Services

Panelists:

- **Tony Folland (Vermont):** Implementing the hub-and-spoke model and recent enhancements to it (for example, new partnerships)
- **Teesha Kirschbaum and Tony Walton (Washington):** Implementing efforts to support workforce development and retention for SUD treatment professionals

Questions for Panelists

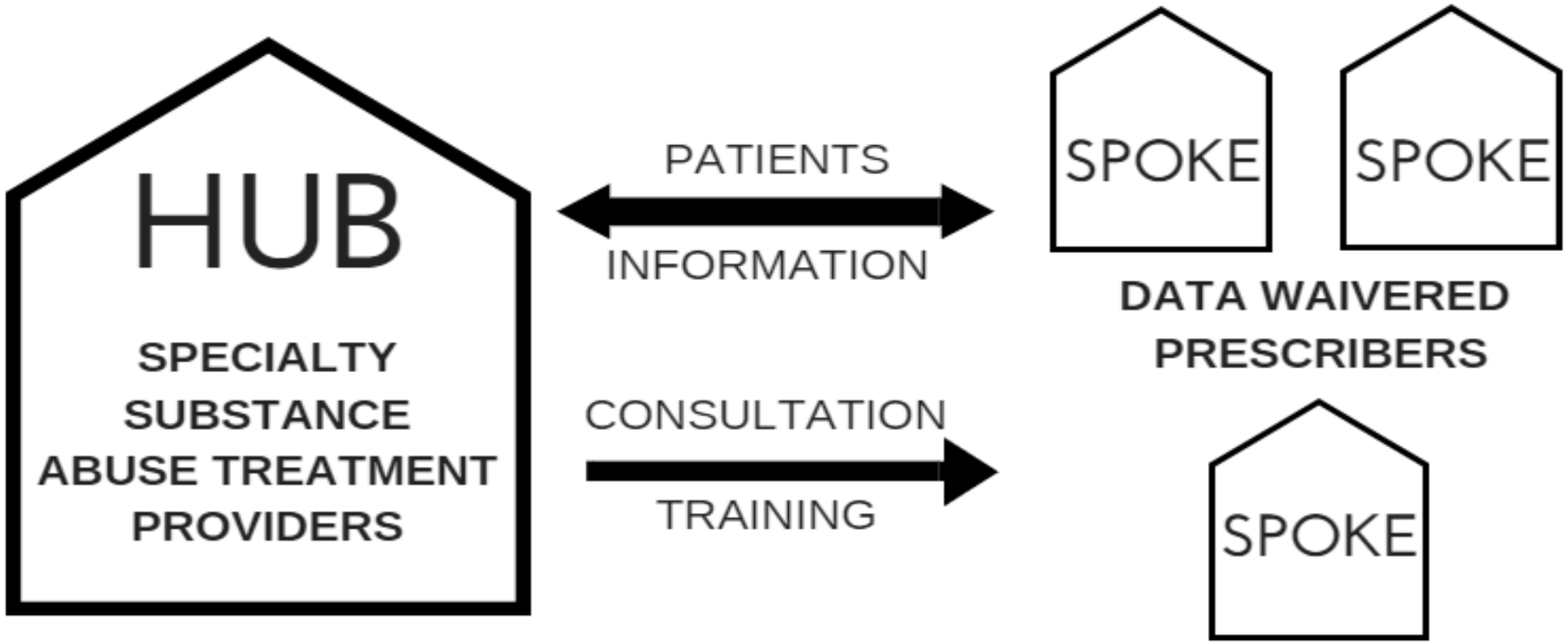
1. Can you please briefly introduce yourself and describe a strategy you have used to increase provider capacity?
2. Can you discuss any outcomes you have seen from this strategy or whether you have adjusted your strategy over time?
3. What would you advise a state that was embarking on similar work? Do you have lessons you have learned that you would like to share?

