Behavioral Health Stakeholder Briefing: SUD 1115 Medicaid Demonstration Waiver

November 6, 2019
8:30 – 10:30 am
Ohio Bureau of Worker’s Compensation Auditorium
30 W. Spring St, Columbus

OhioMHAS Director Lori Criss
ODM Director Maureen Corcoran
Welcome to the BH Stakeholder Meeting

The presentation will begin in a few minutes.

For those attending in person:
If you do choose to log in to the webinar, please mute your computer audio or select the “no audio” participation option. This will prevent sound feedback being broadcast at the event.

Those attending by webinar: All webinar participants are muted. You may ask questions by typing into the Question box on the right hand side of the webinar screen.

Make sure your computer audio is turned on in order to hear the broadcast. (There is no telephone dial-in option).
If you are having trouble with the audio, please see instructions HERE.
<table>
<thead>
<tr>
<th>#</th>
<th>TOPIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>SUD 1115 Waiver Background</td>
</tr>
<tr>
<td>8</td>
<td>Ohio’s Braided Strategy for Implementing SUD 1115 Waiver</td>
</tr>
<tr>
<td>10</td>
<td>Addressing Institutions for Mental Diseases (IMD) Status and Beds</td>
</tr>
<tr>
<td>16</td>
<td>Technical Assistance, SUD Services, and Quality</td>
</tr>
<tr>
<td>22</td>
<td>SUD 1115 Waiver Overview and Implementation Milestones</td>
</tr>
<tr>
<td>45</td>
<td>Next Steps</td>
</tr>
<tr>
<td>49</td>
<td>Stakeholder Advisory Process</td>
</tr>
</tbody>
</table>
SUD 1115 Waiver Background
Section 1115 of the Social Security Act gives the U.S. Department of Health and Human Services and the Centers for Medicare & Medicaid Services (CMS), Ohio’s Medicaid oversight agency the authority to waive provisions of the Federal Medicaid Law, e.g., allowing a state to use federal Medicaid funds in ways not otherwise allowed.

Specifically, Ohio’s substance use disorder (SUD) 1115 waiver authorizes the use of federal financial participation (FFP) for services to residents of an institution for mental disease (IMD).
Guidance issued by CMS in November 2017 outlines guidance for states to obtain a SUD 1115 waiver. The guidance requires states to develop a comprehensive approach to treating SUDs, including:

» Provider capacity;
» Provider requirements;
» Patient placement criteria;
» Opioid prescribing, naloxone and prescription drug monitoring;
» Care coordination strategies;
» Evaluation and reporting.

As of November 2019, 28 states and the District of Columbia have requested SUD 1115 waivers, and Ohio is the 26th state to be approved.

2017 State Medicaid Director letter from CMS is available on Ohio’s Medicaid BH website under the SUD 1115 webpage.

Source: MACPAC CMS analysis
Questions
Ohio’s Braided Strategy for Implementing SUD 1115 Waiver
A Two-Pronged “Braided” Strategy

- Improve Clinical Quality and Treatment Outcomes
- Increase Patient Access to Treatment
- Increase Consistency with ASAM Guidelines

Address IMD Status and Beds

- Expand Ohio’s recovery and housing continuum (including supportive housing, recovery housing, etc.)
- Develop workable models to enable conversion of IMDs from current design
- Create Diversification opportunities for IMD providers
Addressing Institutions for Mental Diseases (IMD) Status and Beds
What is an Institution for Mental Disease (IMD)?

An IMD is defined in section 1905(i) of the Social Security Act: 
(42 CFR § 435.1010) –

The institutions for mental diseases (IMD) exclusion has been in place in Medicaid statute since 1965. An IMD is defined as a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, which includes substance use disorders (SUDs).

Whether an institution is an institution for mental diseases is determined by its overall character as a facility established and maintained primarily for the care and treatment of individuals with mental diseases, whether or not it is licensed as such.
What is the Federal Funding Exclusion for Medicaid Services to IMD Residents?

