



Recovery Support Services for Medicaid Beneficiaries with a Substance Use Disorder

Medicaid and CHIP Payment and Access Commission

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Overview

- Commission expressed interest in examining how states complement coverage of clinical substance use disorder (SUD) treatment with payment for recovery support services
- Recovery support services are non-clinical services that address psychosocial factors in an individual's environment and provide emotional and practical support to maintain remission (e.g., peer support, supportive housing)
- Such services can be provided in conjunction with clinical treatment

Medicaid's Role as a Payer of Recovery Support Services

- Historically, payment for recovery supports limited to beneficiaries with mental health conditions
- States increasingly paying for recovery supports for beneficiaries with an SUD
- States predominately use state plan rehabilitative services option to pay for these services
 - But, more are using Section 1115 SUD demonstrations
 - Also paying for recovery supports via bundled payments to health homes and certified community behavioral health clinics

Approach

- MACPAC contracted with RTI International to compile Medicaid coverage policies for recovery support services
- Project was conducted in two phases
- Interviews with 10 subject matter experts to identify recovery support services that Medicaid could provide to beneficiaries with an SUD
- State-level assessment of recovery support services being provided in all 50 states and DC
 - Included Medicaid state plans, Section 1115 demonstrations, managed care waivers, home and community-based services (HCBS) waivers, and certified community behavioral health clinic demonstrations

Interview Findings

- No consistent Medicaid definition of recovery support services
- When Medicaid does pay for recovery supports, sometimes limited to certain professionals or settings
- Many recovery support providers rely on non-Medicaid funds
- Providers may not be interested in, or may have difficulty billing Medicaid

Policy Review

- Based on findings from interviews, as well as additional research, RTI International organized recovery support services into five categories:
 - Comprehensive community supports
 - Peer support services
 - Skills training and development
 - Supported employment
 - Supportive housing

Coverage Findings

Recovery support service	Medicaid coverage
Comprehensive community supports	
Services that address barriers that impede the development of skills necessary for independent functioning in the community.	Twenty-seven states cover some form of comprehensive community supports for beneficiaries with an SUD.
Peer support services	
Supportive services delivered by a person in recovery from an SUD.	Thirty-seven states cover some type of peer support for beneficiaries with an SUD.
Skills training and development	
Services that help a beneficiary with an SUD acquire new skills, ranging from life skills to employment readiness and restoration to the community.	Eleven states cover some form of skills training and development for beneficiaries with an SUD.
Supported employment	
Helps individuals achieve competitive employment in community settings.	Eleven states cover supported employment for beneficiaries with an SUD.
Supportive housing	
Evidenced-based intervention that combines housing assistance with wrap-around support services for people experiencing homelessness, as well as other people with disabilities.	Four states covered some form of supportive housing for beneficiaries with an SUD

Provider Qualifications and Treatment Settings

Provider qualifications

- Range of providers, from peers to physicians, can delivery recovery supports
- In most states peers provide services
- Peer workers often have a behavioral health condition and have obtained specific training and certification

Treatment settings

- Services can be delivered in both clinical (e.g., outpatient behavioral health clinic), and community settings (e.g. the beneficiary's home)
- Minority of states restrict services to behavioral health treatment facilities

Coordinating Clinical Treatment and Recovery Support Services

- Access to SUD treatment along a continuum is essential for effective treatment and an individual's recovery
 - Transitions between levels of treatment are important to support recovery
- Case management can help facilitate transitions and help individuals identify and access recovery supports
 - Can also ensure there are no gaps in services
- In its review of state Medicaid programs, RTI International captured instances in which states are paying for case management for beneficiaries with an SUD

Case Management for SUD

Case management service	Medicaid coverage
Recovery management	
Recovery management includes case management or checkups to assess where an individual is in the recovery cycle and what additional recovery support services may be necessary.	Ten states cover some form of recovery management for certain beneficiaries with an SUD.
Transitional case management	
Care management services for a patient following a discharge from a hospital, or facility-based care.	Fifteen states cover transitional case management for certain beneficiaries with an SUD.
Targeted case management	
Case management services that assist individuals in gaining access to needed medical, social, educational, and other services.	Thirty-nine states cover targeted case management to certain Medicaid beneficiaries with an SUD.

Notes: For the purposes of this analysis, covered case management services are those paid for under the state plan, including the health home and rehabilitative option, HCBS waivers, Section 1115 demonstrations, and certified community behavioral health clinic demonstrations. Roughly half of states pay for recovery management through a Section 1115 SUD demonstration, while the remainder of states offer a similar service to beneficiaries enrolled in a health home or through their state plan. Generally, transitional case management is restricted to beneficiaries enrolled in a health home; however some states provide this service through Section 1115 SUD demonstrations, or through their state plan. The majority of states pay for targeted case management through their state plan; however some states pay for it as a bundled service to beneficiaries enrolled in a health home (11 states) or a certified community behavioral health clinic (4 states).

Strategies to Coordinate Clinical Treatment and Recovery Supports

- Through Section 1115 SUD demonstrations, states are expanding access to clinical treatment, offering recovery support services, and providing case management to coordinate care
- Illinois has multiple pilot programs offering case management, peer recovery supports, and supported employment
- Massachusetts has added two recovery support services: recovery supports navigators and recovery coach services

Looking Forward

- States are paying for recovery support services using several approaches
 - Most states pay for peer support
 - Very few states offer supported employment or supportive housing
- In part, limited coverage for some services may stem from a lack of federal guidance
- SUPPORT for Patients and Communities Act (P.L. 115-271) requires CMS to issue additional reports or guidance, or offer states technical assistance on supportive housing for beneficiaries with SUD



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