



# **Leveraging the SABG and Medicaid to Expand and Improve Services**

**Moderator: Rosie Andueza (ID)**  
**Speakers: Kirsten Beronio; Joyce Starr (OH), Michael Langer (WA)**

**Wednesday, June 5, 2019**  
**11:30AM – 12:30PM EST**

**2019 CSAT/CSAP Annual Meeting**



# Recent Medicaid Initiatives on Substance Use Disorder Treatment



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# Overview

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- Medicaid in Brief

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- SUPPORT Act

# Medicaid in Brief

- Partnership between Federal and State governments
- State administered program
- Federal mandates to cover some eligibility groups/services and some overarching rules (e.g., statewideness, comparability, freedom of choice)
- States choose optional eligibility groups & services, payment levels, providers
- Each State develops and operates a State Plan outlining nature and scope of services - must be approved by CMS
- Other authorities for state use of managed care (e.g., Sec. 1915) and demonstrations (Sec. 1115)

# Sec. 1115 SUD Demonstration Initiative

## State Medicaid Directors Letter

“Strategies to Address the Opioid Epidemic” November 1, 2017

## Goals for Sec. 1115 Demonstrations Addressing SUD:

- Increased rates of identification, initiation, and engagement in treatment;
- Increased adherence to and retention in treatment;
- Reductions in overdose deaths, particularly due to opioids;
- Reduced utilization of emergency departments and inpatient hospital settings through improved access to continuum of care;
- Fewer readmissions to the same or higher level of care for OUD and other SUD treatment; and
- Improved care coordination for co-morbid conditions.

# Six Milestones for Sec. 1115 SUD Demonstrations

- Elements of an SUD service delivery system that will help achieve the demonstration goals:
  - Access to critical levels of care;
  - Evidence-based, SUD-specific patient placement;
  - SUD-specific program standards for residential treatment;
  - Sufficient provider capacity at critical levels of care, including medication assisted treatment (MAT);
  - Comprehensive opioid prevention and treatment strategies; and
  - Improved care coordination and care transitions
- Implementation Plan Addressing Milestones
  - Once approved, federal Medicaid match for services in specialty inpatient and residential treatment settings becomes available

# Monitoring and Evaluation Process

- Monitoring Protocol - due 150 days after approval of the demonstration
- Three quarterly reports and 1 annual report - every year
- Mid-Point Assessment - performed by an independent assessor – between years 2 and 3
- Interim Evaluation - with renewal request or one year prior to the end of the demonstration
- Summative Evaluation - 18 months after the end of the demonstration period

# Section 1115 SUD Demonstrations

- 22 States approved for Sec. 1115 SUD Demos:
  - CA, MA, VA, MD, WV, UT, NJ, KY, LA, IN, IL, VT, PA, NH, WA, NC, WI, AK, NM, KS, RI, MI
- Early findings in VA Sec. 1115 SUD Demo:
  - 173% increase in outpatient providers participating in Medicaid;
  - 57% increase in no. of Medicaid enrollees accessing SUD treatment; &
  - 25% decrease in ER visits for opioid use disorders

[Source: Virginia Commonwealth University, First Year Evaluation for VA Dept. of Med. Assistance Services of Addiction and Recovery Treatment Services, Aug. 2018, available on-line at [https://hbp.vcu.edu/media/hbp/policybriefs/pdfs/ARTSone-yearreport\\_8.9.18\\_Final.pdf](https://hbp.vcu.edu/media/hbp/policybriefs/pdfs/ARTSone-yearreport_8.9.18_Final.pdf) ]



# SUPPORT Act Overview

- The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Community (SUPPORT) Act - enacted on 10/24/18
- New law includes many Medicaid provisions, e.g., Medicaid benefit changes, required guidance, and other significant provisions
- CMCS implementation will be integrated into our ongoing efforts to tackle the opioid epidemic, including the SUD 1115 demonstration opportunity

