



OKLAHOMA

Health Care Authority

MEDICAID SECTION 1115 IMD DEMONSTRATION MID-POINT ASSESSMENT

PACIFIC HEALTH POLICY GROUP – PROVIDER INFORMATION AND FEEDBACK SESSION

APRIL 27, 2023

AGENDA



Welcome and Introductions



IMD Demonstration Overview/CMS Requirements



PHPG Mid-Point Assessment Methods



SUD Assessment Discussion



Next Steps

IMD DEMONSTRATION OVERVIEW

- As part of a Section 1115 Medicaid Demonstration, the federal government can “waive” many, but not all, of the laws governing Medicaid. Demonstrations may include waivers pertaining to who is eligible, what services are covered, how services are delivered and how Medicaid pays for services
- Under Medicaid rules, certain residential treatment and hospital programs larger than 16 beds may be classified as an Institution for Mental Diseases (IMD). Medicaid prohibits reimbursement for IMD services to individuals ages 21-64
- Through the IMD Demonstration, the Centers for Medicare and Medicaid Services (CMS) authorized Oklahoma to receive Medicaid reimbursement for an array of substance use disorder (SUD) treatment services for adults and youth who are served in an IMD setting
- CMS defines the SUD IMD Demonstration goals and requirements that Oklahoma must meet in the Demonstration’s “Special Terms and Conditions” (STCs)

IMD DEMONSTRATION OVERVIEW (CONTINUED)

Demonstration Requirements

Component	Description
Implementation Plan	Plan for meeting CMS-defined service system milestones and IT requirements Quarterly and annual updates submitted by the OHCA
Monitoring Protocol	The OHCA submits to CMS quarterly and annually SUD – 37 metrics (25 of which are required)

The Mid-Point Assessment is an examination of progress in meeting each milestone, timeframe and metric in the approved Implementation Plan and Monitoring Protocol; factors that affected or are likely to affect progress; and the status of “budget neutrality”. The assessment period is 12/20/20 – 12/31/2022

The evaluator assigns each milestone/metric a “risk” rating. For each milestone or metric at medium to high risk of not being met, the evaluator provides recommendations for adjustments in the state’s implementation plan and/or pertinent factors to support improvement

IMD DEMONSTRATION OVERVIEW (CONTINUED)

SUD Coverage - Six CMS Milestones:

1. Access to critical levels of care for OUD and other SUDs (ASAM Continuum);
2. Widespread use of evidence-based, SUD-specific patient placement criteria (ASAM);
3. Use of nationally recognized, evidence-based SUD program standards to set residential treatment provider qualifications;
4. Sufficient provider capacity at each level of care;
5. Implementation of comprehensive treatment and prevention strategies to address opioid abuse and Opioid Use Disorder (OUD); and
6. Improved care coordination and transitions between levels of care

CMS Health IT Plan Requirements for SUD Coverage:

- Increased utilization of prescription drug monitoring program (PDMP) by prescribers; and
- Improved PDMP functionality (e.g., interstate data-sharing; provider reports)

MID-POINT ASSESSMENT METHODS

To identify quantitative and qualitative trends in performance, successes, and challenges, PHPG reviews:

- Quarterly and annual reports to CMS, including the results of required performance measures
- Implementation Plan activities steps and related documentation such as -
 - Medicaid or SUD specific policy and/or rule changes, including public comments;
 - Provider contract requirements or relevant program standards; and
 - Related TA and/or formal training sessions (e.g., ASAM standards and/or best practices), including participant feedback where available
- Information on other relevant initiatives or policies
- Stakeholder input

MID-POINT ASSESSMENT METHODS (CONTINUED)

For each of the CMS requirements being assessed:

- Are there other reports, reference documents or qualitative/contextual data that PHPG should include in the assessment?
- Are there service system considerations that should be mentioned in the findings?
- Are there successes or challenges that should be highlighted in the findings?

SUD ASSESSMENT DISCUSSION

CMS Milestone # 1. Access to critical levels of care for OUD and other SUDs		
Requirement	Implementation Plan Activities	Discussion
<p>Include all ASAM levels of care in Medicaid service array</p>	<p>The OHCA to add State Plan coverage for:</p> <ul style="list-style-type: none"> • ASAM Level 2.5 (Partial Hospitalization) • Methadone for Medication Assisted Treatment (MAT) • ASAM Level 3.1, 3.3, 3.5 and 3.7 (Intensive Residential) • Add ASAM Level 3.7 (Medically managed withdrawal services) <p>Support OTPs to enroll as Medicaid Providers</p> <p>Obtain coverage for IMD settings through Demonstration approval</p>	<p>PHPG will examine documentation of changes made to the State Plan and required SUD monitoring protocol metrics:</p> <ul style="list-style-type: none"> ▪ Number of beneficiaries who used early intervention services ▪ Number of beneficiaries enrolled in any SUD treatment; outpatient; intensive outpatient and partial hospitalization; residential and inpatient; withdrawal management; and MAT ▪ Continuity of Pharmacotherapy for Opioid Use Disorder

SUD ASSESSMENT DISCUSSION (CONTINUED)