Federal law prohibits state Medicaid programs (like ODM) from receiving federal Medicaid funds for ANY Medicaid services to Medicaid beneficiaries residing or receiving treatment in facilities that meet the IMD definition.  

This includes services rendered in the IMD and outside the IMD

Federal Guidance Re: IMDs is available on Ohio’s Medicaid BH website on the SUD 1115 webpage.
Are there Exceptions to the IMD Definition?

Medicaid payment is available for services provided in IMD facilities under certain authorities.

Authorities include:

• Section 1115 SUD demonstration waivers.
• Section 1115 demonstration waivers for persons with serious mental illness (SMI) or children with serious emotional disturbance (SED) who require short-term psychiatric care.
• 15-day inpatient stays under the In-lieu of Medicaid managed care rule.

In addition, federal law does allow some exceptions to the IMD funding prohibition. Examples include:

• SUD residential facilities providing exclusively lay counseling and social support (i.e., services or activities that are not Medicaid billable).
• Hospital, nursing facility, and intermediate care facilities for members older than 65 or Psychiatric Residential Treatment Facilities for youth younger than 21.
Federal IMD Law and Ohio Medicaid

• In 2018, CMS strongly urged Ohio Medicaid to pursue an SUD 1115 waiver to ensure continued Medicaid federal financial participation for individuals receiving SUD residential treatment.

• This suggestion assumed that some existing Medicaid funded residential facilities may meet the IMD definition.
Questions?
Technical Assistance, SUD Services, and Quality
What are the Benefits of the SUD 1115 Waiver?

• Authorizes Ohio to continue to spend Medicaid dollars on services to IMD residents, while the waiver is in place.

• Gives Ohio time and opportunity to make change to align with Federal law.

• Offer a broader continuum of SUD services.

• Provides flexibility to design demonstrations that improve access to high quality, clinically appropriate treatment for SUDs and to improve outcomes for Medicaid beneficiaries under these demonstrations.
What are the Risks of the SUD 1115 Waiver?

The authority of the SUD 1115 waiver offers temporary relief. It is NOT a permanent solution.

• 1115 waivers are time-limited pilots (i.e., five-year demonstration project).
  ➢ Ohio’s SUD 1115 waiver expires in September 2024.

• Ohio may or may not seek renewal.

• The federal government may or may not approve renewal.
  ➢ For example, under the Bush Administration, CMS did not renew Clinton-era IMD waivers.
Ohio Will Take a Strategic Approach – Compliance with Minimum CMS Requirements is Not Enough

1. Perform a baseline assessment of provider location, service array, capacity, and acceptance of new patients; Identify gaps and potential solutions.

2. Conduct residential provider site visits to identify IMDs; inform a foundation for future change.

3. Provide technical assistance and learning opportunities to:
   » Enhance recovery and housing continuum (supportive housing, recovery housing)
   » Develop workable models and strategies to enable conversion from current design
   » Make revisions to Behavioral Health Redesign and other criteria
   » Create diversification opportunities for IMD providers
   » Enhance community services to divert from residential services
   » Require ASAM as the guiding clinical model
   » Improve quality of treatment and outcomes

4. Ensure sustainability for community-based SUD and MH treatment coupled with enhanced housing strategies.
Using the SUD 1115 Waiver, Ohio Will Develop a Long-Term Strategy for SUD Residential Treatment

<table>
<thead>
<tr>
<th>Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengthen community-based behavioral health service provider network</td>
</tr>
<tr>
<td>Enhance recovery and supportive housing continuum</td>
</tr>
<tr>
<td>Address long stays and wait lists due to unmet housing needs</td>
</tr>
<tr>
<td>Expand transitional housing capacity</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regulatory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Mental Health Act</td>
</tr>
<tr>
<td>Olmstead and ADA requirements re: “most integrated setting”</td>
</tr>
<tr>
<td>Family First Prevention and Services Act: Qualified Residential Treatment Program (QRTP) requirements</td>
</tr>
</tbody>
</table>
Questions?
SUD 1115 Waiver Overview and Implementation Milestones
Overview of Substance Use Disorder 1115 Waiver

• Continued federal financial participation for SUD residential services.

