SSC Strengthening Systems of Care for People with HIV & Opioid Use Disorder

SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE

WEBINAR

Building Relationships with Your State Medicaid Agency to Improve HIV and Opioid Use Disorder Care

COMPANION GUIDE

APRIL 8, 2021

WHAT'S INSIDE

JSI NASTAD

Introduction

This webinar, **Building Relationships with Your State Medicaid Agency to Improve HIV and Opioid Use Disorder Care**, will provide participants with an opportunity to learn about an overview of the role that Medicaid can play in strengthening HIV and OUD service delivery and financing opportunities, and hear from two states, Rhode Island and Virginia, to learn about their approaches to optimizing relationships with their states' Medicaid agencies.

By the end of this webinar, participants will be able to:

- **Recognize the value** of connecting with their state's Medicaid agency in terms of service delivery and enhancing efficacy of systems of care
- **Describe ways** in which two other states have formed relationships across the HIV Program, Behavioral Health Program, and Medicaid to create financing opportunities for HIV and OUD community-based services
- **Develop initial ideas** on how their agencies can connect with Medicaid

The HRSA-funded initiative *Strengthening Systems of Care for People with HIV and Opioid Use Disorder* (OUD) project provides technical assistance (TA) to enhance system-level coordination and networks of care among Ryan White HIV/AIDS Program (RWHAP) recipients and other federal, state, and local entities. The purpose of this initiative is to ensure that people with HIV and OUD have access to care, treatment, and recovery services that are coordinated, client-centered, and culturally responsive.

JSI Research & Training Institute, Inc. (JSI) is working with the following nine states participating in the initiative: Arizona, Iowa, Louisiana, Massachusetts, New Jersey, Rhode Island, Utah, Virginia, and Washington. JSI is partnering with NASTAD to implement this initiative, with subject matter expertise from Boston Medical Center. All state partners are invited to attend quarterly cross-state webinars.

Presenters

JASON LOWE, MSW, is the SUPPORT Act Grant Manager in the Division Behavioral Health at the Virginia Department of Medical Assistance Services (DMAS is the state agency that administers Medicaid in Virginia). He earned his Master's of Social Work degree with a focus on administration and policy from Virginia Commonwealth University. He has more than 15 years of experience in the public and private sector, primarily focused on substance use disorders and harm reduction. He has managed small and large grants for multiple state agencies and is certified as a professional in healthcare quality.

He created and developed REVIVE!, Virginia's naloxone distribution program, one of the first state-level Opioid Education and Naloxone Distribution (OEND) programs in the country. As SUPPORT Act Grant Manger, Jason continues to pursue his passions of supporting individuals with substance use disorders by strengthening harm reduction, expanding access to treatment, and celebrating individuals in their recovery journey.

Jason can be reached at
jason.lowe@dmas.virginia.gov

AMY KILLELEA, JD, is owner of Killelea Consulting, providing public health policy and financing expertise to governmental public health agencies, non-profits, payers, and providers. Focus areas include: public and private insurance coverage, public health and health care financing strategies, and medication access and pricing. Most recently, Amy worked for nearly nine years at NASTAD (National Alliance of State & Territorial AIDS Directors), leading the organization's policy, health care access, and healthcare financing activities, including overseeing technical assistance and capacity building assistance for HIV and hepatitis health department programs and developing recommendations to inform state and federal policy. Amy has a B.A. from Smith College and J.D. from Georgetown University Law Center.

Amy can be reached at
amyk@killeleaconsulting.com

Presenters cont.

PAUL LOBERTI, MPH, serves as an Administrator for Medical Services with the Rhode Island Medicaid Division in the Rhode Island Executive Office of Health & Human Services. He works with a dynamic team of colleagues as Project Director of the Ryan White Part B grant, and is Director of the HIV Provision of Care & Special Populations Unit as well as the Direct and Founder of a unique project called RI HIV CoEXIST. He is the Director Emeritus of the RI Health System Transformation Program.

In his former role at the Rhode Island Department of Health, he served as the Chief Administrator of the Office of HIV/AIDS and Viral Hepatitis for over fifteen years. He also directed efforts of the Office of Communicable Diseases at the Department of Health. He has been working in public health and health administration for over 30 years. He received his Master of Public Health degree from Boston University School of Medicine/School of Public Health, with a specialty in Social and Behavioral Sciences.

Paul can be reached at Paul.loberti@ohhs.ri.gov

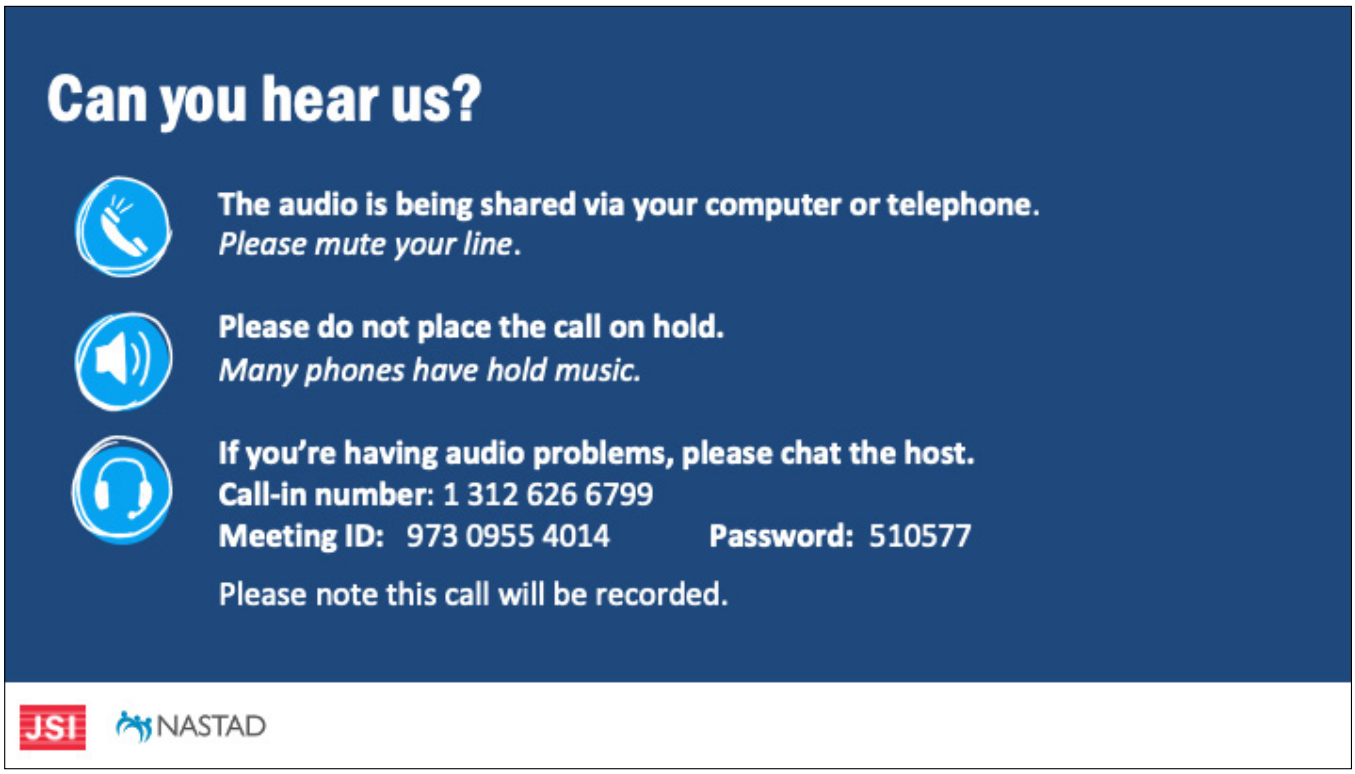
LINDA MAHONEY is a Licensed Chemical Dependency Clinical Supervisor, with a Level II ACDP certification in the field of substance abuse treatment. She has been a clinician in the Behavioral Health field since 1986. For the last six years, Mrs. Mahoney has been the Administrator for the Behavioral Health unit at the R.I. Department of Behavioral Health, Developmental Disabilities and Hospitals (BHDDH).

