



Substance Use Disorder Continuum of Care and the IMD Exclusion

Medicaid and CHIP Payment and Access Commission
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Introduction

Context:

- Identify gaps in the substance use disorder (SUD) continuum of care
- Residential treatment part of a broader continuum of care
- Coverage of residential SUD services affected by IMD exclusion

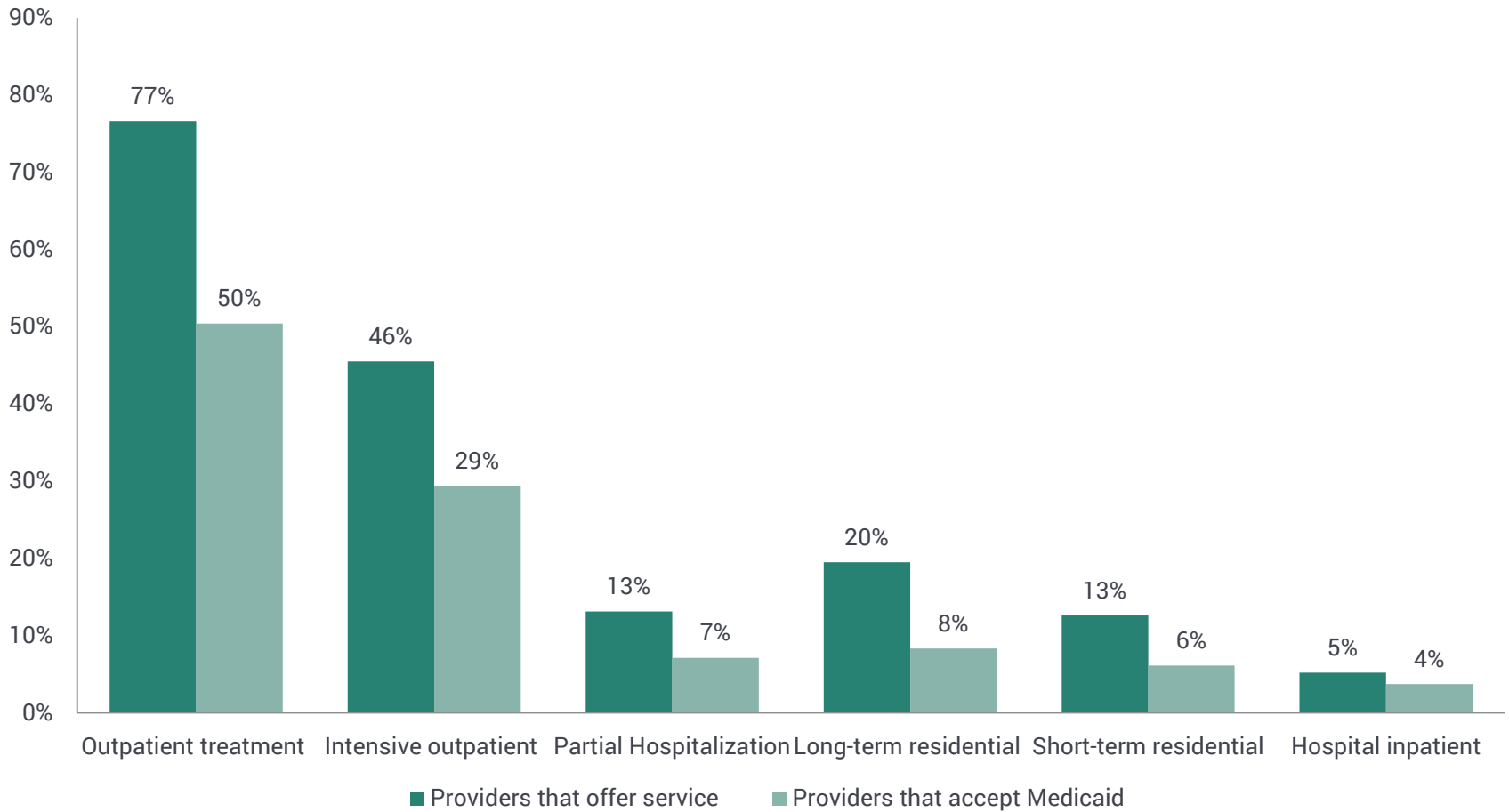
Presentation today:

- Identifying gaps using ASAM
- Access to SUD treatment
- Medicaid coverage of SUD Continuum
- Gaps in treatment
- Pathways to pay for IMD services
- Early results: states offering the full continuum
- Observations

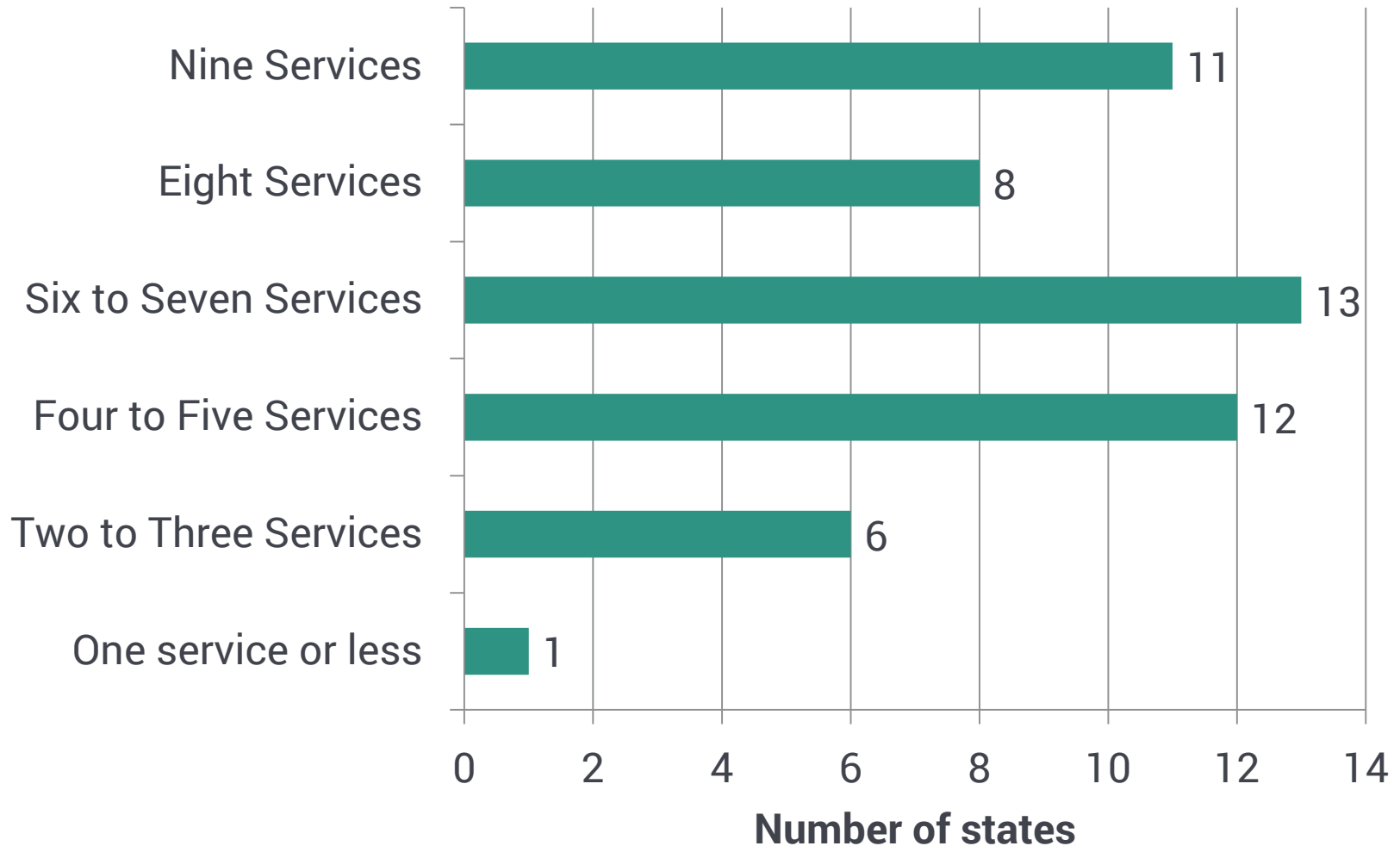
Identifying Gaps using the ASAM Criteria

- American Society of Addiction Medicine (ASAM) Criteria for SUD treatment most widely recognized guideline
- Level of care determination doesn't rely on diagnosis alone
- 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 Medicaid payment for certain services, or limited availability of service providers