Vermont: Tony Folland, State Opioid Treatment Authority

- **Initial 1115 demonstration approval date:** 10/1/2005 (Global Commitment); 07/01/2018 (SUD Amendment Approval)
- **Demonstration name:** Global Commitment to Health
- **Demonstration type:** GCH: Comprehensive
- **Medicaid delivery system:** Managed Care/Non-Risk PIHP

- Section 2703 Health Home funding for Hub and Spoke services (07/01/2013): 90/10 match for 8 quarters
  - Included 1 FTE nurse and 1 FTE licensed behavioral health clinician per 100 Medicaid beneficiaries in Spoke/OBOT services
  - Health home services (eligible for 90/10 match) represent 30% of total Hub/OTP costs

Vermont: "Hub and Spoke" Model



High-intensity MAT
Methadone, buprenorphine, naltrexone
Regional locations

Maintenance MAT
Buprenorphine, naltrexone
Community locations
Prescriber + nurse + licensed counselor

Vermont: Rapid Access to MOUD (RAM): Goals

1. Initiation of MOUD within 3 days of contact with any provider
2. Addition of the emergency department (ED) as a buprenorphine induction location when medically indicated with pathways out of the ED
3. No gaps in medication across transitions of care by decreasing barriers real and perceived

Vermont: Rapid Access to MOUD (RAM): Details

- Initiated in 2017/2018
- 13 of 14 Vermont hospitals currently have ED reviewed and approved buprenorphine induction protocols with predefined clinical pathways out of the ED to community follow-up care.
- Follow up rates for 1st outpatient MOUD appointment range 70-80%.
- ED practitioners noted high comfort with protocols and order sets, overwhelming majority of practitioners took 8 or 24 hour waiver course and a significant number now offer community-based MOUD, as well.
- 2023-24: Added initial pilot site for ED methadone induction using same framework and a defined clinical pathway to OTP with 2024 plan to expand to all EDs.

Note: Utilizing same methodology and similar systems, RTA (Rapid Treatment Access for ETOH) is an ongoing initiative to expand use of medications for AUD treatment, increase ambulatory detox options, expedite psychosocial and medical treatment and includes clinical pathways out of the EDs as well as decreasing barriers to care.

Vermont: Challenges, Unanswered Questions and Takeaways

- Questions and Challenges:
  - In the absence of the DATA-Waiver, how do we know who is prescribing? Does access actually increase? Does quality get impacted?
  - Workforce: Lots of prescribers but for team-based care, therapists and nurses are hard to come by. “Robbing Peter to pay Paul”
  - Telemedicine prescribing: Near limitless workforce but less coordinated care and limitations to assess medical comorbidities with 100% telemedicine.
- Key Takeaways:
  - Build your base access “system”/provider network before branching into specialty projects.
  - Relationships matter
  - Access is crucial…..So is quality. Ongoing technical assistance and training to the field is vital to growing your workforce size and skills.

Washington:

Teesha Kirschbaum
Deputy Director of Treatment and Recovery Programs

Tony Walton
Section Manager for Adult Substance Use and Treatment

- **Initial 1115 SUD demonstration approval date:** July 17, 2018
- **Demonstration name**: Washington State Medicaid Transformation Project
- **Demonstration type**: Washington's 1115 SUD demonstration commenced in July of 2018, we added 1115 SMI/SED demonstration in December of 2020. These are part of a broader demonstration that continues to develop projects, activities, and services to support Washington's health care system.
- **Medicaid delivery system:** Managed Care with FFS carve out for American Indian and Alaskan Native populations
- Washington State Health Care Authority integrates services for substance use, mental health and problem gambling. We provide funding, training, and technical assistance to community-based providers for treatment and recovery support to people in need.

