



# Medicaid and Opioid Use Disorder

Update on MACPAC Work and Federal Developments



Medicaid and CHIP Payment and Access Commission

Erin McMullen and Nevena Minor

# Overview

- MACPAC work to date
- Recent federal developments
- Current and upcoming work

# MACPAC Work to Date

- June 2016 state plan compendium of behavioral health benefits, including for substance use disorders (SUDs)
- October 2016 presentation on prescription opioid use in Medicaid
- March 2017 panel on state initiatives to expand access to treatment
- Chapter in June 2017 Report to Congress
  - Prevalence: opioid use, misuse, and use disorders
  - State responses: regulating opioid prescribing, opioid use disorder treatment coverage, and delivery system innovation
  - Challenges: e.g., care fragmentation, workforce, coverage policies, IMD exclusion, privacy regulations

# HHS 5-Point Opioid Strategy

Released April 2017

- Improve access to treatment and recovery services
- Promote use of naloxone
- Strengthen public health surveillance to better understand the epidemic
- Provide support for research on pain and addiction
- Advance better pain management practices

# Selected Federal Activities

## State Opioid Workshop

- Sponsored by SAMHSA, CMS, CDC
- State-to-state learning for state Medicaid and behavioral health authority staff

## CMS Medicaid Innovation Accelerator Program (IAP)

- Technical assistance and educational curriculum to support delivery system reforms
- SUD track: design, implementation, and improvement of treatment benefits and care delivery

# Institutions for Mental Diseases (IMD) Exclusion

## GAO Report (August 2017)

- In response to congressional request
- In 2015, nearly half of inpatient and residential SUD treatment facilities may have been IMDs
- Significant state variation in treatment capacity
  - Range: 16.2 in ID to 779.5 in RI, per 100,000 adults
- Some small facilities not subject to IMD exclusion had waitlists or turned individuals away

# IMD Exclusion (cont.)

## Two CMS pathways for federal financial participation for SUD care in IMDs

- 1115 waivers for innovation in SUD treatment
  - Residential providers must meet American Society of Addiction Medicine (ASAM) Criteria
  - 5 states approved; at least 7 awaiting approval
- Subregulatory guidance on managed care rule's in-lieu-of service provision
  - Clarifies when capitation payments can be made

# Federal Grants

- Large share authorized by 21<sup>st</sup> Century Cures Act (\$1 billion over 2 yrs) and Comprehensive Addiction and Recovery Act (\$181 million yearly for 5 yrs)
- SAMHSA, CDC, and HRSA grants fund range of activities:
  - expand access to naloxone, medication-assisted treatment (MAT), and long-term recovery support services
    - including to Medicaid enrollees where Medicaid provides no or insufficient coverage for a service
  - rural treatment expansion, e.g., through telemedicine
  - SUD treatment integration into primary care in FQHCs
  - state health dept. activities to promote safer opioid prescribing (e.g., drug monitoring programs; engagement with payers, including Medicaid)
  - expand and improve data collection and analysis on opioid misuse and use disorders



# President's Commission on Combating Drug Addiction and the Opioid Crisis

- Study federal response and make recommendations to President for improvements
- Draft recommendations (final due Nov. 1) include:
  - Medicaid waiver approvals to all states to end IMD exclusion
  - CMS letter to state health officials requesting Medicaid programs cover all MAT medications
  - better align SUD patient privacy laws with HIPAA so all treating clinicians are aware of patient's SUD
  - require facilities licensed to provide MAT to offer all MAT modes
  - require that FQHCs mandate staff MDs, PAs, and NPs to have buprenorphine prescribing waivers
  - utilize a standardized parity compliance tool for parity enforcement

# Current and Upcoming MACPAC Work

# ASAM Criteria

- American Society of Addiction Medicine (ASAM) Criteria for SUD treatment most widely recognized guideline
- Identifies 5 broad levels of service across the SUD treatment continuum
- Ensuring access to treatment across continuum allows individuals to enter SUD treatment at clinically appropriate level of care and step up or down as needed
  - In practice, may not be possible. No payment for certain services, or limited service providers

# Continuum of Care

## ASAM's 5 broad levels of care

- Level 0.5, Early Intervention
- Level 1.0, Outpatient Services
- Level 2.0, Intensive Outpatient Services
- Level 3.0, Residential/Medically Monitored Inpatient Services
- Level 4.0, Medically Managed Intensive Inpatient Services

## Recovery support services

- Important component of supporting those in treatment and recovery, but not included in ASAM Criteria
- Include peer support, supported employment, 12-step programs, recovery housing, recovery check ups, etc.

# MACPAC Analysis - Gaps in Care Continuum

## Residential treatment (ASAM Level 3)

- Level 3 services include 4 discrete levels of care that have not been analyzed by MACPAC
- Includes IMD services approved through waivers or provided as an in-lieu-of service

## Outpatient, Intensive Outpatient and Inpatient Treatment (ASAM Levels 1, 2, and 4)

- Some services captured in MACPAC's 2016 behavioral health compendium.

# MACPAC Analysis - Gaps in Care Continuum (cont.)

- Document reasons for variation in coverage through state interviews
- Potential questions for states include:
  - Are services provided through other channels?
  - Are there barriers to contracting with providers?
  - Are there financial barriers?
  - Are there administrative burdens?
  - Are state laws or regulations prohibitive?

# Recovery Support Services

- Many recovery supports not eligible for federal Medicaid match
- Identification of state-by-state coverage policies for recovery support services to include state plan services and those provided through waivers
- Some services captured in MACPAC's 2016 behavioral health compendium

# Expert Roundtable on 42 CFR Part 2

- MACPAC to convene a roundtable at the end of November
  - Better understand how privacy regulations for SUD treatment records (42 CFR Part 2) affect clinical and administrative practices
  - Identify if changes or additional guidance is needed
- Participants include Medicaid and substance use agency staff, Medicaid health plans and providers, patients, and legal experts



# Next Steps

- Comments on approach to collect information to assess gaps in care, including interviews with states?
- Specific outpatient services (ASAM Level 1) the Commission is interested in examining?
- When assessing Medicaid coverage policies, focus on a subset of recovery support services more likely to be covered by Medicaid?



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