Prior to her work at the state level, Mrs. Mahoney was the Clinical Director of a 32 bed Substance Abuse Detox program and was the Director of four behavioral Health Out-Patient clinics located across RI. For 13 years she served as a Clinical Director for Caritas Inc. and eventually was asked to become the Chief Executive Officer. Mrs. Mahoney has trained many new counselors over her years in the field of substance abuse, working in conjunction with the URI Marriage and Family Therapy program and the CCRI Nursing programs. In her 31 years of experience she has authored published studies on Adolescents Substance Use, Peer Recovery Systems using the Emergency Room and How RI has addressed the opioid crisis.

Linda can be reached at linda.Mahoney@bhddh.ri.gov

Slides


SSC
Strengthening Systems of Care for People with HIV & Opioid Use Disorder
SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE
Strengthening Systems of Care:
BUILDING RELATIONSHIPS WITH YOUR STATE MEDICAID AGENCY TO IMPROVE HIV AND OUD CARE
April 8, 2021
JSI
NASTAD


Can you hear us?
The audio is being shared via your computer or telephone.
Please mute your line.
Please do not place the call on hold.
Many phones have hold music.
If you're having audio problems, please chat the host.
Call-in number: 1 312 626 6799
Meeting ID: 973 0955 4014
Password: 510577
Please note this call will be recorded.
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SLIDES 3-4

How to ask a question or share a comment

- Please unmute your zoom computer audio or phone line to ask a question.
- You can also use the chat box on the Right-hand side of your screen to chat a question or comment to us.
- If you dial in by phone, please be sure to enter your participant ID.

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LEARNING OBJECTIVES

By the end of the webinar, participants will be able to:

- **Recognize** the value of connecting with their state's Medicaid agency in terms of service delivery and enhancing efficacy of systems of care
- **Describe** ways in which two other states have formed relationships across the HIV Program, Behavioral Health Program, and Medicaid to create financing opportunities for HIV and OUD community-based services
- **Develop** initial ideas on how their agencies can connect with Medicaid

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SLIDES 5-6

AGENDA

- Introductions
- Project and Content Background
- Virginia: Virginia Community-Based Harm Reduction Services
- Rhode Island: Peer Recovery Specialists
- Questions and Discussion

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SPEAKERS

Laura Gerard
JSI

Amy Killelea
Killelea Consulting

Paul G. Loberti, MPH
Rhode Island Director of HIV Provision of Care & Special Populations Unit/Ryan White; Administrator for Medical Services Medicaid

Linda Mahoney, LCDCS, CAADC
Administrator at the State of Rhode Island Behavioral Health, Developmental Disabilities & Hospitals

Jason Lowe, MSW, CPHQ
SUPPORT Act Grant Manager, Division of Behavioral Health, Virginia Department of Medical Assistance Services

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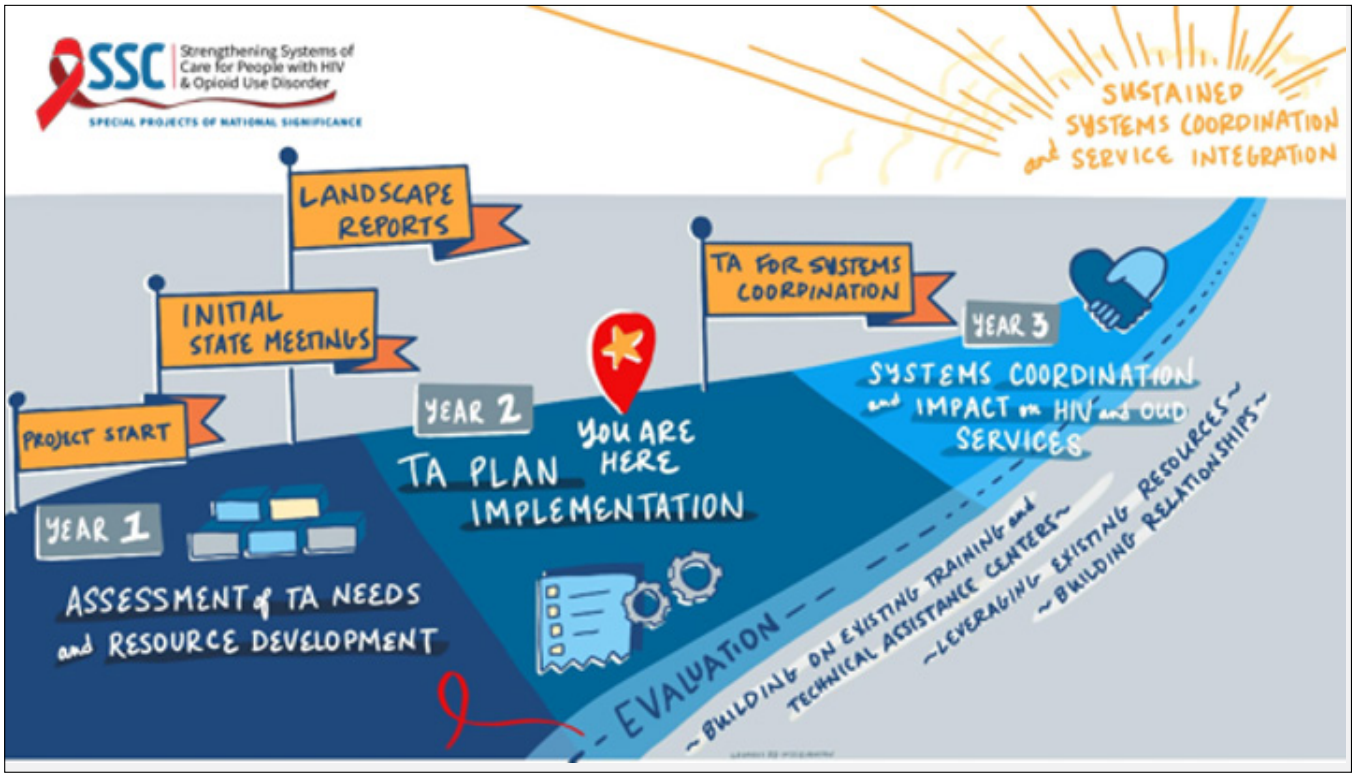
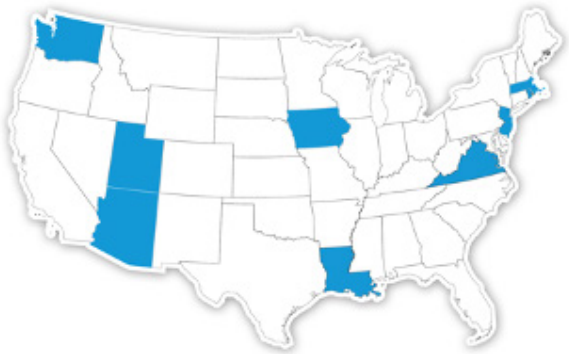
SLIDES 7-8