CMS Milestone # 2. Use of evidence-based, SUD-specific Patient Placement Criteria		
Requirement	Implementation Plan Activities	Discussion
Providers assess treatment needs based on SUD-specific, multi-dimensional assessment tools, e.g., the ASAM Criteria, or other patient placement assessment tools that reflect evidence-based clinical treatment guidelines	Add Addiction Severity Index (ASI)/ASAM assessment to all levels of care	PHPG will examine CMS-required Monitoring Protocol metrics for Milestone 2. <ul style="list-style-type: none"> ▪ Members treated in an IMD for SUD ▪ Average length of stay in IMDs
Utilization management approaches are implemented to ensure that: <ol style="list-style-type: none"> (a) Beneficiaries have access to SUD services at the appropriate level of care; (b) Interventions are appropriate for the diagnosis and level of care; and (c) There is an independent process for reviewing placement in residential treatment settings 	The OHCA to adopt ODMHSAS residential PA process by 11/1/21 Develop provider education materials Streamline PA process and integrate ASAM LOC tool	

SUD ASSESSMENT DISCUSSION (CONTINUED)

CMS Milestone # 3. Use of nationally recognized, evidence-based, SUD program standards to set residential treatment provider qualifications

Requirement	Implementation Plan Activities	Discussion
Implementation of residential treatment provider qualifications (in licensure requirements, policy manuals, managed care contracts, or other guidance) that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards regarding the types of services, hours of clinical care and credentials of staff for residential treatment settings	Require national accreditation for residential treatment providers	There are no CMS-required metrics for Milestone 3
	Develop Certificate-of-Need (CON) process for new residential programs	
Implementation of a state process for reviewing residential treatment providers to assure compliance with these standards	Adopt current process to SUD residential programs	
Implementation of a requirement that residential treatment facilities offer MAT on-site or facilitate access off site	Amend current OHCA rules	

SUD ASSESSMENT DISCUSSION (CONTINUED)

CMS Milestone # 4. Sufficient provider capacity at each level of care, including MAT		
Requirement	Implementation Plan Activities	Discussion
<p>Complete an assessment of the availability of providers enrolled in Medicaid and accepting new patients in the critical levels of care listed in Milestone 1.</p> <p>This assessment must determine availability of treatment for Medicaid beneficiaries in each of these levels of care, as well as availability of MAT and medically supervised withdrawal management, throughout the state</p>	<p>Education and engagement for new providers</p> <p>Adding State Plan services:</p> <ul style="list-style-type: none"> ▪ ASAM Level 2.5 Partial Hospitalization (10/1/22) ▪ Methadone for MAT; ASAM Level 3.1, 3.3, 3.5 and 3.7; and adolescent residential (10/1/20) 	<p>PHPG will examine documentation of changes made to the State Plan and required SUD monitoring protocol metrics:</p> <ul style="list-style-type: none"> ▪ SUD provider availability ▪ SUD MAT provider availability

SUD ASSESSMENT DISCUSSION (CONTINUED)

CMS Milestone # 5. Implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD

Requirement	Implementation Plan Activities	Discussion
Implementation of opioid prescribing guidelines along with other interventions to prevent prescription drug abuse	N/A Met on Approval	PHPG will examine required SUD monitoring protocol metrics <ul style="list-style-type: none"> ▪ Use of opioids at high dosage in persons without cancer ▪ Concurrent use of opioids and benzodiazepines ▪ ED utilization for SUD per 1,000 Medicaid beneficiaries ▪ Overdose deaths (rate)
Expanded coverage of, and access to naloxone for overdose reversal	N/A Met on Approval	
Implementation of strategies to increase utilization and improve functionality of prescription drug monitoring programs	Health Information Exchange (HIE) procurement to improve interoperability between PDMP and EHRs – ongoing (OK SHINE)	

SUD ASSESSMENT DISCUSSION (CONTINUED)

CMS Milestone # 6. Improved care coordination and transitions between levels of care		
Requirement	Implementation Plan Activities	Discussion
Implement policies to ensure residential and inpatient facilities link beneficiaries, especially those with OUD, with community-based services and supports following stays in these facilities	N/A Met on Approval	<p>PHPG will examine required SUD monitoring protocol metrics</p> <ul style="list-style-type: none"> ▪ Initiation and engagement of alcohol and other drug dependence treatment ▪ Follow-up after emergency department visit for alcohol or other drug dependence
Additional policies to ensure coordination of care for co-occurring physical and mental health conditions	N/A Met on Approval	<ul style="list-style-type: none"> ▪ Follow-up after emergency department visit for mental illness ▪ Readmissions among beneficiaries with SUD

SUD ASSESSMENT DISCUSSION (CONTINUED)

Other Metrics and Assessment Activities	
SUD Monitoring Protocol Metrics	<ul style="list-style-type: none">▪ Number of Medicaid beneficiaries with SUD Diagnosis (monthly)▪ Number of Medicaid beneficiaries with SUD Diagnosis (annually)▪ Inpatient stays for SUD per 1,000 Medicaid beneficiaries▪ Overdose deaths (count)▪ Access to preventive/ambulatory health services for adults

SUD MID-POINT ASSESSMENT NEXT STEPS

For each of the CMS requirements being assessed:

- PHPG has begun collecting source documents and data that has been submitted to CMS by OHCA and ODMHSAS
- PHPG will complete the Mid-Point Assessment by June 30, 2023
- The Mid-Point Assessment is due to CMS in August 2023
- To submit additional information or schedule an ad hoc meeting with the project evaluators (through May 26th):

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