SUPPORT Act Section 1003: Planning Grants for the Demonstration Project to Increase Substance Use Disorder Provider Capacity

State Medicaid Agency: Illinois

Key Focus Populations: People living in rural areas

Funding Amount: $4,559,743

Program Areas of Focus¹: The information below summarizes the grantee’s initial areas of focus through the planning grant awards, which are to:

- Conduct data-driven needs assessments for substance use disorder (SUD) and opioid use disorder (OUD) treatment and recovery support services for Medicaid beneficiaries. Determine the number and percentage of individuals enrolled in Illinois Medicaid who have a diagnosed or undiagnosed SUD.
- Increase training for providers of medication-assisted treatment (MAT).
- Expand technical assistance for MAT prescribers through in-person and web-based platforms.
- Improve the accuracy of the MAT provider database to routinely identify any additions, changes, and deletions to the list of Medicaid providers of MAT.
- Enhance the Illinois Helpline for Opioids and Other Substances with up-to-date information about active Medicaid providers of MAT who are accepting new patients.
- Evaluate recently implemented “hub and spoke” model of care networks of MAT services to treat individuals with OUD in rural areas. Develop strategies to expand “hub and spoke” models, as part of the Medicaid program, to additional underserved areas of the state.
- Examine alternative payment models to support hospital “warm hand-off” services and other services aimed at connecting Medicaid beneficiaries with SUD and OUD to community-based care.

¹ The purpose of the planning grants is to increase the capacity of Medicaid providers to deliver SUD treatment or recovery services through:

- An ongoing assessment of the substance use disorder treatment needs of the state;
- Recruitment, training, and technical assistance for Medicaid providers that offer substance use disorder treatment or recovery services; and
- Improved reimbursement for and expansion of the number or treatment capacity of Medicaid providers.