Washington: Strategies to Address Workforce Shortages

- Workforce is a complex issue.
- There is no single problem, and no single solution will “fix” it.
- Expanding workforce requires targeted investments, payment & policy changes, and cross-sector collaboration.
- Strategies to address workforce shortages:
  - 2016 Behavioral Health Workforce Assessment
  - Increasing financial resources to providers through direct payments and rate increases to assist with recruitment and retention efforts
  - Technology for tele-behavioral health
  - Behavioral Health Institute – Workforce and Policy Innovation
  - Increasing peer training and expanding non-traditional provider types, such as certified peer counselors with a focus on individuals with lived experience
  - **Statewide careers marketing campaign**

Washington: Behavioral Health Career Marketing Campaign

- Increase awareness of and interest in behavioral health careers by driving target audiences to landing site
- Campaign ads & slogans revolve around these four themes:
  - Passion
  - Variety
  - Growth
  - Community
- We are running social media ads on:
  - Reddit
  - TikTok
  - LinkedIn
  - Facebook
  - Instagram

Washington: Partner Toolkit

OCTOBER 2022

Washington State Health Care Authority

HCA Behavioral Health Careers Recruitment

Partner Toolkit

The Washington Health Care Authority is continuing our campaign to recruit behavioral health providers at all levels across the state. We launched a new phase of the campaign in October, focusing on substance use disorder treatment, prevention and recovery support careers.

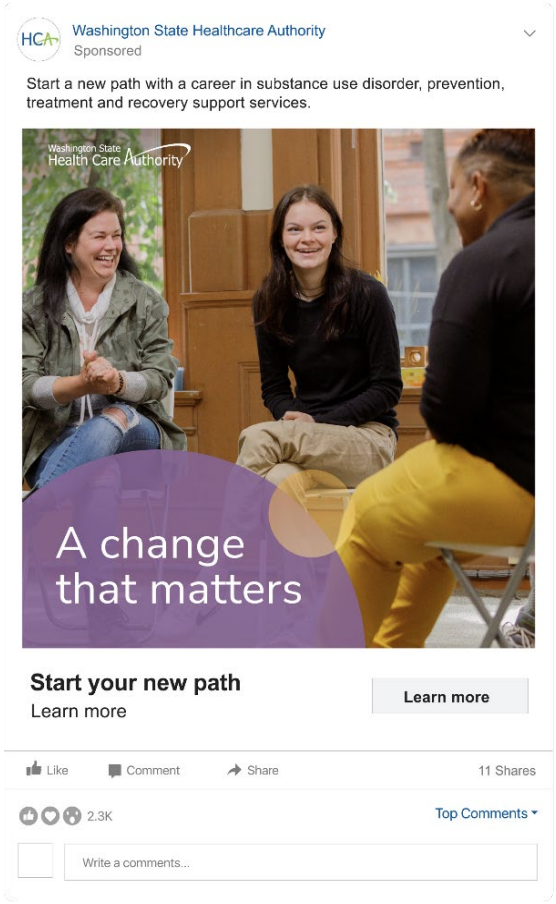
This toolkit includes social media and owned content we encourage you to share on your media channels as part of our recruitment efforts. As a valued partner, we appreciate your time and support in spreading the word about this important work.