STRENGTHENING SYSTEMS OF CARE INITIATIVE



- Enhance system-level coordination and networks of care among Ryan White HIV/AIDS Program (RWHAP) recipients and other federal, state, and local entities
- Ensure that people with HIV and OUD have access to care, treatment, and recovery services that are coordinated, client-centered, and culturally responsive
- HRSA HIV/AIDS Bureau Special Projects of National Significance (SPNS)
- Nine state partners
- Three year project (2019-2022)

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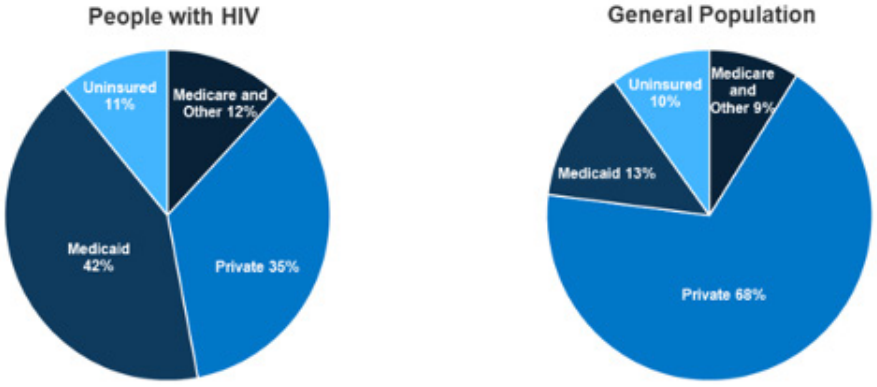
SLIDES 9-10

MEDICAID IS A KEY INTEGRATION PARTNER

Insurance Coverage Among People with HIV and the General Population, 2017



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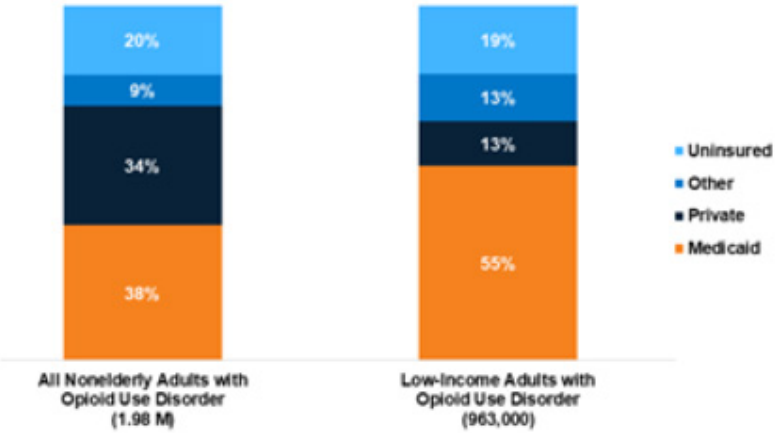
Sources: Data on people with HIV: Analysis of data from the CDC's Medical Monitoring Project (MMP), 2017 Cycle.; Data on general population: KFF analysis of the 2017 American Community Survey
Notes: Data from both sources are limited to all adults (18+). The hierarchy used to establish insurance coverage sources in both cases was: Private coverage; Medicaid; and Medicare combined with other public coverage; and uninsured.