Access to SUD Treatment



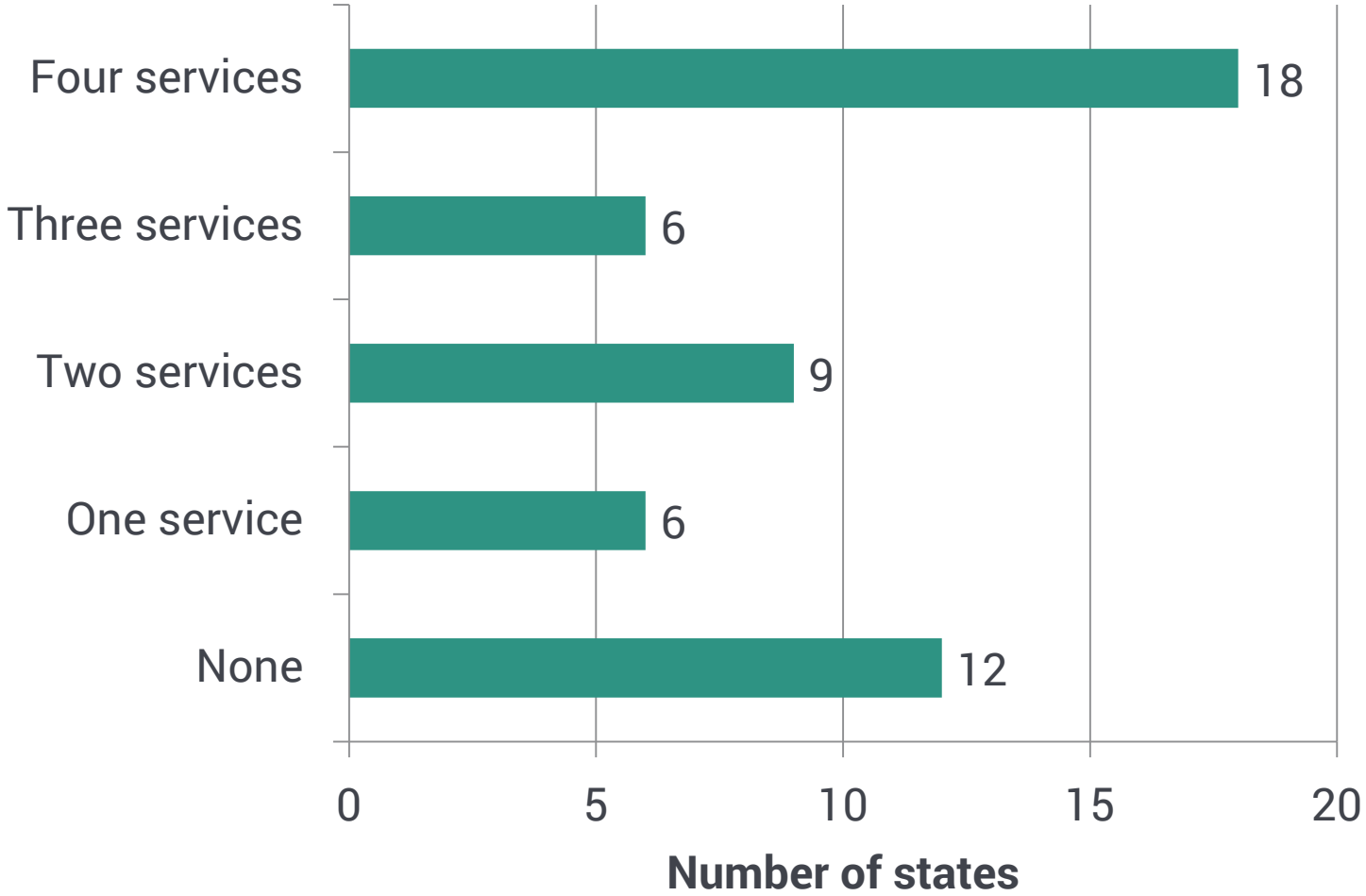
Medicaid Coverage of SUD Continuum



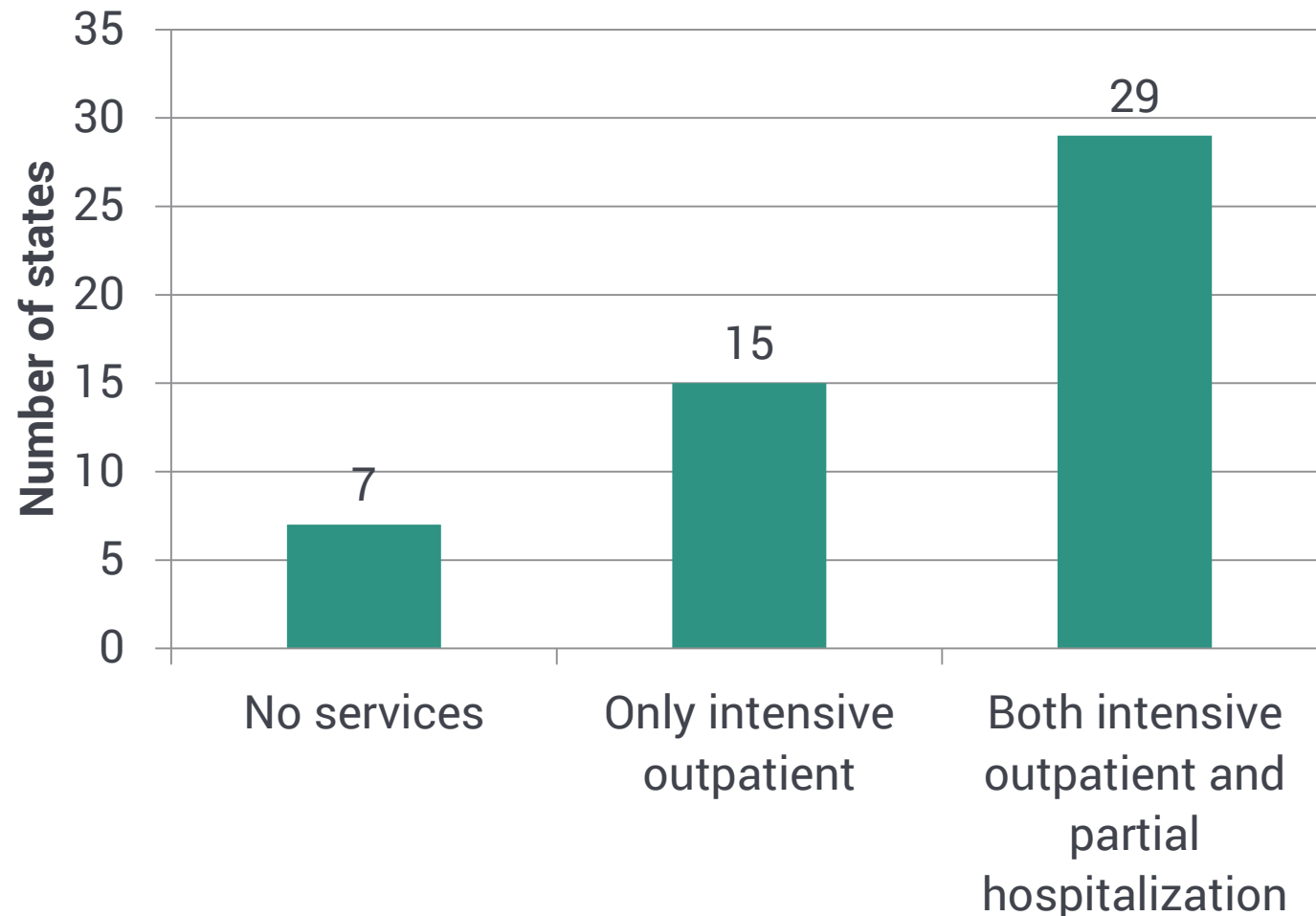
Medicaid Coverage of SUD Continuum (cont.)

- Majority of states pay for:
 - Early intervention (ASAM Level 0.5) – 42 states and DC
 - Outpatient services (ASAM Level 1.0) – 49 states and DC
 - Medically managed intensive inpatient services (ASAM Level 4.0) – 43 states
- Intensive outpatient and partial hospitalization (ASAM Level 2.0) includes 2 discrete services and has some gaps.
- Residential services (ASAM Level 3.0) includes 4 discrete services. Many gaps exist.

Gaps in Residential SUD Treatment



Gaps in Intensive Outpatient and Partial Hospitalization



Pathways: Use of IMDs under Managed Care

In-lieu of Provision:

- Service isn't included in the state plan
- Limits IMD stays to 15 days per month

Of the 39 states that operate managed care programs:

- 26 reported plans to use in-lieu of provision
- 19 states concerned that it does not meet the needs of beneficiaries with SUD
- 15-day limit seen as too restrictive

Pathways: Use of IMD under 1115 Waivers

Requirements

- States must meet requirements related to provider qualifications, evaluations and reporting.