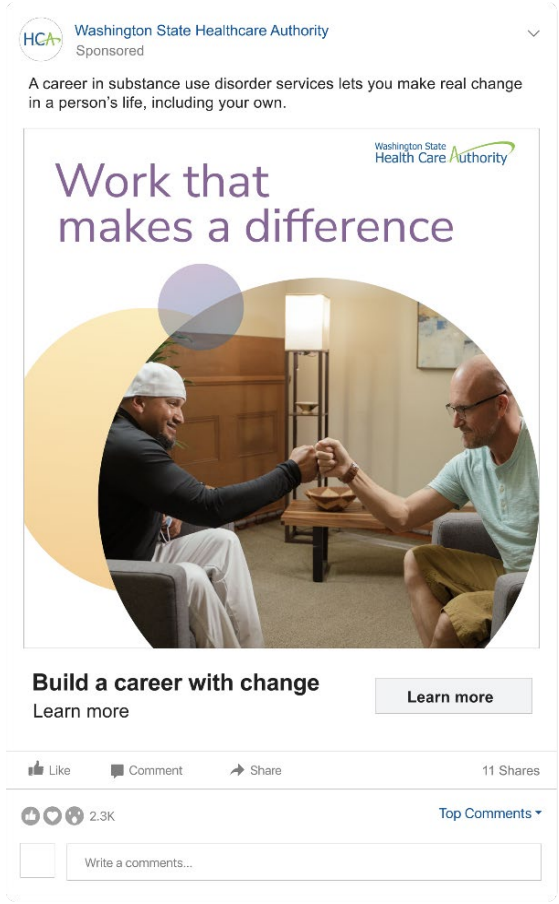
Contents

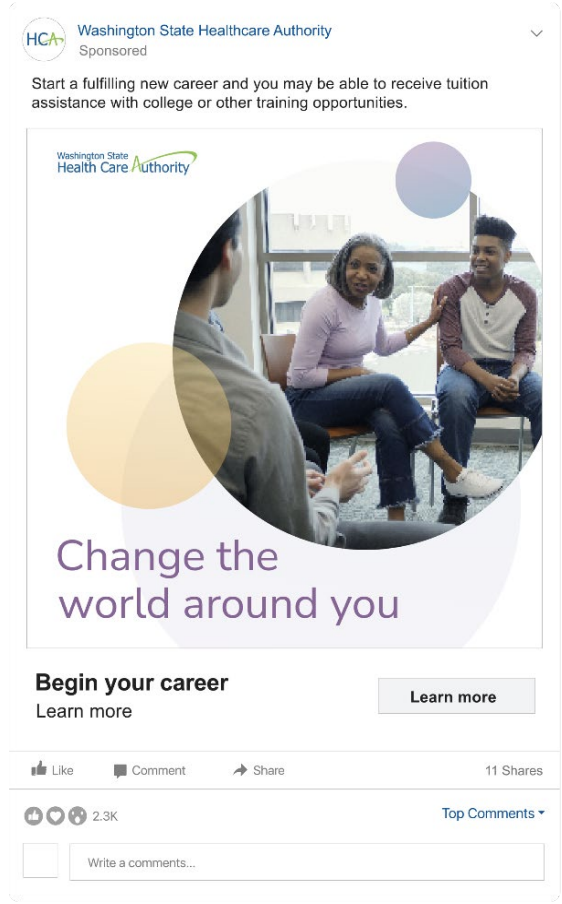
You will find links to download and share visual content, as well as sample posts that can accompany it. There are assets available in both English and Spanish. Please feel free to customize the copy for your social channels.

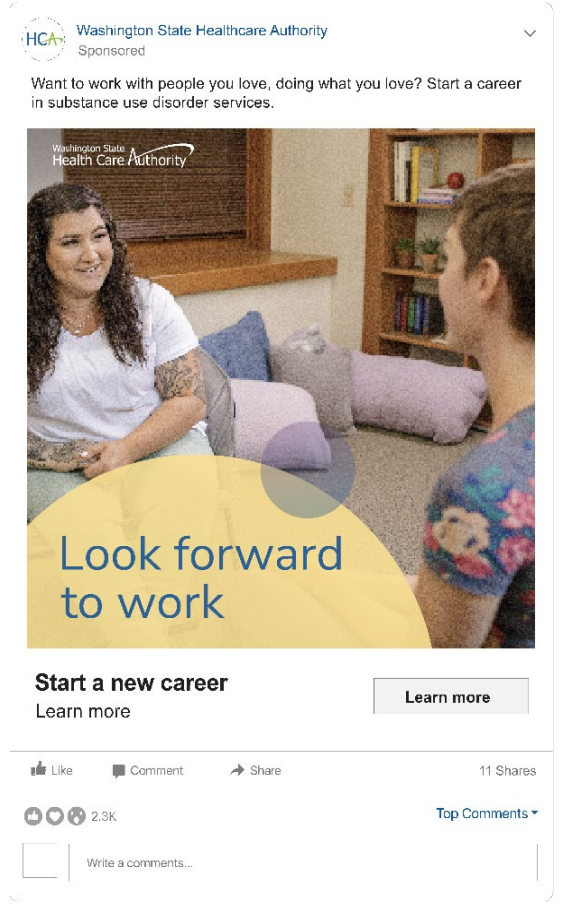
1. Social media graphics
2. Testimonial videos
3. Social messaging options
4. Newsletter/owned messaging options