KFF

MEDICAID IS A KEY INTEGRATION PARTNER

Insurance Status of Nonelderly Adults with Opioid Use Disorder, 2017



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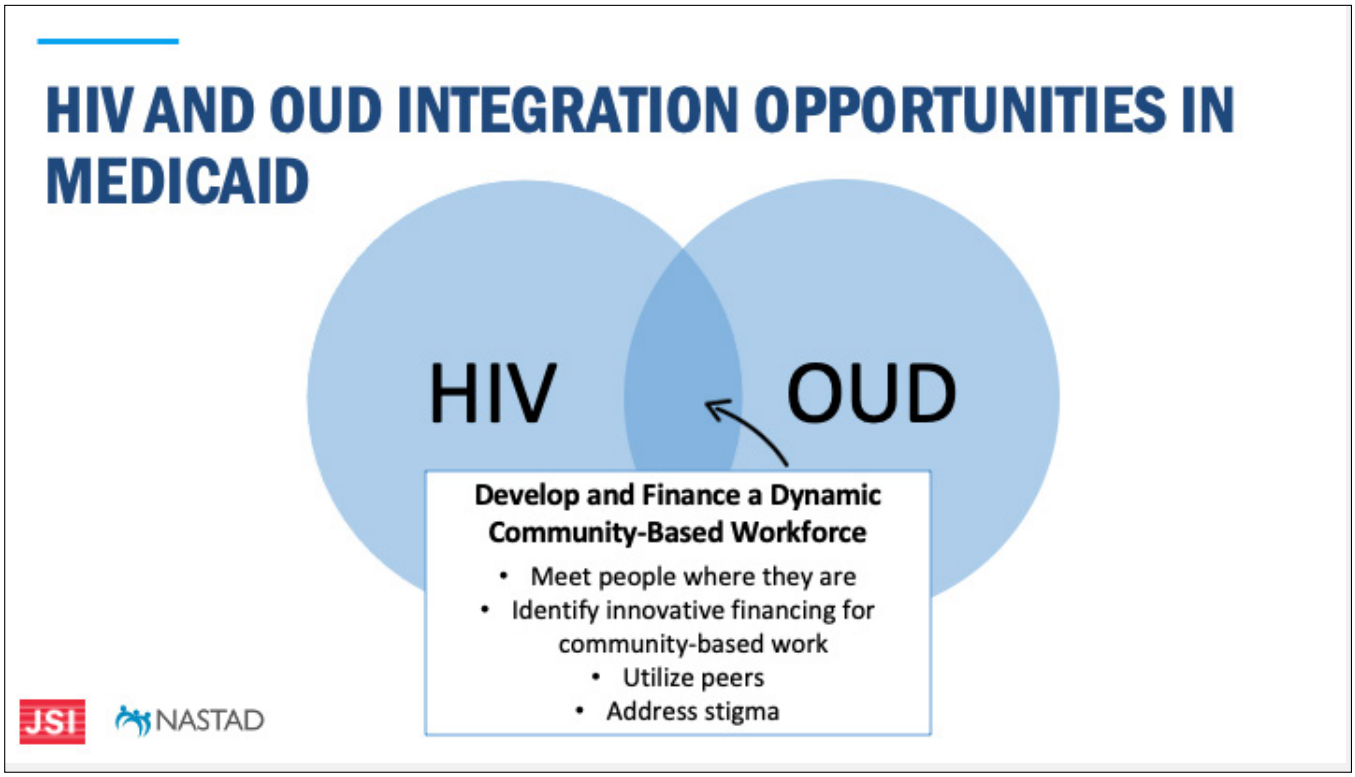
NOTE: Totals may not sum to 100% due to rounding. Nonelderly adults are 18 to 64 years. Low income is defined as having income below 200% FPL or $24,120 in 2017. Other insurance includes Medicare, CHAMPUS, or any other type of health insurance.
SOURCE: KFF analysis of 2017 National Survey on Drug Use and Health (NSDUH).

KFF

SLIDES 11-12


HIV AND OUD INTEGRATION OPPORTUNITIES IN MEDICAID
HIV
OUD
Develop and Finance a Dynamic Community-Based Workforce
• Meet people where they are
• Identify innovative financing for community-based work
• Utilize peers
• Address stigma
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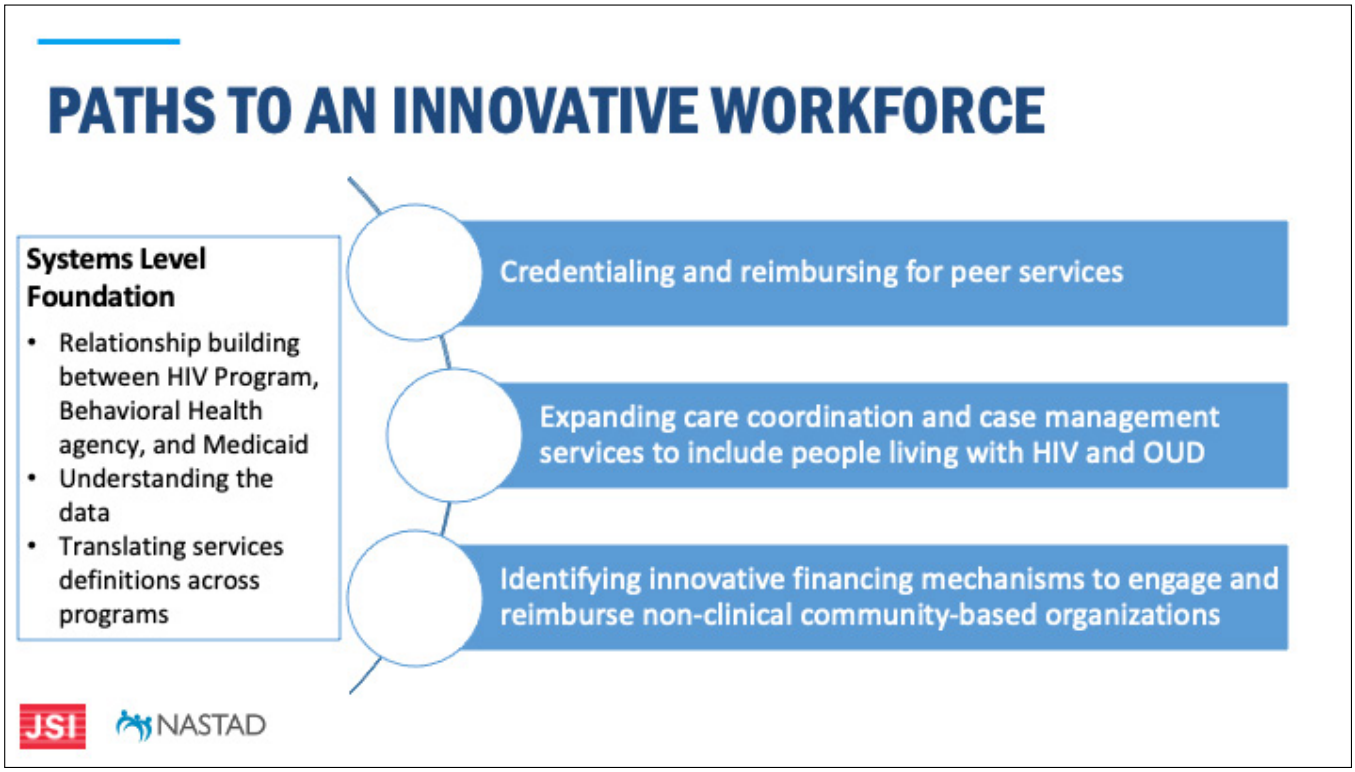
PATHS TO AN INNOVATIVE WORKFORCE
Systems Level Foundation
• Relationship building between HIV Program, Behavioral Health agency, and Medicaid
• Understanding the data
• Translating services definitions across programs
Credentialing and reimbursing for peer services
Expanding care coordination and case management services to include people living with HIV and OUD
Identifying innovative financing mechanisms to engage and reimburse non-clinical community-based organizations
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SLIDES 13-14


EXPERIENCES FROM SSC STATE PARTNERS...
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ARTS
Addiction and Recovery Treatment Services
The Centers for Medicare and Medicaid Services:
SUPPORT Act Section 1003 Grant
FORWARD TOGETHER:
PARTNERSHIPS TO STRENGTHEN THE CONTINUUM OF CARE FOR MEDICAID MEMBERS WITH HIV AND OUD
Jason Lowe, MSW, CPHQ
SUPPORT Act Grant Manager
Department of Medical Assistance Services
The Virginia Department of Medical Assistance Services (DMAS) SUPPORT Act Grant projects are supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $4,997,093 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.
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SLIDES 15-16

