

Reducing Substance Use Disorders

In July 2014, the Centers for Medicare & Medicaid Services (CMS) launched a collaborative between the Center for Medicaid and CHIP Services and the Center for Medicare & Medicaid Innovation called the Medicaid Innovation Accelerator Program (IAP). The goals of IAP are to improve health and health care for Medicaid beneficiaries and to reduce associated costs by supporting states in their ongoing payment and service delivery reforms. IAP represents CMS' unique commitment to support state Medicaid agency efforts toward system-wide payment reform and delivery system innovation. The first IAP program area began in February 2015 and focuses on individuals with substance use disorders (SUD). IAP is also working with states on other health care delivery system reform efforts in three additional program areas: improving care for Medicaid beneficiaries with complex needs and high costs, promoting community integration via long-term services and supports, and supporting integration of physical and mental health care.

SUD Program Area High Intensity Learning Collaborative

As part of the SUD work, IAP supports six states in designing, planning and implementing strategies to improve their SUD delivery systems through a High Intensity Learning Collaborative (HILC). Using a cadre of experts in the field, IAP offers each state technical support to introduce policy, program and payment reforms to:

- Better identify individuals with a SUD,
- Expand coverage for effective SUD treatment,
- Enhance SUD care delivered to beneficiaries,
- Review the availability and quality of medication-assisted treatment (MAT) service delivery, and
- Develop payment mechanisms for SUD services that incentivize better outcomes.

These states have defined measurable goals as part of their participation and have access to a range of resources to assist with meeting them, including virtual monthly meetings, in-person workshops, and one-on-one technical support from dedicated coaches.

KENTUCKY

Among Kentucky's goals for IAP is a commitment to increase the use of evidence-based practices to treat opioid addiction and enhance its provider capacity for SUD treatment. As part of this effort, Kentucky is focused on ensuring appropriate delivery of MAT services and exploring bundled payment models for MAT. An overarching goal of the state is to improve their ability to measure performance improvements by enhancing the quality of its data. IAP assisted Kentucky to standardize its managed care organization (MCO) data, develop structured programming language (SQL) to facilitate reporting of quality measures, and provided learning opportunities focused on performance measurement and data dashboards.

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LOUISIANA

Louisiana has a two part goal focused on (1) increasing early identification of mothers at-risk for SUD and infants at risk for neonatal abstinence syndrome (NAS); and (2) successfully referring identified mothers and infants to treatment. Louisiana is working with three health systems as part of a pilot project to develop a tool kit that would help other sites improve their identification of these mothers and infants and intervene appropriately. IAP technical support included a scan of national best-practice approaches related to NAS and adaptation of these practices to the L.A. Systems®; selection of quality measures to track client, provider, and system-level impact; and engagement of local health systems to adopt new strategies and approaches to improve health outcomes for the target population. IAP hosted several webinars on "at-risk" populations, including pregnant mothers and infants, which provided a forum for Louisiana to discuss their initiatives with leading experts.

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MICHIGAN

Through the IAP, Michigan recalibrated their original goal to pursue a section 1115 demonstration project to expand treatment capacity within the care continuum, following the CMS guidance on the new section 1115 SUD opportunity released in July 2015. Michigan aims to improve access to a full continuum of SUD services for Medicaid beneficiaries based on American Society of Addiction Medicine Treatment Criteria, including short-term residential services. IAP has provided tools and support to Michigan as the state works to thoroughly assess its current SUD delivery system and develop an approach to meet the program criteria described in the guidance. The state is developing a concept paper to document areas of strength and opportunities for improvement within the current delivery system, which will guide the state's work on policy, coverage and operational changes as part of this effort.

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PENNSYLVANIA

Pennsylvania's overall project goal is to reduce opioid-related deaths. To make progress toward this goal, Pennsylvania is focusing on increasing the provision of naloxone to reduce the risk of opioid-related overdose and deaths and improving the initiation and engagement in treatment of individuals with opioid use disorders. As part of this work, the state is working to improve the availability of naloxone, particularly among first responders. IAP worked with Pennsylvania to explore naloxone prescribing patterns, and connected Pennsylvania and other HILC states with leaders of cutting-edge data collection and reporting efforts on opioid-related deaths. IAP also provided model contract language to support Pennsylvania's implementation of an opioid health home.

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TEXAS

Texas' main project goal is to increase utilization of SUD services for adult Medicaid beneficiaries by 100%. The state engages directly with its MCOs, providers, consumers and other stakeholders as part of an effort to identify the access barriers that exist in the system and to help all stakeholders overcome these barriers. Texas received technical support to (1) calculate a return on investment for their SUD system investments; (2) match data across different payers and data systems; (3) survey and engage their MCO partners; and (4) investigate adding peer support specialists to the benefit.

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WASHINGTON

The SUD system in Washington is undergoing a transformation as Medicaid beneficiaries transition into Behavioral Health Organizations across most regions of the state. These organizations combine the regional purchasing of mental health and SUD services into a single entity rather than fee-for-service for SUD and managed care for mental health. The state's initial project goal was to improve continuity of care after discharge from publicly funded withdrawal management settings. The IAP has provided technical resources to Washington on successful strategies for ensuring warm handoffs from withdrawal management to the next level of care. The IAP also hosted a standalone webinar on SUD care transitions, focusing on successful engagement in SUD treatment following detoxification. The state's current goal is to assure Medicaid beneficiaries access appropriate American Society of Addiction Medicine levels of care placement through and beyond this transition to integrated purchasing by the Behavioral Health Organizations.

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CONTACT: If your state is interested in learning more about the Medicaid's IAP SUD Program, email MedicaidIAP@cms.hhs.gov. Additional information on the HILC and the IAP SUD program, including materials from the Targeted Learning Opportunities learning series, is available on the Medicaid IAP SUD webpage. [The CMS guidance on a new section 1115 opportunity for SUD is available here.](#)