# Medicaid Benefit Changes

- **Coverage of Medication Assisted Treatment (Sec. 1006(b))**
  - New time-limited mandatory benefit (10/1/20 up to 10/1/25)
  - Requires states to cover all FDA-approved medications to treat opioid use disorders as well as counseling and behavioral therapy
  - Exception for states that certify statewide access is not feasible due to provider shortage
- **Coverage of Residential Pediatric Recovery Centers (Sec. 1007)**
  - New optional benefit
  - Effective upon enactment
  - Inpatient or outpatient treatment for infants with neonatal abstinence syndrome
  - Counseling and other services for family/caretakers if covered under state plan

# New Exceptions to IMD Exclusion

- **Services in Institutions for Mental Diseases (IMDs) for Beneficiaries with a Substance Use Disorder (SUD) (Sec. 5052)**
  - State option to cover services provided to beneficiaries ages 21-64 with an SUD residing in an IMD
  - Only effective 10/1/2019 to 10/1/ 2023
  - Maintenance of Effort (MOE) on state spending annually on services in IMDs and outpatient services for SUDs
- **Pregnant women in IMDs for SUD treatment (Sec. 1012)**
  - Exception to payment exclusion for services provided off-site for pregnant women who are residing in IMDs for purposes of receiving SUD treatment
  - Includes services provided during 60 days post partum
  - Effective upon enactment

# Other Significant Medicaid Provisions

- **Demo to Increase SUD Provider Capacity in Medicaid (Sec. 1003)**
  - To start 180 days after enactment (April 22, 2019)
  - \$50 million for planning grants to 10 states (for 1.5 years)
  - 5 states selected eligible for additional federal funding
  - Three CMS Reports to Congress - 10/1/20, 10/1/2022, 10/1/2024
- **Medicaid Drug Utilization Review (DUR) (Sec. 1004)**
  - CMS to set minimum standards for states' DUR programs regarding opioid prescribing
  - State requirement to have monitoring program on anti-psychotic prescribing for children
  - States required to have these minimum standards in place by 10/1/19

# Additional Medicaid Guidance

- **Improving Care for Infants with Neonatal Abstinence Syndrome** (Sec.1005)
- **Medicaid Substance Use Disorder Treatment via Telehealth** (Sec. 1009)
- **Alternatives to Opioids for Pain Management** – (Sec. 1010)
- **State Innovations on Transitions Out of Criminal Justice Settings** – Stakeholder group and State Medicaid Directors letter (Sec. 5032)
- **Opportunities to Support Family-Focused Residential Treatment** – Guidance to be issued (Sec. 8081)
- **Strategies for Providing Housing Supports** – Report to Congress (Sec.1017)
- **Housing Supports Technical Assistance Action Plan** – Report to Congress (Sec. 1018)
- **Health Homes Focused on SUD** – Best Practice Guidance (Sec. 1006)

# Other Major Medicaid Provisions

- **Extension of Enhanced Match for Health Homes for SUD** – State option to extend to 10 quarters (instead of 8) as of 10/1/18 (Sec. 1006(a))
- **Required Reporting of Behavioral Health Measures in Core Set** – Required beginning in 2024 (Sec. 5001)
- **New CHIP MH and SUD Benefit Mandate** - Cover services necessary to prevent, diagnose, and treat a broad range of symptoms and disorders (Sec. 5022)
- **Prohibition on Termination of Eligibility While Incarcerated** - For individuals under age 21 or former foster care youth up to age 26 (Sec. 1001)
- **Coverage of Former Foster Care Youth to Age 26** –Coverage until age 26 of foster care youth enrolled at age 18 and guidance on best practices (Sec. 1002)
- **Prescription Drug Monitoring Programs (PDMPs)** –Requirement that providers check, enhanced match for development, guidance on best practices (Sec. 5042)

# For Further Information

- The SUD SMD Letter is posted here:  
<https://www.medicaid.gov/federal-policy-guidance/downloads/smd17003.pdf>
- For more information about this presentation, please email [Kirsten.Beronio@cms.hhs.gov](mailto:Kirsten.Beronio@cms.hhs.gov)