Introduction and Background

In Virginia, Medicaid is administered by the Department of Medical Assistance Services

Medicaid is the single largest payer of substance use disorder treatment services in Virginia

Nationwide, Medicaid is the single largest payer of behavioral health services, and continues to pay a larger share of substance use disorder services

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Overview

- Four key components critical to Virginia's progress:
  - Addiction and Recovery Treatment Services (ARTS) Benefit
  - Medicaid Expansion
  - Substance Use-Disorder Prevention that Promoted Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act Grant
  - Practicing our values

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SLIDES 17-18

Forward Together
ARTS

- Virginia received approval from CMS in December, 2016 for the ARTS benefit, as part of a Section 1115 Demonstration Waiver
- Implemented in April, 2017, ARTS expanded coverage of treatment services for substance use disorders (SUD) for Medicaid members

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ARTS

Effective April 1, 2017 - All ARTS services are covered by Medicaid managed care plans

ARTS offers a fully integrated physical and behavioral health continuum of care.

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SLIDES 19-20

Forward Together
ARTS

Number of Members who use ARTS	2017	2018	2019	Percentage change, 2017 to 2019
Members who had any ASAM level of service	17,120	25,923	46,520	**172%**
ASAM Level 0.5, Early Intervention	498	710	2,288	**359%**
Office-Based Opioid Treatment/ Outpatient Treatment Providers	630	3,686	9,558	**1417%**
ASAM Level 1, Outpatient Services	12,208	18,498	34,077	**179%**
ASAM Level 2, Intensive Outpatient/Partial Hospitalization	1,115	1,807	4,096	**267%**
ASAM Level 3, Residential/Inpatient Services	388	1,049	3,483	**798%**
ASAM Level 4, Medically Managed Intensive Inpatient Services	2,350	4,441	9,569	**307%**
Peer Recovery Support	67	320	775	**1057%**
Substance Use Case Management	2,483	6,038	13,604	**448%**
Substance Use Care Coordination at Preferred OBOTs	209	1,024	4,048	**1837%**

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ARTS

Provider Type	# of Providers Before ARTS	ARTS Year 3
Inpatient Detox (ASAM 4)	N/A	103
Residential Treatment (ASAM 3)	4	92
Partial Hospitalization Programs (ASAM 2.5)	N/A	22
Intensive Outpatient Programs (ASAM 2.1)	49	136
Opioid Treatment Programs	6	40
Preferred Office-Based Opioid Treatment Providers	N/A	164
Outpatient practitioners billing for ARTS services (ASAM 1)	1,087	4,079

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SLIDES 21-22

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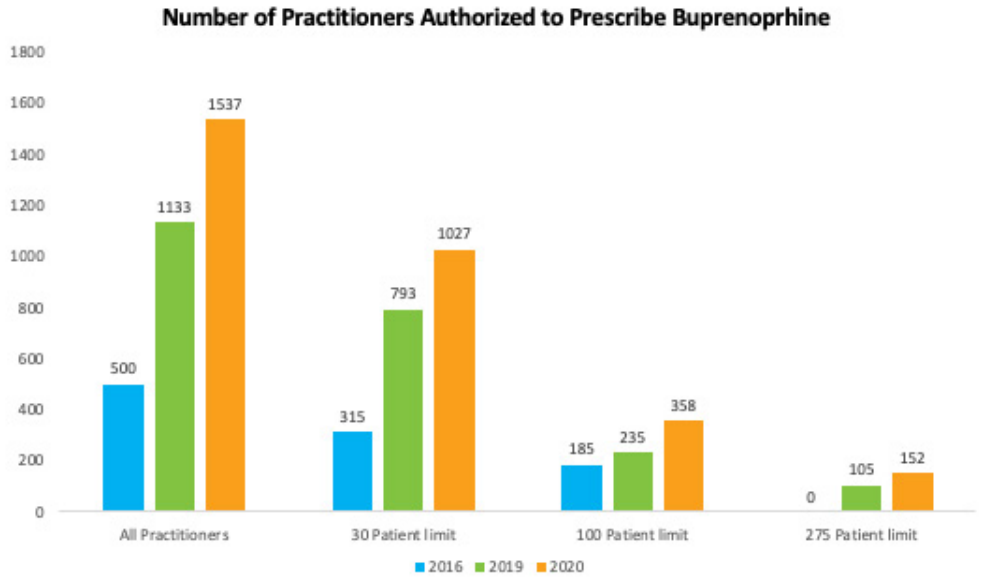
ARTS



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Medicaid Expansion

On January 1, 2019, Virginia expanded Medicaid eligibility for all people up to 138% of the federal poverty level. More than 515,000 enrolled as of January 15, 2021.

Who Qualifies for Virginia Medicaid?

	Childless Adult	Parent (family of 3)	Person with Disability
Before 2019:	Not Eligible	Eligible with annual income at or below $7,068	Eligible with annual income at or below $9,992
In 2020:	Eligible with annual income at or below $17,609	Eligible with annual income at or below $29,974	Eligible with annual income at or below $17,609

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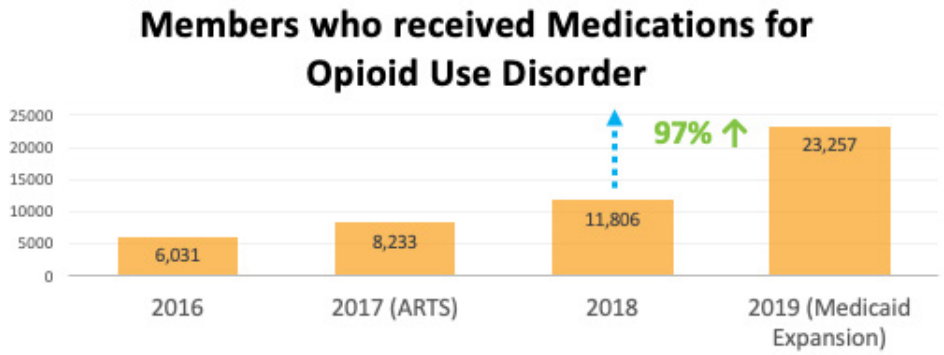
SLIDES 23-24

Forward Together
Medicaid Expansion



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Forward Together
SUPPORT Act Grant

Notice of Award: September 18, 2019

Period of Performance: September 30, 2019 to September 29, 2021 (Including 6 month extension)

Approved Budget: $4.8 million

Goal: Increase capacity of Medicaid providers to deliver SUD treatment and recovery services

Components

1. Need assessment
2. Strengths-based assessment
3. Activities to increase provider capacity

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SLIDES 25-26

Forward Together
SUPPORT Act Grant

Virginia Medicaid's SUPPORT Act Grant Goals:

- Learn from Addiction and Recovery Treatment Services (ARTS) benefit program
  - Appreciate successes
  - Learn from challenges
- Decrease barriers to enter workforce
- Focus on specific subpopulations
  - Members who are/have experienced the legal/carceral system
  - Members who are pregnant and parenting
- Maintain our core values
  - Person-centered, strengths-based, recovery-oriented

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Forward Together
SUPPORT Act Grant

Our Team

- Alyssa Ward, Ph.D., LCP, Director, Division of Behavioral Health
- Ashley Harrell, LCSW, Project Director & ARTS Senior Program Advisor
- Jason Lowe, MSW, CPHQ, Grant Manager
- Christine Bethune, MSW, Grant Coordinator
- Paul Brasler, MA, MSW, LCSW, Behavioral Health Addiction Specialist
- John Palmieri, Data Analyst
- Tiarra Ross, Senior Budget Analyst
- Trenece Wilson, Policy and Planning Specialist
- Adam Creveling, MSW, CPRS, Grant Program Specialist

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SLIDES 27-28

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SUPPORT Act Grant

Initial Grant proposal included partnership with Virginia Hospital and Healthcare Association to implement medication for opioid use disorder and peer recovery services in five emergency departments across the Commonwealth.

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SUPPORT Act Grant

COVID required comprehensive review of grant efforts to address emergent needs and take advantage of increased flexibilities around telehealth.

This new landscape provided opportunities for novel and creative approaches to addressing longstanding barriers to accessing healthcare system and engaging in treatment.

This has also allowed Grant team to provide funding and support to providers and organizations who have not worked closely with DMAS in the past.

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SLIDES 29-30

Forward Together
SUPPORT Act Grant

Virtual Bridge Clinics

Utilizing telehealth flexibilities, DMAS is supporting the creation and expansion of virtual bridge clinics at two emergency departments (EDs) in Virginia.

Program goals:

- Support starting buprenorphine treatment in ED settings (prescription, not just administration)
- Provide tools to enhance virtual post-visit follow-up
- Strengthen treatment coordination with community providers

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Forward Together
SUPPORT Act Grant

Subaward Program

Small (~$50k) awards to multiple agencies around Virginia to support telehealth, harm reduction, co-located HIV/HCV/OUD care.

Program goals:

- Establish relationship with smaller/newer organizations who may not have worked with DMAS or other government funders before
- Focus on under-resourced communities and communities of color

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SLIDES 31-32

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SUPPORT Act Grant

Harm Reduction

Provide funding to Virginia Department of Health comprehensive harm reduction programs.

Program goals:

- Novel engagement with people who utilize harm reduction services
- Preemptive Medicaid enrollment
- Telehealth for starting buprenorphine treatment
- Allows organizations to prioritize other resources

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SUPPORT Act Grant

Peer Recovery Support Services

Support opportunities for implementation and expansion of peer recovery support services in existing and novel settings.

Program goals:

- Moving conversation from conceptual to operational
- Embedding peers in EDs and legal/carceral settings
- Helping providers address issues around PRS implementation
  - Technical Assistance Opportunities
  - PRS Symposium

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SLIDES 33-34

Forward Together
SUPPORT Act Grant

Obstacles and Opportunities

For our partners:

- Deserved distrust of government and DMAS
- Overcoming administrative burdens
- Navigating policy/regulation/law

For DMAS

- Stigma around Harm Reduction
- Appreciating front-line challenges
- Respecting experience and expertise of community and providers

For everyone:

- Stigma around substance use disorders
- Collaborating with large corporations – hospitals/health groups and managed care organizations (MCO)
- Regulatory and legal limitations – reimbursement rates, administrative requirements, protecting PHI/PII and other privacy considerations

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Forward Together
Practicing our Values

You know the people you support.

You are the subject matter experts.

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SLIDES 35-36

Forward Together
Practicing our Values

We strive to practice our values.

Person-First

Strengths-Based

Recovery-Oriented

We honor our team members' passions.

Harm Reduction

Journey of Recovery

Professional Standards

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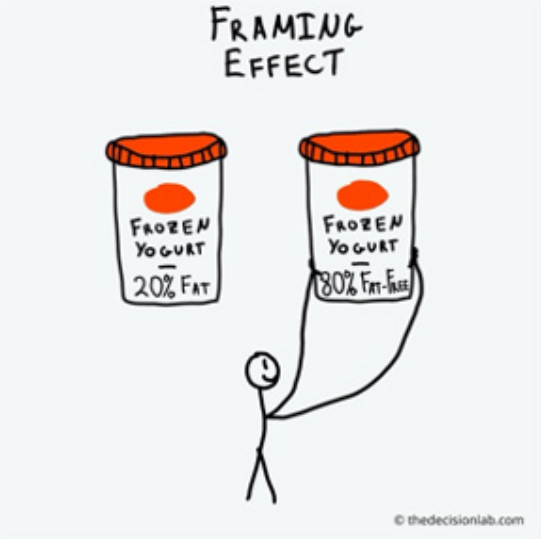
DMAS

Forward Together
Practicing our Values

Why is our language important?



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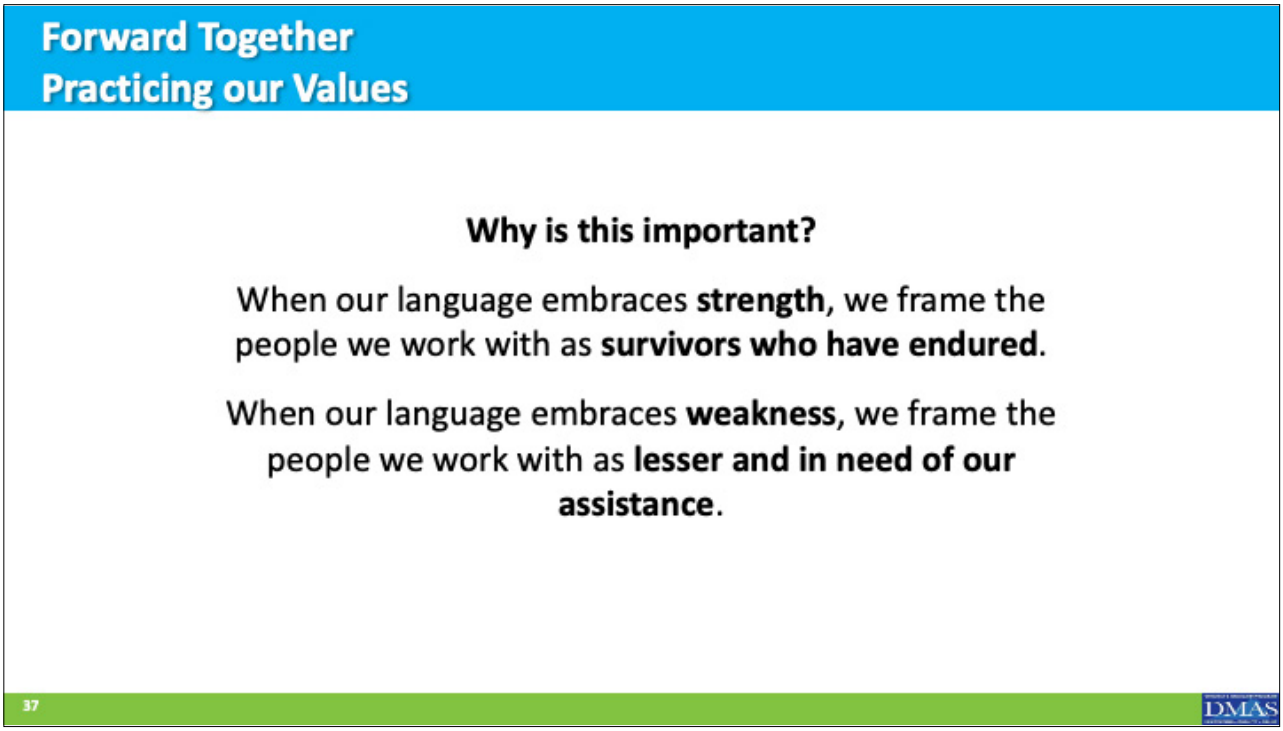
SLIDES 37-38