Washington: Digital Banner Ads and Social Posts









Washington: Start a Career in SUD Services

Source: https://www.youtube.com/watch?v=xewlHwiIEKo

Questions?

For any additional questions, please contact:

- **Tony Folland (Vermont): Anthony.Folland@vermont.gov**
- **Teesha Kirschbaum or Tony Walton (Washington): Teesha.Kirschbaum@hca.wa.gov or Tony.Walton@hca.wa.gov**

State Panel #2: Initiation and Engagement in Treatment

Facilitated by:

Kirsten Beronio, JD

Senior Policy Advisor

Center for Medicaid and CHIP Services

Panelists:

- **Ford Baker (Louisiana):** Working with managed care organizations on performance improvement projects
- **Nathaniel Dyess (Minnesota):** Implementing a direct access initiative
- **Shanique McGowan (New Jersey):** Implementing a 24-hour call center to connect individuals with SUD treatment

Questions for Panelists

1. Can you please briefly introduce yourself and describe a strategy you have used to increase initiation and engagement in treatment?
2. Can you discuss any outcomes you have seen from this strategy or whether you have adjusted your strategy over time?
3. What would you advise a state that was embarking on similar work? Do you have lessons you have learned that you would like to share?

Louisiana: Ford Baker, LCSW; Program Manager

- **Initial 1115 SUD demonstration approval date:** 02/01/2018
- **Demonstration name:** Healthy Louisiana Substance Use Disorder 1115 Demonstration
- **Demonstration type:** SUD only
- **Medicaid delivery system:** Managed care organizations (MCOs)

Louisiana: MCO PIP: Multi-level Barriers and Interventions

Common Barriers

- MCOs - Availability of MOUD, SBIRT, and ASAM course training
- Providers - Prescribers' lack of knowledge of local substance use treatment providers
- Members - Pre-Contemplation Stage of Change

Interventions

- MCOs offering professional continuing education courses for MOUD, SBIRT, and ASAM
- MCOs updating provider directories and distributing resource lists
- MCO staff use of motivational interviewing techniques when interacting with members

ASAM = American Society of Addiction Medicine; MOUD = medications for opioid use disorders; PIP = performance improvement project; SBIRT = Screening, Brief Intervention, and Referral to Treatment