# Questions







*Promoting wellness and recovery*

**Mike DeWine**, Governor  
**Lori Criss**, Director

# 2019 CSAT/CSAP ANNUAL MEETING SAPT BLOCK GRANT

Joyce Starr- LICDC-CS, ICADC

Immediate Past President – Treatment Coordinators Learning Community

Chief of Addiction Services

Ohio Department Of Mental Health and Addiction Services

# OHIO

## LEVERAGING SAPT BLOCK GRANT FUNDS

Prevention

UMADAOP

Circle for Recovery

Board Allocations

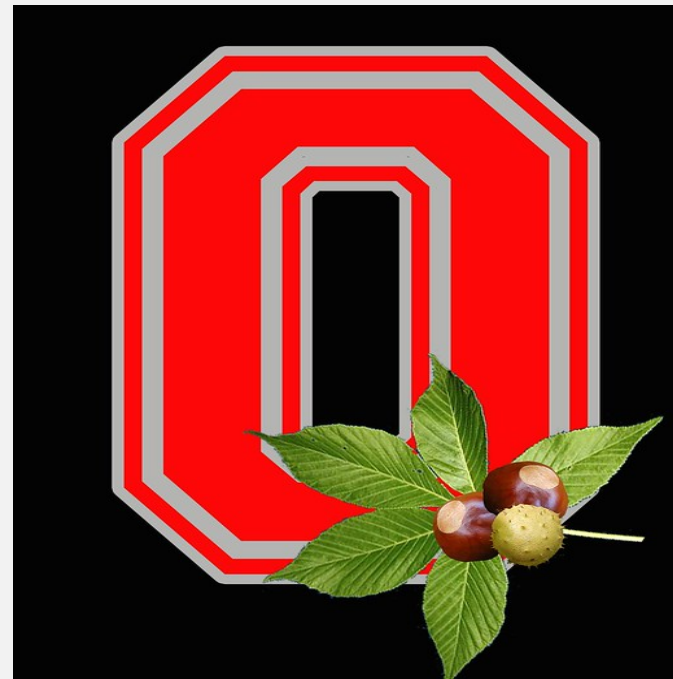
TASC

Women's Program Recovery  
Supports

Treatment

Peer Support

SYNAR



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# PREVENTION

## 3.1 Million allotted for Community Projects

- ❖ Provide direct funding to area prevention providers
- ❖ Support the development and implementation of a comprehensive array of primary prevention interventions to meet the needs of communities.
- ❖ Prevention interventions will address community risk and protective factors that either complicate or mitigate substance use and other risk behaviors.





# PREVENTION COALITION

- ❖ Community coalitions are one of the most effective means of promoting grassroots alcohol, tobacco and other drug prevention across disciplines at the local level.
- ❖ **Effective coalitions** involve all segments of a community working together to establish and build on existing efforts focused on community behavioral health needs to mobilize and promote health and wellness through the utilization of the public health model.
- ❖ Currently, there are approximately 100 drug-free coalitions and task forces in Ohio with additional suicide prevention coalitions representing each county



# UMADAOP

URBAN MINORITY ALCOHOLISM  
AND DRUG ABUSE OUTREACH  
PROGRAM

## Funding - \$1.4 million

- ❖ Provide programming with the belief that substance abuse is best prevented and treated when the cultural dynamics of a group are addressed.
- ❖ Ohio currently funds **11** UMADAOPs and one specialized program component in northwest Ohio to provide additional services to Hispanic citizens.



# UMADAOP

## URBAN MINORITY ALCOHOLISM AND DRUG ABUSE OUTREACH PROGRAM

### Funding - \$1.4 million

- ❖ All programming activities are structured to provide a foundation to build and rebuild a positive, violence and substance free lifestyles, families and communities.
- ❖ 7 of the UMADAOPs also provide alcohol and other drug recovery support services to reduce the recidivism rate of African American males returning to prison due to alcohol- or drug-related and/or involved offenses.