• Significant enhancements to Medicaid’s care coordination services for individuals with SUDs.

• Improve clinical consistency while measuring service outcomes and performance.

• Work to improve care for pregnant women with opioid use disorder and their infants (see next slide).

• [2017 State Medicaid Director letter](#) from CMS is available on Ohio’s Medicaid BH website on the [SUD 1115 webpage](#).
Improve Care for Pregnant Women with OUD and their Infants

Expand treatment for pregnant and post partum women with addictions and their newborn babies with neonatal abstinence syndrome.

» Developing mom/baby dyad treatment and payment model to ensure moms and babies can remain co-located when receiving services

Propose to extend Medicaid eligibility for post partum mothers who have substance use disorders

» Will seek to extend eligibility up to 200% FPL for 12 months post-partum for these women

» Will require CMS waiver approval
Ohio’s SUD 1115 Waiver: Goals

✓ Increase rates of identification, initiation, and engagement in treatment for SUD
✓ Increase adherence to and retention in treatment
✓ Reduce overdose deaths, particularly those due to opioids
✓ Reduce preventable or medically inappropriate use of emergency department and inpatient hospital settings for treatment by increasing access to other services
✓ Reduce readmissions to inpatient hospitals or higher levels of care when the readmission is preventable or medically inappropriate
✓ Work to improve care for pregnant women with opioid use disorder and their infants
✓ Improve access to care for physical health conditions among individuals with an SUD

Ohio has an opportunity to improve access to and quality of residential treatment and rebalance residential and community service capacity with the 1115 SUD waiver.
**SUD 1115 Waiver Implementation Milestones***

1. Coverage of SUD Services across ASAM Continuum from Outpatient Services to Inpatient Hospitalization and MAT
2. Assure Evidence-Based, SUD-Individual Specific Placement Criteria
3. Use Nationally Recognized SUD Program Standards to set SUD Residential Provider Qualifications
4. Assure Provider Network Capacity for ASAM Levels of Care and MAT
5. Implement Treatment and Prevention for Opioid Abuse and Disorders
6. Improve Care Coordination and Transitions Between Levels of Care

*Additionally, future amendment to be proposed will extend Medicaid eligibility to 12 months post partum for Medicaid enrolled women with SUD.*
### Milestone 1: Coverage of SUD Services across ASAM Continuum from Outpatient Services to Inpatient Hospitalization and MAT

<table>
<thead>
<tr>
<th>CMS Requirements</th>
<th>Ohio Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Service measures need to based on ASAM levels of care</td>
<td>• Medicaid BH benefits already meet the CMS requirement because they include all required ASAM levels of care as of January 1, 2018 because of BH Redesign</td>
</tr>
<tr>
<td>• Services must include ASAM Levels 1.0, 2.1, 3.5 or 3.7, 4.0, and WM-3.7, as well as MAT</td>
<td></td>
</tr>
</tbody>
</table>
Milestone 1: Coverage of SUD Services across ASAM Continuum from Outpatient Services to Inpatient Hospitalization and MAT

Timeline

Implementation of new BH benefit package*
January

SUD 1115 waiver approval
October

2018
2019
2020
2024

With the implementation of BH Redesign, Ohio meets the following CMS Requirement: Coverage of ASAM Levels 1.0, 2.1, 3.5 or 3.7, 4.0, and WM-3.7, as well as MAT

*The new BH benefit package was offered to outpatient hospitals beginning August 1, 2017
**Milestone 2: Assure Evidence-Based, SUD-Individual Specific Placement Criteria**

<table>
<thead>
<tr>
<th>CMS Requirements</th>
<th>Ohio Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Provider assessment of an individual’s treatment needs must be based on ASAM criteria</td>
<td>• Assure use of ASAM in patient assessment &amp; placement tools</td>
</tr>
<tr>
<td>• Utilization management should assure access equivalent with patient diagnosis &amp; level of need</td>
<td>• Review MCO UM policies</td>
</tr>
<tr>
<td></td>
<td>• Collect &amp; analyze utilization data &amp; develop &amp; make UM policy changes (comply with ASAM &amp; MHPAEA)</td>
</tr>
<tr>
<td></td>
<td>• Develop guidance for MCOs &amp; providers</td>
</tr>
</tbody>
</table>
Milestone 2: Assure Evidence-Based, SUD-Individual Specific Placement Criteria