Louisiana: MCO PIP as a Tool to Increase IET

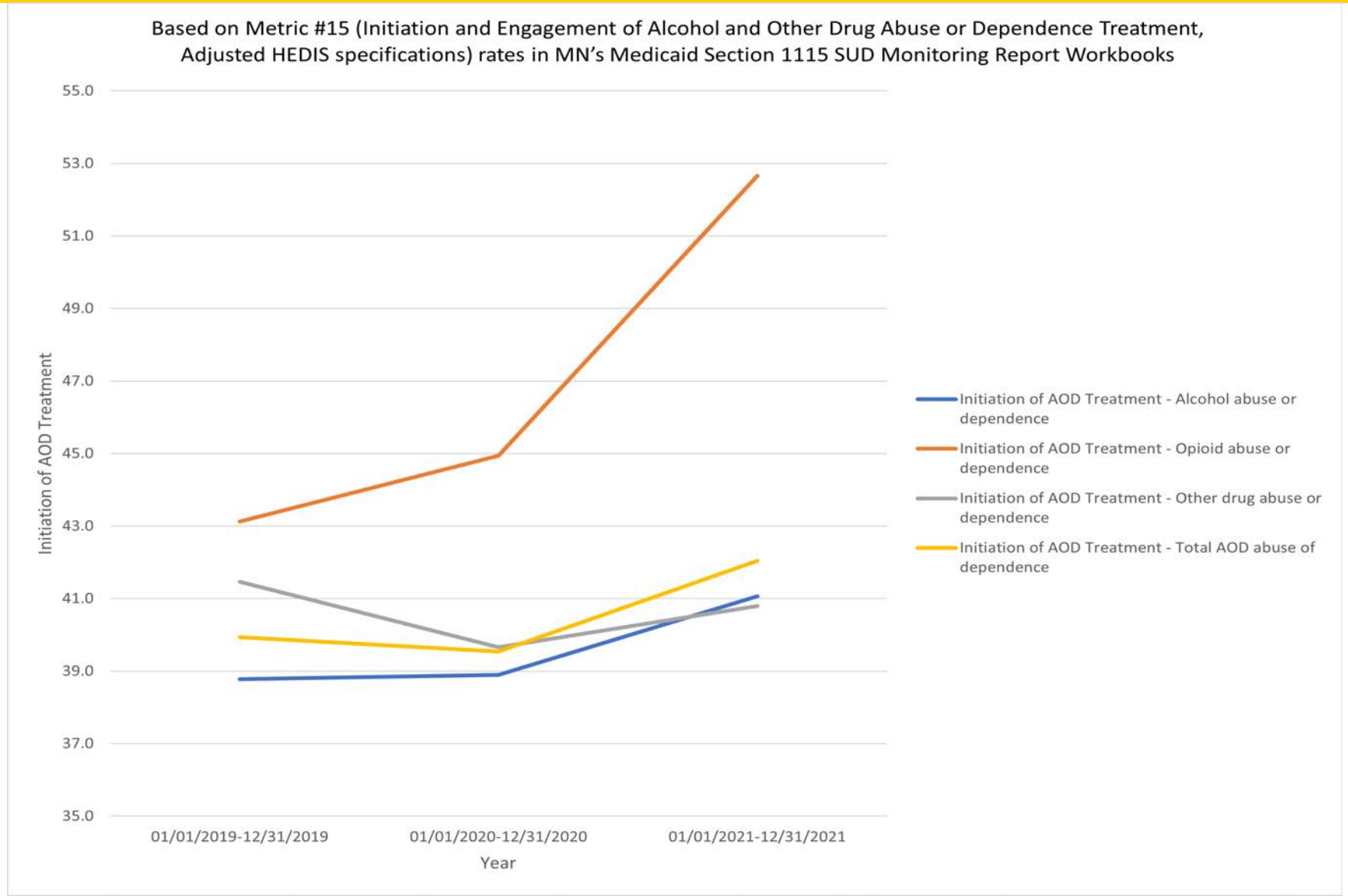
Initiation and Engagement of SUD Treatment (IET) in Louisiana 2018-2022					
Cohorts	MY 2018 statewide MCO rate	MY 2019 statewide MCO rate	MY 2020 statewide MCO rate	MY 2021 statewide MCO rate	MY 2022 statewide MCO rate
Total Initiation of SUD Treatment	51.48%	53.57%	54.82%	54.64%	60.37%
Total Engagement of SUD Treatment	17.38%	18.32%	19.05%	19.23%	25.62%
Sources: IPRO - LA EQRO (2018-2021) and LA Medicaid (2022)					

MY 2022 IET rates are not considered directly comparable to prior years due to measure specification changes.

