



*Exploring Medicaid Health Homes*  
**Tailoring Health Homes to Individuals with  
Opioid Dependency: A Multi-State  
Discussion**

**January 15, 2015; 1:00 – 2:00PM (ET)**

# Health Home Information Resource Center

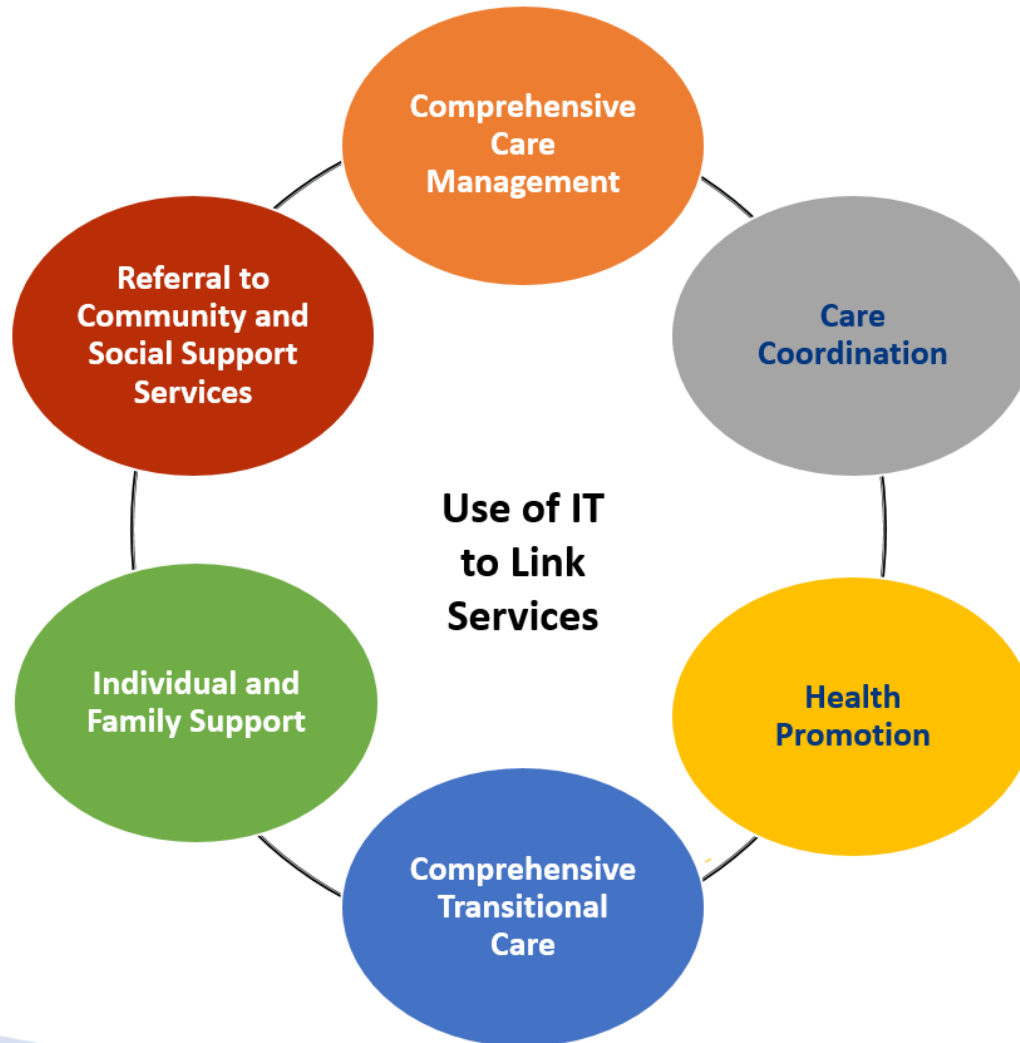
- Established by CMS to help states develop health home models for beneficiaries with complex needs
- Technical assistance includes:
  - One-on-one technical support to states
  - Group discussions and learning activities
  - Webinars
  - Online library of hands-on tools and resources, including:
    - Map of state health home activity
    - SPA template
    - Core quality measures

<http://www.medicaid.gov/State-Resource-Center/Medicaid-State-Technical-Assistance/Health-Homes-Technical-Assistance/Health-Home-Information-Resource-Center.html>