Timeline

- **July 2019**: Review MCO UM policies
- **February 2020**: Require MCOs to use ASAM in patient utilization management decisions
- **July 2020**: Develop new PA/UM model
- **January 2021**: Implement the new UM policy (target for OAC rule change to become effective)
- **July 2021**: SUD 1115 waiver approval
- **2024**: Milestone
Milestone 3: Use Nationally Recognized SUD Program Standards to set SUD Residential Provider Qualifications

### CMS Requirements

- Residential provider qualifications must meet ASAM standards re: services, hours, & staff credentials
- State process must exist to review compliance of residential providers with ASAM standards
- All residential providers must either offer Medication-Assisted Treatment (MAT) on-site or facilitate access off-site

### Ohio Status

- Update state policy (OAC rules, manuals) to meet CMS requirements for provider standards
- Plan & implement site visits to residential providers to assess program standards for services, hours of clinical treatment, staff credentials, regulatory compliance & offer TA as needed
- Assess MAT access for individuals in residential treatment
- Assess the need for changes to state policy or credentialing standards to assure ASAM compliance and MAT access
- Require MCOs to comply with state credentialing & SUD residential program standards
Milestone 3: Use Nationally Recognized SUD Program Standards to set SUD Residential Provider Qualifications

Timeline

- **2019**
  - SUD 1115 waiver approval

- **2020**
  - Conduct onsite visits

- **2021**
  - Update policy to meet CMS provider qualification requirements
  - Conduct onsite visits

- **2022**
  - Implement policy and process for ongoing provider reviews and MAT access

- **2024**
“Medication-assisted treatment” means alcohol and drug addiction services that are accompanied by medication approved by the United States food and drug administration for the treatment of alcoholism or drug addiction, prevention of relapse of alcoholism or drug addiction, or both.”
MAT consists of both counseling and medication:

Counseling is part of the residential treatment provider’s responsibility. Medication can be offered either on-site or from another provider.

Medication-Assisted Treatment (MAT) medications include: Methadone (liquid), Buprenorphine (various forms), Naltrexone (injectable, oral).

• Ohio recognizes that MAT is complex and this topic will be addressed in more detail in future stakeholder engagement work.
**Milestone 4: Assure Provider Network Capacity for ASAM Levels of Care and MAT**

<table>
<thead>
<tr>
<th>CMS Requirements</th>
<th>Ohio Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Assess &amp; assure adequate provider capacity for:</td>
<td>• Perform baseline data review re: provider location, service array, capacity &amp; acceptance of new patients</td>
</tr>
<tr>
<td>– MAT</td>
<td>• Identify providers who are accepting new patients</td>
</tr>
<tr>
<td>– Outpatient</td>
<td>• Develop access standards for ASAM levels of care</td>
</tr>
<tr>
<td>– Intensive outpatient</td>
<td>• Require MCOs to meet access standards</td>
</tr>
<tr>
<td>– Withdrawal management</td>
<td></td>
</tr>
<tr>
<td>– Residential</td>
<td></td>
</tr>
<tr>
<td>– Inpatient services</td>
<td></td>
</tr>
<tr>
<td>– Accepting new patients</td>
<td></td>
</tr>
</tbody>
</table>
Milestone 4: Assure Provider Network Capacity for ASAM Levels of Care and MAT

**Timeline**

- **SUD 1115 waiver approval**
  - October 2019

- **Perform provider survey**
  - May 2020

- **Gather existing data on provider capacity**
  - June 2020

- **Analyze survey results**
  - July 2020

- **Review MCO access standards and implement needed changes**
  - January 2021

- **Implement new MCO access standards through 2024**
  - 2021-2024
## Milestone 5: Implement Treatment and Prevention for Opioid Abuse and Disorders