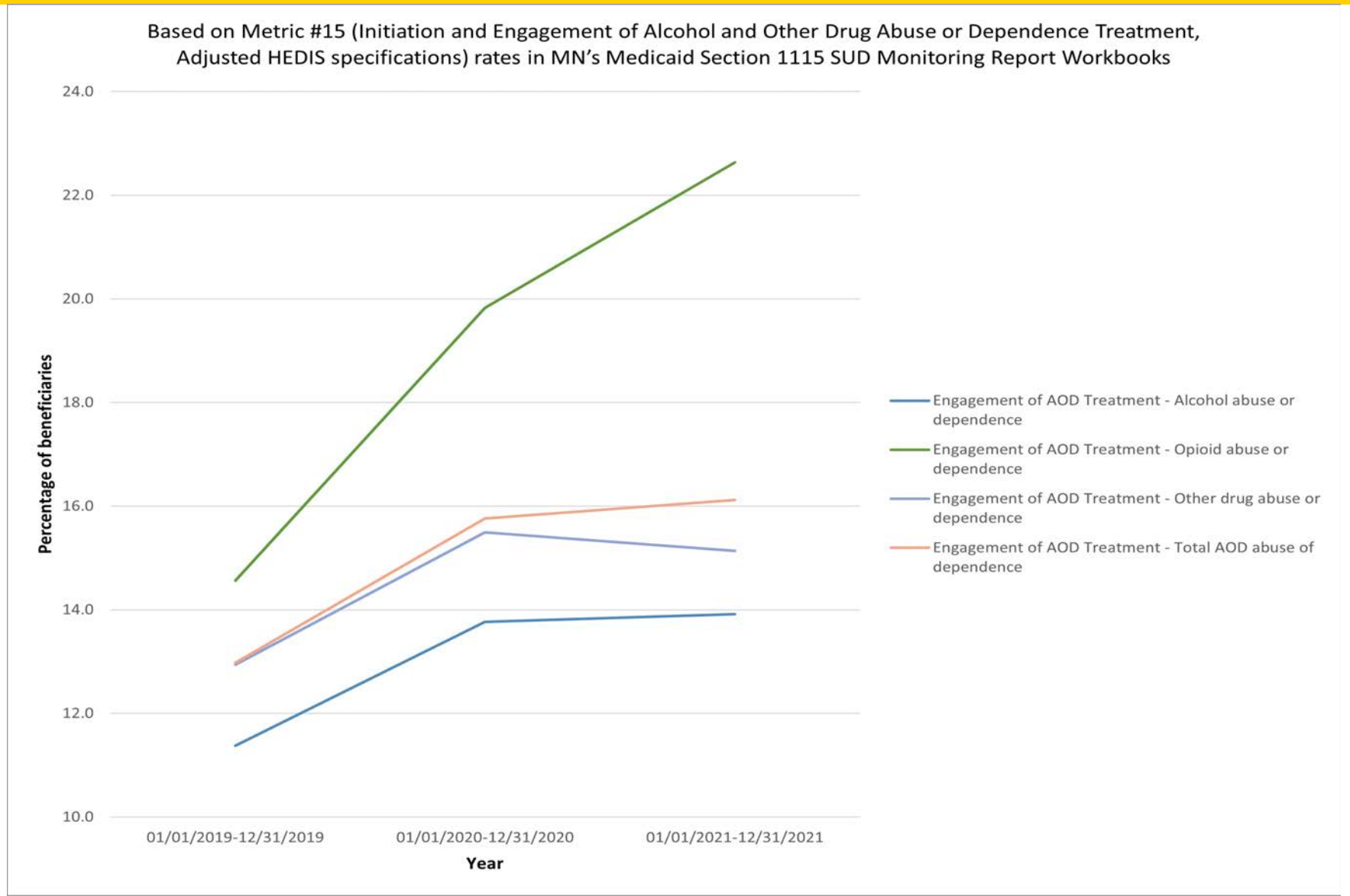
Minnesota: Nathaniel Dyess; Supervisor SUD Reform & Redesign Team