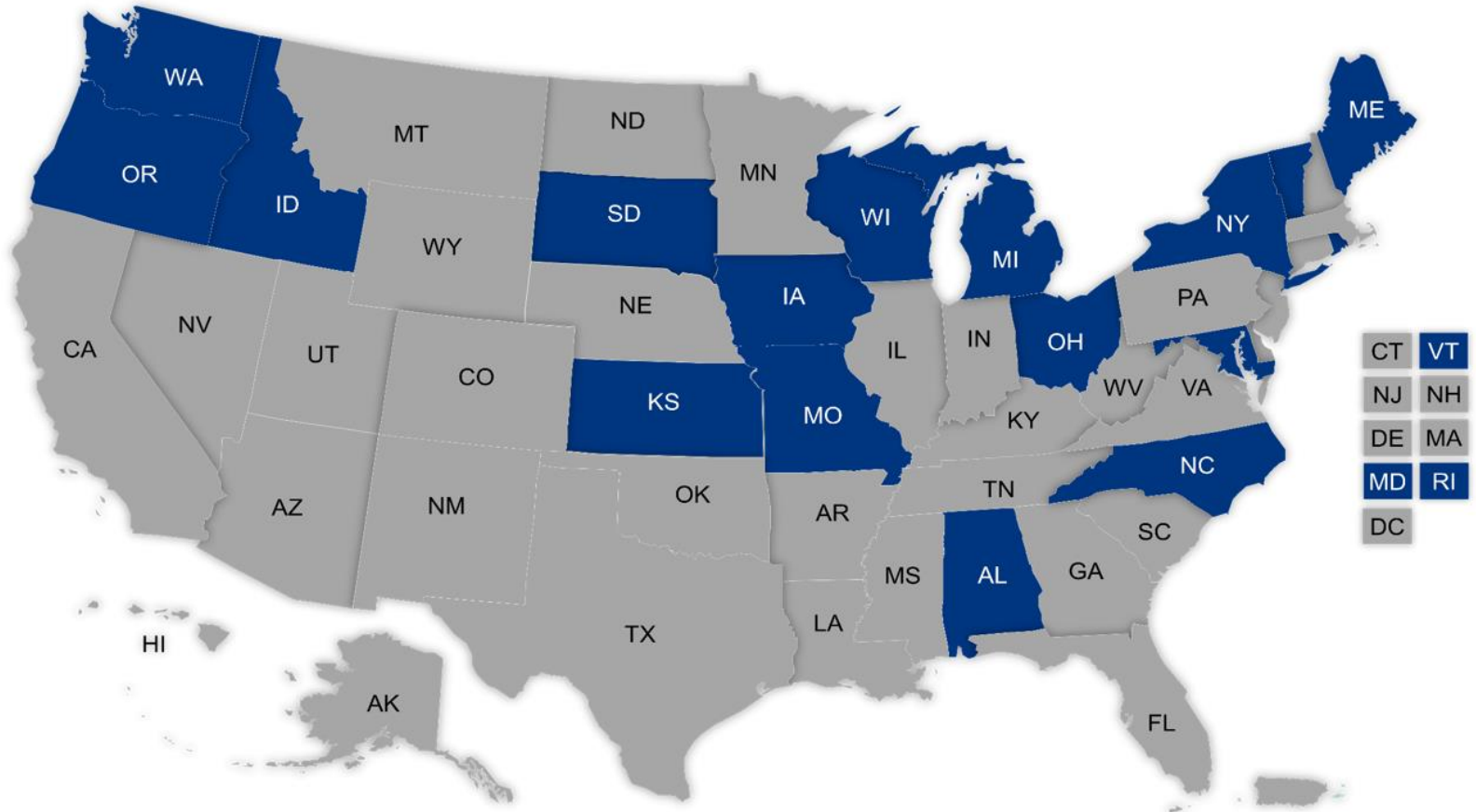
# Health Home Overview

- New Medicaid state plan option created under ACA Section 2703
- Opportunity to pay for “difficult-to-reimburse” services, (e.g., care management, care coordination)
- Enhanced 90/10 federal match for the first eight fiscal quarters
- Eligibility criteria can be targeted by chronic condition and geography (e.g., a regional approach)