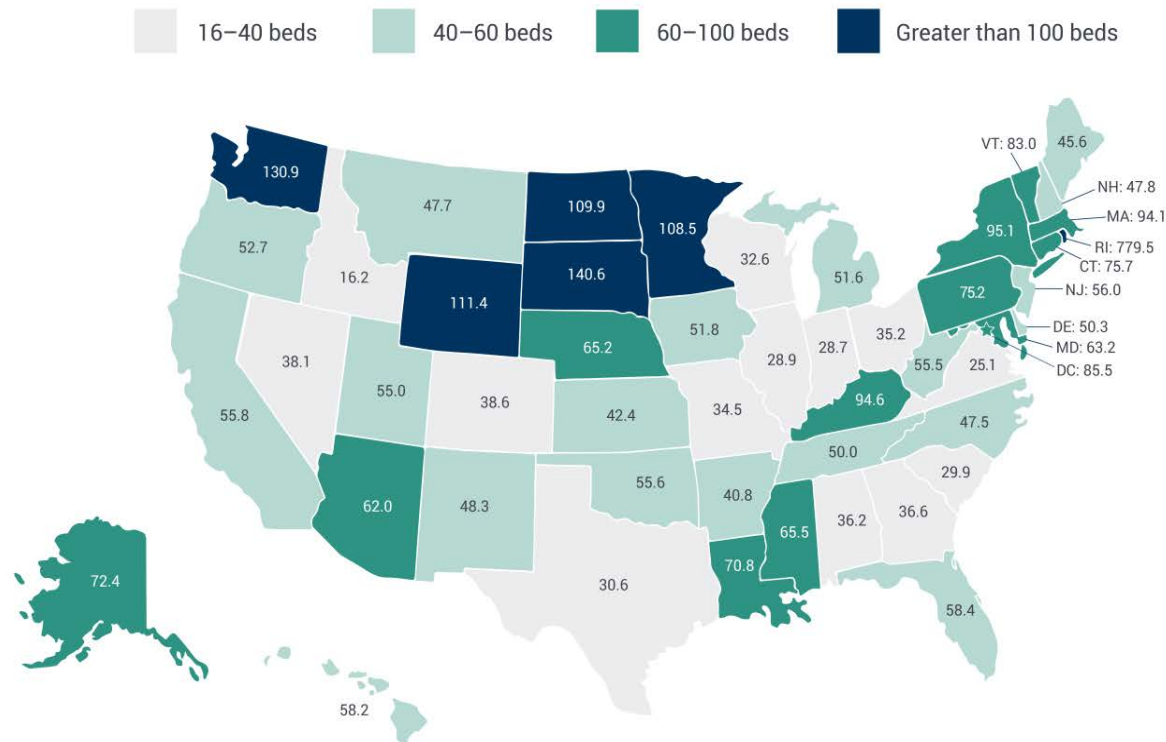
Approved and pending waivers

- 17 states requested: 9 approved; 8 pending
- Some states place day limits (ranges from 30 to 90 days)

Early Results from States Offering Full SUD Continuum: California

- Waiver is being implemented in phases. As of June 2017, only 3 counties had fully approved contracts.
- Early evaluation findings based on stakeholder surveys, interviews, and non-claims-based data.
- Highlights from evaluation include:
 - Access concerns
 - Care transitions
 - Challenges implementing evidenced-based practices
 - Increased coordination with other systems of care

Number of inpatient residential SUD beds per 100,000 population by state, 2015



Early Results from States Offering Full SUD Continuum: Virginia

- Discussed at the January Commission meeting
- Increase in SUD service utilization
- Decline in emergency department visits; however total emergency department visits for all Medicaid members also decreased

Observations

Factors influencing a state's ability to offer the full continuum and seek a Section 1115 waiver may include whether they:

- already pay for the majority of the levels of care described by ASAM;
- pay for ASAM levels of care using non-Medicaid funding streams; or
- utilize the ASAM criteria, or another standard, within their health care system.

Observations (cont.)

States are at various stages at implementing an SUD continuum of care

- Gaps exist for residential services and partial hospitalization
- CMS promotes full continuum
- Results from 1115 evaluations limited



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