Forward Together
Practicing our Values
Why is this important?
When our language embraces strength, we frame the people we work with as survivors who have endured.
When our language embraces weakness, we frame the people we work with as lesser and in need of our assistance.
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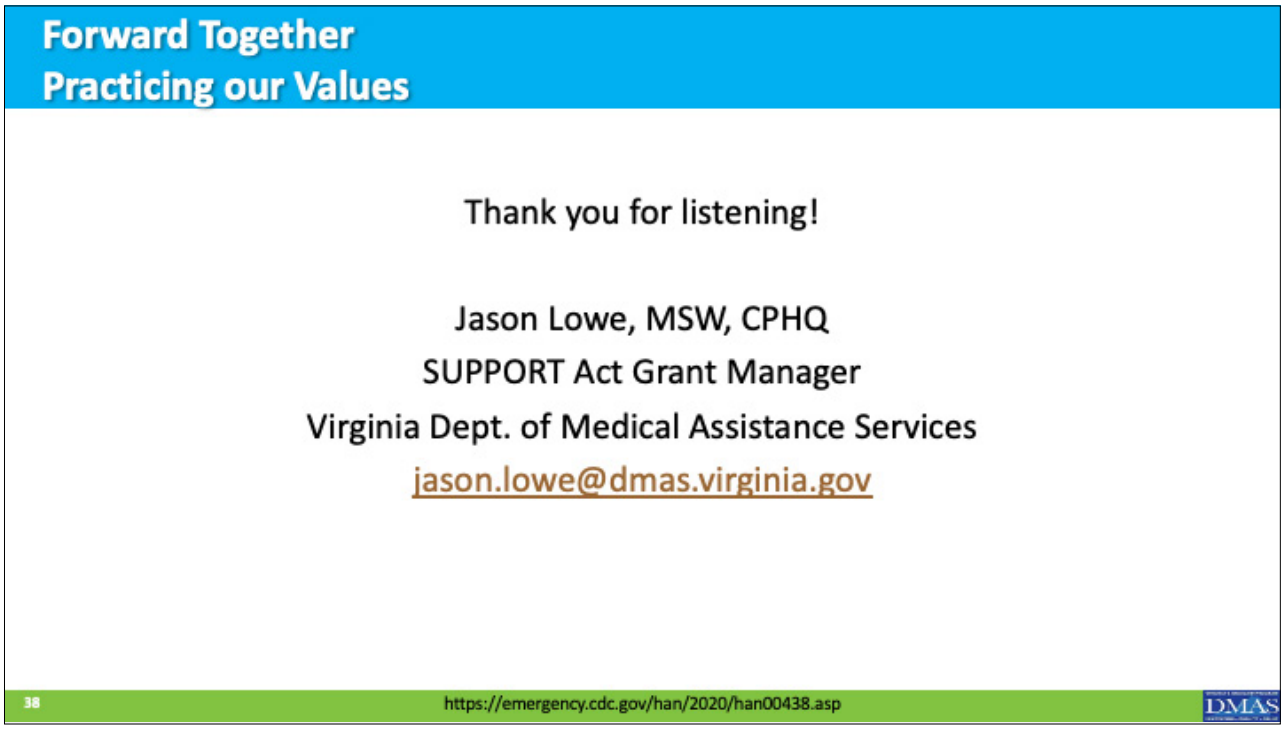
Forward Together
Practicing our Values
Thank you for listening!
Jason Lowe, MSW, CPHQ
SUPPORT Act Grant Manager
Virginia Dept. of Medical Assistance Services
jason.lowe@dmas.virginia.gov
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https://emergency.cdc.gov/han/2020/han00438.asp
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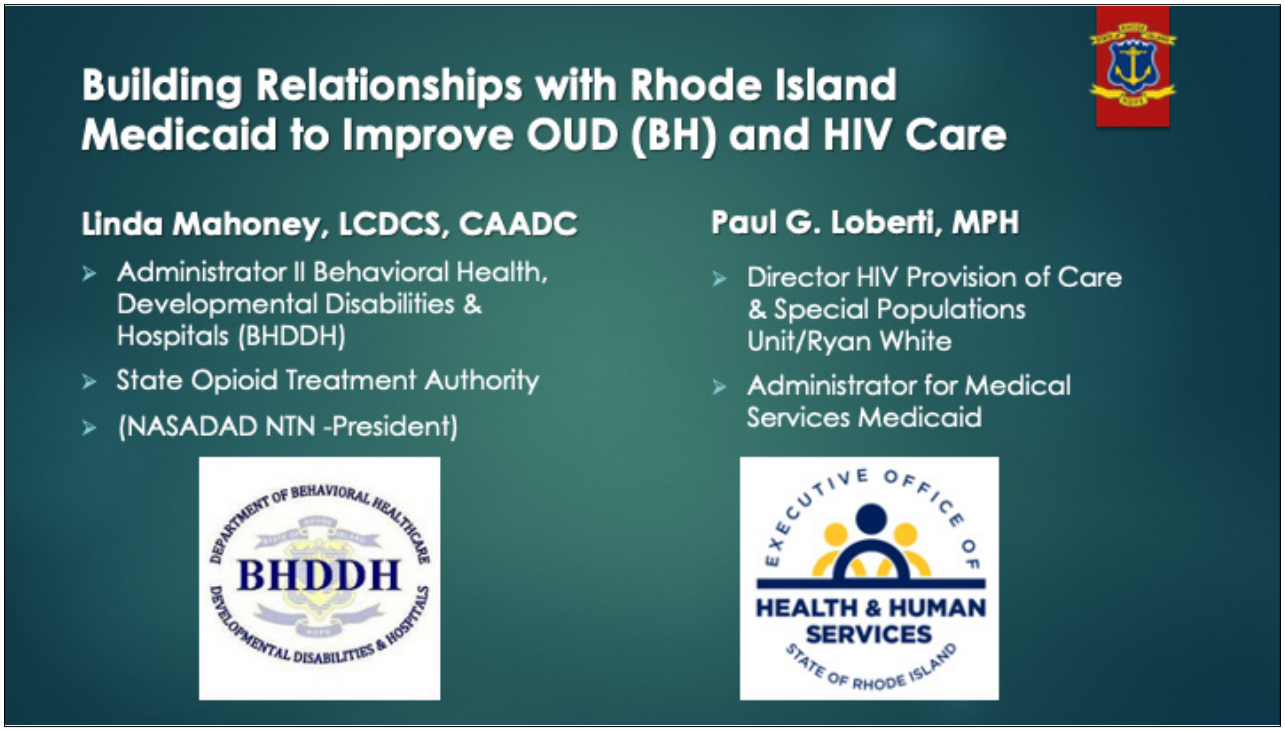
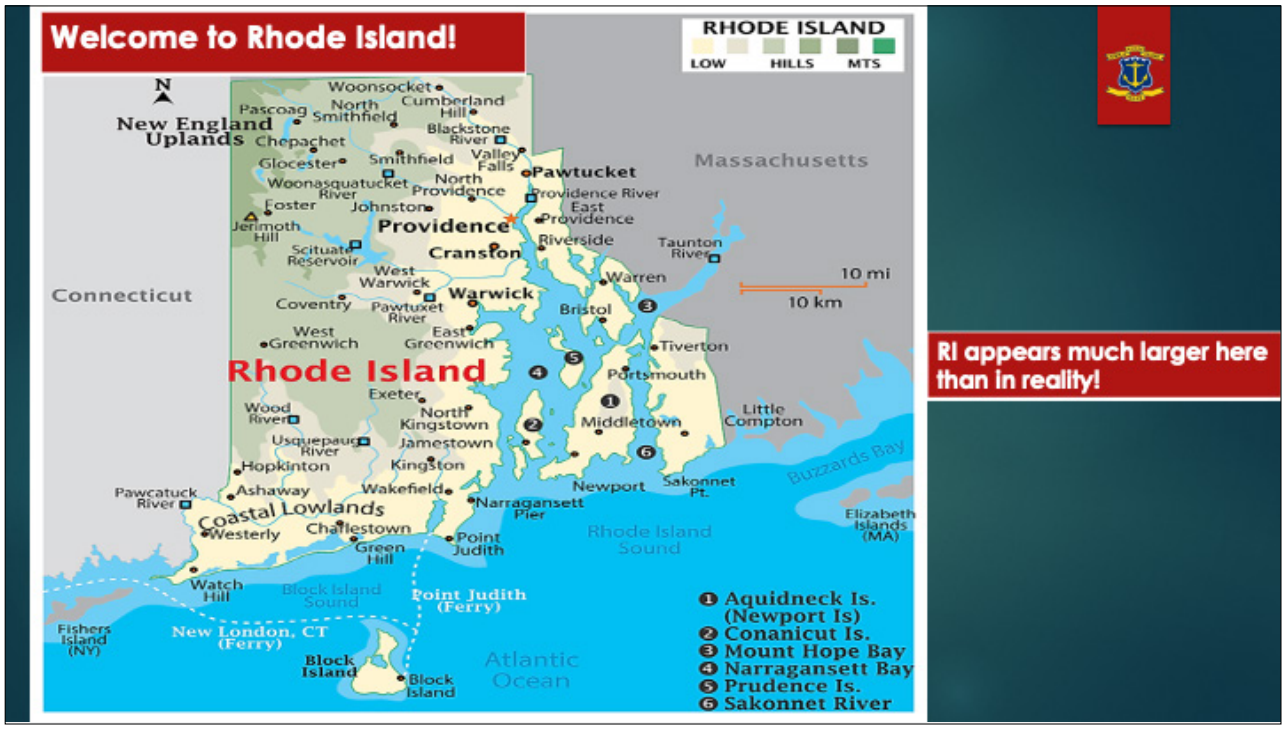