<table>
<thead>
<tr>
<th>CMS Requirements</th>
<th>Ohio Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Implement state guidelines for all prescribers</td>
<td>• Continue to expand use of electronic health records &amp; Rx dispensing software</td>
</tr>
<tr>
<td>• Expand coverage of &amp; access to naloxone</td>
<td>• Correlate long term opioid use to clinician prescribing (ODM work with the Ohio Board of Pharmacy)</td>
</tr>
<tr>
<td>• Increase utilization of Prescription Drug Monitoring Programs (In Ohio this is the Prescription Reporting System - OARRS)</td>
<td>• Expand data collected in the Ohio OARRS</td>
</tr>
<tr>
<td>– Includes health information technology requirements dedicated to improving OARRS</td>
<td>– Flag individuals in drug court programs</td>
</tr>
<tr>
<td></td>
<td>– Fatal &amp; nonfatal overdoses</td>
</tr>
<tr>
<td></td>
<td>– Utilization of naltrexone</td>
</tr>
<tr>
<td></td>
<td>• Enforce inappropriate overprescribing &amp; prescribing outside of accepted guidelines</td>
</tr>
</tbody>
</table>
Milestone 5: Implement Treatment and Prevention for Opioid Abuse and Disorders

Timeline

- SUD 1115 waiver approval
- Continue to implement treatment and prevention for opioid abuse and disorders
Milestone 6: Improve Care Coordination and Transitions Between Levels of Care

<table>
<thead>
<tr>
<th>CMS Requirements</th>
<th>Ohio Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Implement policies to ensure residential &amp; inpatient facilities link individuals with community-based services upon discharge</td>
<td>• Continue Targeted Case Management (TCM), which includes care coordination activities</td>
</tr>
<tr>
<td>• Add policies to ensure coordination of care for individuals with SUDs &amp; co-occurring physical &amp; mental health conditions</td>
<td>• Enhance care coordination:</td>
</tr>
<tr>
<td></td>
<td>– Review &amp; analyze Medicaid claims data</td>
</tr>
<tr>
<td></td>
<td>– Use data analysis to develop care coordination models specific for highest need target populations</td>
</tr>
<tr>
<td></td>
<td>– Implement care coordination for identified target populations</td>
</tr>
</tbody>
</table>
Behavioral Health Care Coordination Principles

- Ohio Medicaid and OhioMHAS are committed to a behavioral health provider model of care coordination for adults and kids.

- Goal: Individualize care for the people who need it - there is not a “one size fits all” approach across and within populations.

- Looking at critical needs for:
  - Adults with serious and persistent mental illness
  - Adults with substance use disorders
  - Adolescents with substance use disorders
  - Multi-system youth and children with serious emotional disturbances
Behavioral Health Care Coordination Principles, Continued

- Exploring different care coordination approaches to address and support:
  - Individuals with chronic physical health conditions that are not well-controlled
  - Individuals with high utilization of emergency department and inpatient hospital admissions for behavioral health conditions
  - Revisiting existing services with care coordination components, such as Assertive Community Treatment (ACT) and Targeted Case Management (TCM) for SUD
  - Care coordination for pregnant women with SUD
  - Multi-system youth
## Enhancing Behavioral Health Care Coordination