# CIRCLE FOR RECOVERY CFRO

## **Funding- \$680,000**

- ❖ Nine Urban Minority Alcohol and Drug Addiction Outreach Programs (UMADAOPs) across the state of Ohio.
  
- ❖ The objective of the Circle for Recovery programs is to prevent relapse of chemical dependency and criminal recidivism among primarily African-American adult parolees.



## CIRCLE FOR RECOVERY CFRO

- ❖ Relapse prevention services for the Circle of Recovery Programs include:
  - ❖ **Employment/vocational training;**
  - ❖ **GED/education; health education including AIDS/HIV/STD education;**
  - ❖ **Relationship education; peer support; violence prevention; and crisis intervention services.**





# BOARD ALLOCATION

## **Funding – 10.7 million**

Ohio is Home Rule State – 88 counties with 52 boards.

- ❖ Funding run through as allocations
- ❖ Funding for Primary Prevention within their communities is main focus
- ❖ Funding could include prevention providers, coalitions, schools etc. Based on the needs identified in the community plan.



# TASC

## TREATMENT ALTERNATIVES TO STREET CRIME

### **Funding – 4.8 million**

- ❖ TASC's mission is to build a communications and offender management bridge between the criminal justice and treatment systems which have differing philosophies and objectives
- ❖ Key functions include case management services, drug testing and assisting with the acquisition of ancillary services such as employment, housing and food.
- ❖ There are 15 TASC programs across Ohio



# WOMEN

## Funding -11.1 million

- ❖ Reimburse for treatment for any woman who may not meet Medicaid eligibility
- ❖ Used mainly for the support of Recovery Services to include but not limited to:
  - ❖ Recovery Housing – while engaged in treatment services
  - ❖ Housing Assisting to support Recovery
  - ❖ Clothing, child care, baby items
  - ❖ Job training
  - ❖ Transportation
  - ❖ Utilities
  - ❖ Down payments – transition to self sustainability.



# PEER SUPPORT

**Grants of various amounts are awarded to Board areas:**

- ❖ Funding for the support and participation of Peers in conferences
- ❖ Funding for individual peer participation in Ohio Citizen Advocacy
- ❖ Funding for Peer services that are not billable through Medicaid
- ❖ Funding for Peers to participate in state wide committees



# BOARD FUNDING FOR AOD SERVICES

These dollars are to be used to assist Ohioans or to fund services for those not eligible for Medicaid reimbursement. Examples of such services include

- ❖ Assessment/care coordination
- ❖ Medically managed/Residential/outpatient services
- ❖ Emergency/crisis services
- ❖ Housing/employment/vocational/educational opportunities.
- ❖ Multiple pathways to recovery/parent advocacy connections/education for families



# SYNAR

Section 1926 of the U.S. Public Health Services Act, referred to as the Synar Amendment, requires states to decrease youth access to tobacco. All states are required to:

- ❖ have a law making the sale of tobacco products to minors illegal;
- ❖ conduct random, unannounced inspections of tobacco retail outlets in a scientific manner to check the compliance with state law; and
- ❖ Submit a report each year on the enforcement of state law activities conducted the previous year, enforcement plans for the coming year and the extent of success in reducing the availability of tobacco products to minors to the Substance Abuse and Mental Health Services Administration (SAMHSA).



Promoting wellness and recovery

Mike DeWine, Governor  
Lori Criss, Director

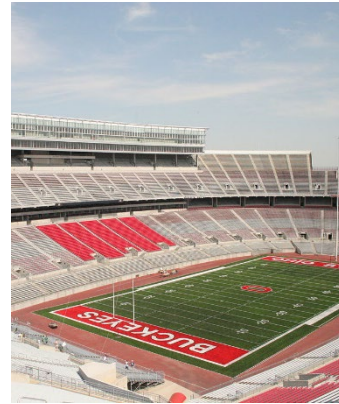
## Contact Information

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# Leveraging SABG and Medicaid in Washington State