# Core Health Home Services



# State Health Home Activity



States with Approved Health Home SPAs (number of approved health home models)	Alabama, Idaho, Iowa (2), Kansas, Maine, Maryland, Missouri (2), New York, North Carolina, Ohio, Oregon, Rhode Island (3), South Dakota, Vermont, Washington, Wisconsin
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# Medication Assisted Therapy (MAT)

- Uses medication (methadone, buprenorphine or naltrexone) in conjunction with counseling/behavioral therapies for substance use disorders
- Available in two provider settings:
  - **Opioid Treatment Programs (OTPs)** are licensed treatment programs where patients receive dispensed methadone on a daily schedule. Buprenorphine or naltrexone therapy, which has a less rigorous dosing schedule, is available through an OTP
  - **Office Based Opioid Treatment (OBOT)** settings are certified providers in general medical practices who are also authorized to prescribe buprenorphine or naltrexone

# Presenters

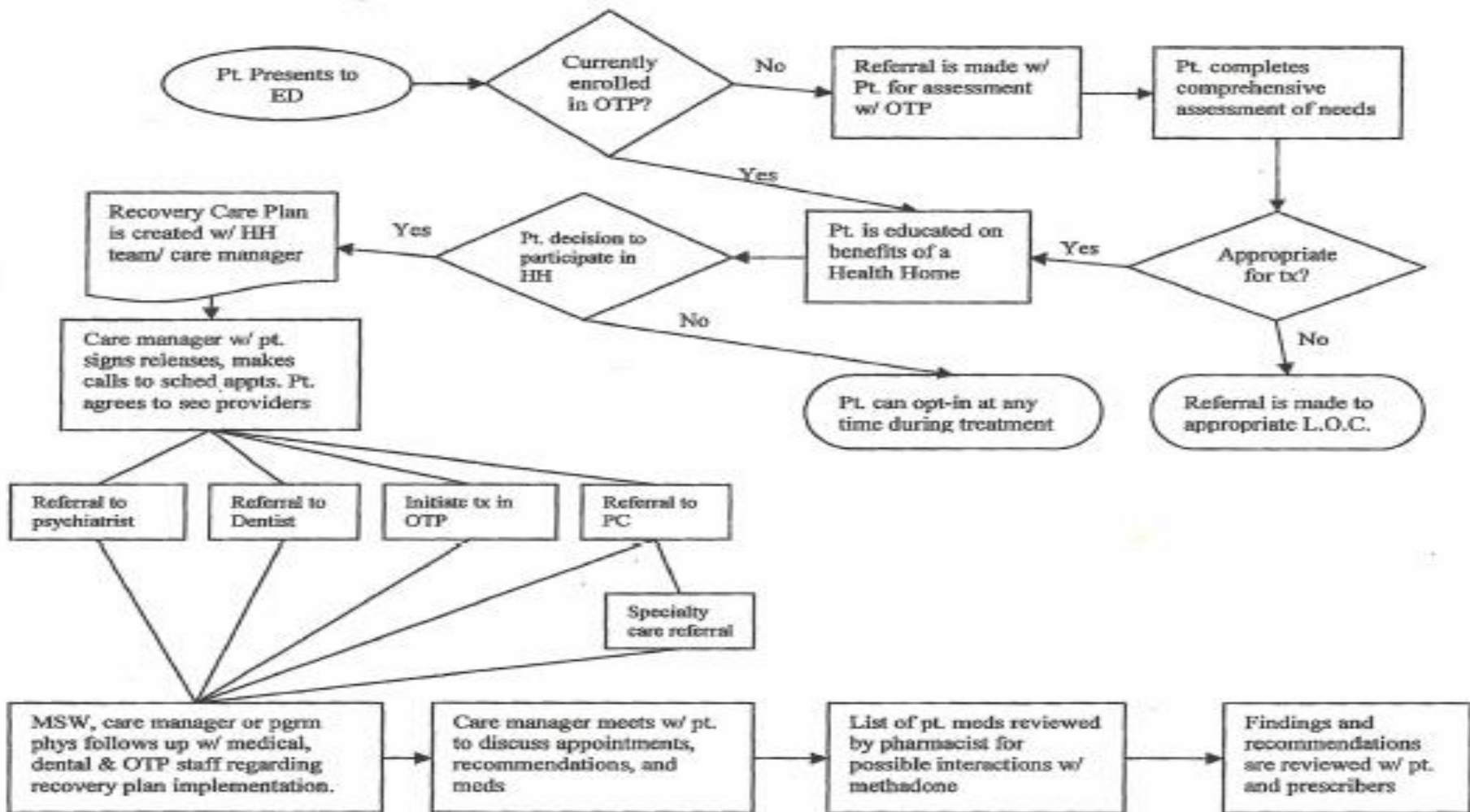
- **Becky Boss**, Deputy Director, Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH)
- **Beth Tanzman**, Assistant Director, Vermont Blueprint for Health