<table>
<thead>
<tr>
<th>Model Component</th>
<th>Prior Behavioral Health Care Coordination Model</th>
<th>Considerations for Future Care Coordination Models</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target Population</td>
<td>Single set of MH and SUD selection criteria with limited focus on youth</td>
<td>Multiple attributes to be considered within MH and SUD populations, with greater focus on youth (especially multi-system involvement)</td>
</tr>
<tr>
<td>Attribution Process</td>
<td>Data driven attribution of clients to providers by ODM</td>
<td>Data driven attribution by ODM with more transparent methodology that can be replicated and updated at regular intervals</td>
</tr>
<tr>
<td>Care coordination activities</td>
<td>Single health home model of care coordination activities</td>
<td>Multiple tiers of care coordination (including lower levels) and revisiting existing services with care coordination components (ACT, TCM, CPST, etc.)</td>
</tr>
<tr>
<td>Provider criteria</td>
<td>Single set of provider selection criteria</td>
<td>Provider criteria that aligns with care coordination needs (managing chronic physical health conditions, team-based approach, multi-system needs, pregnant women)</td>
</tr>
<tr>
<td>Medicaid Payment Rate</td>
<td>Single monthly case rate</td>
<td>TBD based on care coordination activities and provider requirements</td>
</tr>
<tr>
<td>Federal Authority</td>
<td>Health Homes</td>
<td>Multiple, including health homes plus possible changes to existing behavioral health benefits with care coordination components (ACT, TCM, CPST)</td>
</tr>
</tbody>
</table>
Milestone 6: Improve Care Coordination and Transitions Between Levels of Care

Timeline

- **October 2019**: SUD 1115 waiver approval
- **January 2020**: Review data and conduct analysis for individuals with SUD
- **July 2020**: Develop care coordination models specific to target populations
- **July 2021**: Implement care coordination for identified populations in a phased-in approach
- **2024**: Milestone
Questions?
Next Steps
What are the Next Steps?

1. Gather existing data re: Ohio’s current provider network*
   - Geographic location and service areas
   - Types of services and levels of care provided
   - Hours of clinical care
   - Credentials of staff

2. Review utilization management policy for SUD services
   - Use data to inform policy changes
   - Implement policy changes in OAC rules and/or Medicaid managed care contracts

3. Address regulatory and programmatic changes required by the SUD 1115 waiver

*Data sources will include SAMHSA provider survey data, MHAS certification data, MITS data, and claims. Supplement existing data with additional provider surveys, if needed.
What are the Next Steps?

4. ODM & OhioMHAS will arrange for a process to conduct on-site visits to SUD residential providers to assess:
   - SUD levels of care according to ASAM clinical criteria
   - Hours of clinical care & service delivery patterns
   - Number of staff & credentials
   - Number of beds
   - Referral relationships
   - Average lengths of stay
   - Discharge planning
   - Provide technical assistance related to ASAM clinical guidelines

   Provider site visits will serve as a starting point for clinical/service and regulatory assessments

5. Develop a robust and meaningful stakeholder advisory process *(more detail in next section)*
Questions?
Stakeholder Advisory Process
Meaningful Stakeholder Involvement
Meaningful Stakeholder Involvement

1. Form an SUD Waiver Advisory Committee including variety of stakeholder representatives, including but not limited to:
   - People with lived experience with SUD/MH and family members
   - Provider agencies (varying ASAM levels of care)
   - Residential providers
   - Housing providers
   - Community partners: ADAMH Boards, child welfare, first responders, hospitals

2. Advisory Committee to react to state proposals re: specific topics such as:
   - Content and process for SUD provider assessment
   - Recommend adequate provider network and access standards
   - Comment on proposed policy changes including utilization management, provider standards, etc.

3. Advisory Committee may recommend forming subcommittees to discuss specific topics, e.g., roundtable for SUD residential providers
Meaningful Stakeholder Involvement

4. Committee meetings will promote openness and transparency

5. Committee meeting frequency established based on need (likely bi-weekly or monthly initially)

6. ODM/OhioMHAS will sponsor CMS-required annual public forums to seek and receive comments on waiver progress. Ohio’s first annual forum to be held in Spring 2020.

7. Stakeholder communication:
   • Use existing communication mechanisms for BH stakeholders: BH-Enroll@medicaid.ohio.gov
   • SUD 1115 webpage on bh.medicaid.ohio.gov: https://bh.medicaid.ohio.gov/Provider/SUD-1115
   • Additional stakeholder meetings to provide updates and offer opportunity for discussion and input as needed
Next Steps for Advisory Committee

- Timeframe for first meeting: Before end of 2019.
- Committee membership TBD will include a small selected, representative membership.
- Stakeholders will have open access to the meetings.
- Meetings will include a time for observers to offer comments or ask questions.
Success will require EVERYONE working together.