

## Access to Substance Use Disorder Treatment in Medicaid

**Draft Chapter** 

Medicaid and CHIP Payment and Access Commission

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### **Session Overview**

- Chapter builds on June 2017 report to Congress
- Chapter sections
  - Components of a substance use disorder (SUD) continuum of care
  - Access to SUD treatment services: coverage, provider supply and participation
  - Opportunities: Section 1115 SUD waivers
  - Conclusions and next steps
- Chapter feedback

## **Components of SUD Continuum of Care**

- Continuum of care allows management of SUD over extended period of time as health care needs change
- Clinical components
  - American Society of Addiction Medicine (ASAM) defined levels of care
  - Medication-assisted treatment (MAT)
- Non-clinical components
  - Recovery support services

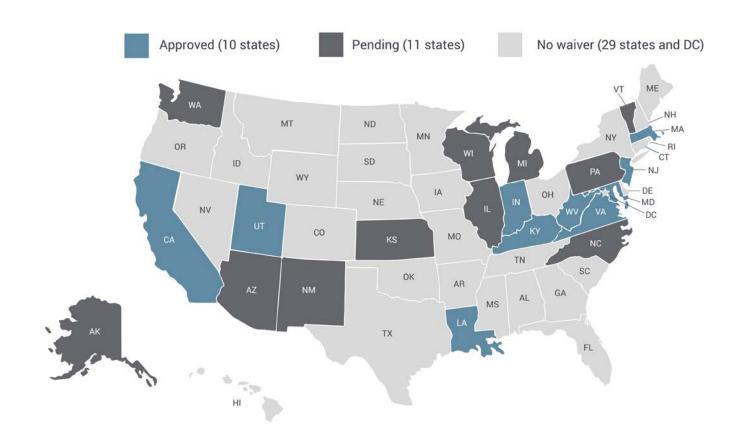
### **Access Framework**

- Coverage
  - Benefits under state plan and Section 1115 waivers make up SUD delivery system
- Provider supply
  - Delivery system needs adequate supply of providers
  - Providers must be located where beneficiaries live
- Provider participation
  - Providers must be willing to participate in Medicaid and accept new patients

## **Coverage of Clinical Services: ASAM Levels of Care**

- On average, states cover 6 out of 9 services
- Largest gaps in coverage
  - Partial hospitalization: covered in 33 states
  - Residential SUD treatment: 17 states cover all 4 levels of residential care
- States can pay for residential treatment in facilities with fewer than 16 beds, but many choose not to
- Two pathways to pay for residential treatment in IMDs:
  - Managed care "in lieu of"
  - Section 1115 SUD waivers

## States with Approved or Pending Section 1115 SUD Waivers, 2018



### **Coverage of Clinical Services: MAT**

- MAT for opioid use disorder includes 3 FDAapproved drugs
- All states offer a prescription drug benefit
  - All states pay for buprenorphine; 49 pay for naltrexone
  - States are not required to pay for methadone; 38 do
- Drug coverage must be considered with treatment setting

## **Coverage of Non-Clinical Services: Recovery Supports**

- Limited information on Medicaid coverage of recovery support services.
- MACPAC 2015 state plan analysis notes:
  - 14 states covered peer support services
  - 9 states and DC covered supported employment

### **Provider Supply**

- ASAM Levels of Care
  - Most SUD facilities offer outpatient treatment
  - Few offer intensive outpatient, partial hospitalization, and short-term residential treatment
  - Providers available to provide services varies by state

#### MAT

- Only 2.7 percent of SUD facilities offer all 3 forms of medication
- Opioid treatment programs mostly in urban areas
- Few physicians certified to prescribe buprenorphine; regional disparities
- 72 percent of buprenorphine providers only certified to prescribe to 30 individuals

## **Provider Participation**

- ASAM levels of care
  - 62 percent of SUD facilities accept Medicaid
  - Ranges from 29 percent in California to 91 percent in Vermont
  - 60 percent of counties have at least one outpatient SUD facility that accepts Medicaid
  - Providers of residential and partial hospitalization accept
     Medicaid at a lower rate than those offering outpatient

#### MAT

- In 2016, 69 percent of physicians in the U.S. accepted new Medicaid patients
- Buprenorphine provider participation in Medicaid unclear

## **Opportunities: Section 1115 SUD Waivers**

- Multi-pronged opportunity to address:
  - Coverage
  - Provider supply
  - Provider participation
- Waiver requirements
  - States must demonstrate how inpatient and residential care will supplement community-based services
  - Provider requirements
  - Reporting requirements
- Comprehensive strategies from two states highlighted in chapter

### **Conclusions**

- An effective Medicaid response to the opioid epidemic requires:
  - Payment for the full continuum of care
  - Access to specialty SUD providers
  - Provider participation in Medicaid
- Gaps in coverage
  - Only 11 states pay for the full continuum of care
  - Policymakers have focused on IMD but gaps in coverage are present at other levels of care
  - Section 1115 waivers are not a viable option for all states

### **Next Steps**

- Recovery support services
  - What services are states paying for under the state plan, Section 1115 SUD waivers, and home and community-based waivers?
  - How do these services complement ASAM levels of care?

#### MAT

- How do state-level policies influence utilization?
- Is MAT, including methadone, accessible for beneficiaries?



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