# Overview of RI Medicaid & Health Home Goals

- Two existing health home models:
  - Children with disabilities
  - People with SPMI
- Opioid treatment programs licensed/funded through RI BHDDH
- Medicaid OTP services carved out of MCOs for adult with disabilities and paid for strictly FFS, while OTP is carved in for RiteCare recipients



# RI Health Home Model



# RI Health Home Providers and Key Team Members

- OTP licensed Behavioral Healthcare Organization, meet health home certification standards, apply for health home accreditation
- Team: supervising physician, registered nurse, health home team coordinator, case manager, case manager-hospital liaison and pharmacist
- Three shared positions across sites:
  - Administrative level coordinator
  - HIT coordinator
  - Health home training coordinator

# RI Target Population

- Diagnosed with opioid dependence, receiving or meeting criteria for MAT, and have:
  - Two or more chronic conditions (opioid dependence is considered a chronic condition)
  - One chronic condition and the risk of developing another chronic condition
- Standardized eligibility checklist completed before admission
- Includes: Medicaid for Disabled Adults/Rite Care/Medicaid Expansion
- Excludes: Individuals currently receiving services through a different RI health home
- Options for other individuals with opioid dependence to participate

# RI Enrollment Process

- Auto-assignment with opt-out
- Participants identified via provider or community partner referrals and outreach to prior enrollees.
- Referrals sought from a wide range of sources (e.g., physicians, other providers, managed care organizations, treatment centers, and criminal justice system professionals)
- Extensive process to engage potential participants and explain the health home program
- Participants may be disenrolled after 90 days of not engaging in health home services despite provider outreach

# RI Payment Model

- Existing Medicaid reimbursement structure for OTPs is in a weekly, bundled rate
- \$87.52 for fee-for-service and \$52.52 for managed care members in weekly, bundled rate per member
- FFS Medicaid bundled rate for OTP services was reduced

# RI Implementation Stats

- SPA approved July 2013
- Statewide implementation
- Current member enrollment: 2,588 (as of 12/31/14)
- Current provider enrollment: 5 providers with 12 statewide locations
- Opt-out rate: 11.2% (291 patients have opted-out)

# VT Medicaid Global Commitment to Health 1115 Demonstration Waiver

- Promote universal access to affordable health coverage
- Build public health approaches
- Develop new quality and outcome payment approaches
- Enhance coordination of care across providers and delivery systems
- Unified management for program & budget across Agency of Human Services
- Control growth of program costs

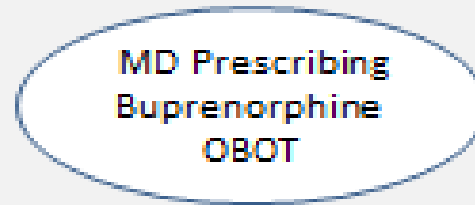
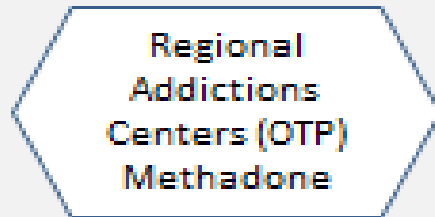
# Vermont Health Home Goals

- Beneficiaries with opioid dependence served in OTP and OBOT settings
  - Improve access to addictions treatment
  - Integrate health and addictions care for health home beneficiaries
  - Better use of specialty addictions programs and general medical settings
  - Improve health outcomes, promote stable recovery