- **Initial 1115 SUD demonstration approval date:** 07/01/2019
- **Demonstration name:** Minnesota Substance Use Disorder System Reform
- **Demonstration type:** SUD Only
- **Medicaid delivery system:** MCOs (with exceptions for some populations)
- 2016 Legislative Session: SUD System Reform
  - Direct Access
  - Care Coordination
  - Peer Recovery
  - Withdrawal Management
  - 1115 Waiver Application
  - Continuum of Care
- Additional information about Direct Access available online

Minnesota: Initiation of AOD Treatment—Percentage of Beneficiaries Who Initiate Treatment Within 14 Days of the Diagnosis



Minnesota: Engagement of AOD Treatment—Percentage of Beneficiaries Who Initiated Treatment and Who Were Engaged in Ongoing AOD Treatment Within 34 Days of the Initiation Visit



New Jersey: Shanique McGowan, Behavioral Health Program Manager

- **Initial 1115 SUD demonstration approval date:** 10/31/2017
- **Demonstration name:** New Jersey FamilyCare Comprehensive Demonstration
- **Demonstration type:** Comprehensive (includes SUD, managed long term services & supports, health-related social needs, and other components)
- **Medicaid delivery system:** MCOs, with non-risk bearing interim managing entity (IME) for reviewing placement in all SUD treatment settings for most members.
- In addition to covering services provided in IMDs, New Jersey was also granted waiver authority to:
  - Develop peer recovery support specialist and case management programs that engage, support, and connect individuals with a SUD with the appropriate levels of care; and
  - Move to a managed care delivery system that integrates physical and behavioral health care.

New Jersey: IME / Call Center

Background: As part of the NJ FamilyCare Comprehensive Demonstration, the state identified University Behavioral Health Care (UBHC) within Rutgers University to develop and implement a 24-hour call center (ReachNJ) and an Interim Managing Entity (IME), known as the UBHC IME Addictions Access Center, to manage adult SUD treatment services while New Jersey moved toward an integrated managed system of care.

- The IME went live on July 1, 2015 and continues to serve as a **coordinated point of entry** for residents seeking treatment or information about SUD.
- The program is designed to **assure effective access** to treatment for all New Jersey residents.
- **IME Addictions Access Center staff assist individuals to find the right provider(s)** for their needs and help them navigate the substance use treatment network.
- The program's **care coordination staff offer assistance** when clients encounter barriers to treatment, such as waiting time for admission to treatment or a lack of transportation.
- The program also **uses the American Society of Addiction Medicine (ASAM) Criteria** to provide utilization management.
  - Within the authorization process, the utilization management staff ensures that individuals receive the right level of care, at the right intensity of service, for the right duration of time.

New Jersey: IME / Call Center (July 1, 2022 through June 30, 2023)

- The IME and ReachNJ received **27,342 calls** from individuals seeking information, referral or admission to SUD treatment.
- ReachNJ made **3,668 referrals for treatment** sent directly to treatment providers.
- The IME began tracking referrals for Medication Assisted Treatment (MAT) at Office Based Addictions Treatment (OBAT) providers and during the last quarter (4/1/23 – 6/30/23), **430 referrals were made for MAT services.**
- The IME responded to **3,819 requests for care coordination** services to facilitate treatment admission.
- The IME utilization management staff performed clinical reviews based on ASAM patient placement criteria for admission to the appropriate level of care and during the last quarter (4/1/23 – 6/30/23) completed:
  - **32,985 clinical reviews** for Medicaid members for treatment admission and
  - **18,902 reviews for members to extend treatment services** based on clinical necessity.
- The IME supports providers through education and guidance and responded to **5,464 provider assistance calls.**

Questions?

For any additional questions, please contact:

- **Ford Baker (Louisiana): Ford.Baker@la.gov**
- **Nathaniel Dyess (Minnesota): Nathaniel.Dyess@state.mn.us**
- **Shanique McGowan (New Jersey): Shanique.McGowan@dhs.nj.gov**

Thank you!

We welcome your feedback in the post-event survey.