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June 5, 2019



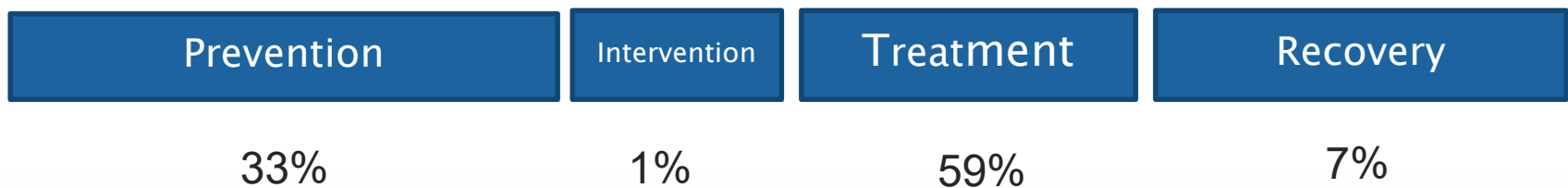


# Medicaid Expansion

## SABG Pre-Medicaid Expansion (\$60,468,224)



## SABG Post-Medicaid Expansion (\$286,695,516)



# 1115 Waiver: New Opportunities

- Initiative 1: Transformation through Accountable Communities of Health
- Initiative 2: Long-Term Services & Supports
- **Initiative 3: Supportive Housing and Supported Employment**
- **Initiative 4: Institute of Mental Disease (IMD)**
  - CMS requires states to meet certain milestones. Many of these are already met by our state.
    - Provide full range of SUD services (outpatient, W/M, residential).
    - Use of evidenced based assessment (ASAM), specific to Fee-for Service
    - U/M using independent assessment.
    - Implement specific residential treatment qualifications.
    - Residential SUD providers have MAT available on or off site.
    - Opioid prescribing guidelines and expanded coverage of Naloxone.

# SABG Treatment Service Examples

- Hub and Spoke Model –
  - \$790,000 SABG July 1 2018 to June 30, 2019
  - Coordinated, systemic response to the complex issues focusing on Medication Assisted Treatment (MAT)
  - Identify, collaborate and contract to provide MAT care
  - Staffed with nurse care managers and care navigators
- Naloxone
  - Began April 2019 to 5 high need areas
  - Distributed 10,344 kits
- Tribal Opioid Grants
  - \$1.45M SABG for the period July 1, 2018 to June 30, 2019 to combat the opioid crisis in their communities
    - Medication Assisted Treatment
    - Recovery Coaching (connecting individuals with OUD to a peer)
    - Lockbox training and distribution
- Washington Recovery Helpline

# SABG Prevention Services

- Prevention Programs
  - Tribal Prevention and Wellness Program
  - Community Prevention and Wellness Initiative (CPWI)
  - Office of Superintendent of Public Instruction (OSPI)
  - Community-Based Organization Grants (CBO)
  - Multiple State Projects
- Opioid Prevention Website Resources
  - GetthefactRX.com
  - WATribalOpioidSolutions.org
- Public Education Campaign
  - [www.StartTalkingNow.org](http://www.StartTalkingNow.org) which focuses on preventing underage alcohol and marijuana use

# SABG Recovery Supports & Outreach

- 2SHB 1528 – Recovery Support Services
  - Recovery Residence
  - Home-like environment
  - Promotes health recovery from SUD
- Substance Use Disorder Peer Program
  - SPA amended so all SUD peers are able to bill Medicaid
  - More than 400 SUD peers trained per year
- Peer Pathfinder
  - Provide outreach to individuals with suspected OUD. Outreach includes:
    - Support
    - Encouragement
    - Resources
- Supporting Recovery in Communities (Recovery Cafes)
  - Supports individuals in community to reduce isolation, decreases homelessness, and increases employment and stability

# Questions?

More Information:

[www.hca.wa.gov/health-care-services-supports/behavioral-health-and-recovery](http://www.hca.wa.gov/health-care-services-supports/behavioral-health-and-recovery)

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