# VT Health Home Model: Hub & Spoke

Care As Usual



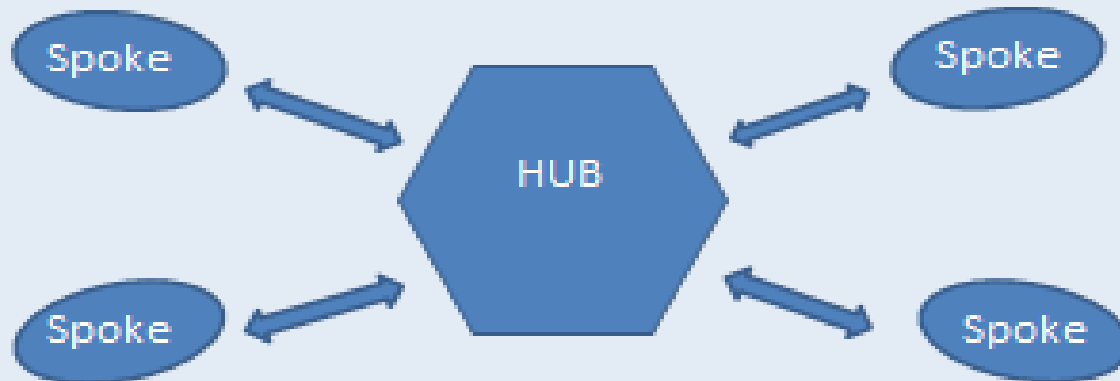
Health Home

Health Home Staff

OTP - 6 FTE RN, MA / 400 Pts

OBOT 2 FTE RN, MA / 100 Pts

Comprehensive Care Management - Care Coordination - Health Promotion -  
Transitions of Care - Individual and Family Support - Referral to Community  
& Social Supports



Blueprint Patient Centered Medical Homes and Community Health Teams

# VT Health Home Providers and Key Team Members

- Hub
  - Designated provider: Regional OTP
  - Team: RN, MA level licensed clinician case manager, program director -- employed by the Hub
- Spoke
  - General Medical Setting: OBOT
  - Team: RN & MA level licensed clinician case manager, employed by Blueprint Community Health Team

# VT Target Population

- Medicaid recipients with opioid dependence and the risk of developing another substance use disorder and co-occurring mental health condition

# VT Enrollment Process

- Auto-assignment with opt-out
- Initial outreach to beneficiaries in Medication Assisted Treatment (MAT)
- Ongoing enrollment of any Medicaid beneficiary seeking MAT in either OTP or OBOT
- Beneficiary offered health home services; individual plan of care drives services

# VT Payment Model

- Hub

- Monthly PMPM\* rate = \$493.37
- 30% of the rate (\$148) is health-home specific and matched at 90% of FFP
- Hub bills full rate if HH service provided

- Spoke

- Monthly PMPM\* rate = \$163.75
- HH staff provide HH services to beneficiaries each month
- Payment through Blueprint Community Health Team

*\*PMPM payments based on staffing costs*

# VT Implementation Stats

- First region approved July 2013; expanded statewide January 2014
- Current member enrollment: 4,596 (2,464 in Hubs, 2,132 in Spokes)
- Provider enrollment: 5 Hub providers; 133 Spoke providers

# Panel Discussion

**QUESTION:** Why is collaboration - with other state agencies as well as with community partners and providers - so critical in developing and implementing health homes focused on opioid dependency?

# Panel Discussion

**QUESTION:** What provider education, training or practice transformation is available to health homes? What have you seen as challenges and successes to date?



# Panel Discussion

**QUESTION:** What challenges and successes have you experienced related to information sharing among health home providers for the delivery of health home care coordination services?

# Panel Discussion

**QUESTION:** Please describe the various ways that eligible members are engaged throughout the health home process. What is role of state vs the health home providers?

# Panel Discussion

**QUESTION:** What is the role of primary care in an opioid dependency-focused health home? What do you think the state and providers can learn from this coordination?

# Issue Brief

- CMS Brief: *Designing Medicaid Health Homes for Individuals with Opioid Dependency: Considerations for States*
- Identifies similarities and differences across state approaches: Maryland, Rhode Island, and Vermont
- Offers considerations for the development of opioid dependency focused health homes, which are generally applicable to SUD focused health homes as well

# For More Information

- ▶ Download practical resources to improve the quality and cost-effectiveness of Medicaid services.
- ▶ Subscribe to e-mail updates to learn about new programs and resources.
- ▶ Learn about cutting-edge efforts to improve care for Medicaid's highest-need, highest-cost beneficiaries.

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