Building Relationships with Rhode Island Medicaid to Improve OUD (BH) and HIV Care
Linda Mahoney, LCDCS, CAADC
Administrator II Behavioral Health, Developmental Disabilities & Hospitals (BHDDH)
State Opioid Treatment Authority
(NASADAD NTN -President)
Paul G. Loberti, MPH
Director HIV Provision of Care & Special Populations Unit/Ryan White
Administrator for Medical Services Medicaid
DEPARTMENT OF BEHAVIORAL HEALTHCARE DEVELOPMENTAL DISABILITIES & HOSPITALS
BHDDH
EXECUTIVE OFFICE OF HEALTH & HUMAN SERVICES
STATE OF RHODE ISLAND


Welcome to Rhode Island!
RHODE ISLAND
LOW HILLS MTS
New England Uplands
Massachusetts
Connecticut
Rhode Island
Providence
Pawtucket
Cranston
Warwick
Coastal Lowlands
Block Island
Atlantic Ocean
Rhode Island Sound
Buzzards Bay
10 mi
10 km
RI appears much larger here than in reality!
1 Aquidneck Is. (Newport Is)
2 Conanicut Is.
3 Mount Hope Bay
4 Narragansett Bay
5 Prudence Is.
6 Sakonnet River

SLIDES 41-42

RI Facts

- Smallest state in USA
- The first people to live in what's now Rhode Island are thought to have arrived at least 30,000 years ago.
- Thousands of years later, Native American tribes such as the Narragansett, Wampanoag, and Niantic lived in the area and are still present today.
- In 1776 Rhode Island became the first colony to declare independence from Great Britain. But it was the last of the original thirteen colonies to ratify (or sign) the U.S. Constitution in order to join the Union.
- Rhode Island's delegates insisted that the Bill of Rights, which guarantees certain freedoms, be added to the Constitution before they'd sign.

Building Relationships with Rhode Island Medicaid to Improve OUD (BH) and HIV Care

Milestones

1995 — **Medicaid Rates TCM**: *DOH works with Medicaid to renegotiate rates for agencies doing HIV Targeted Case Management*

1996 — **ADAP Medicaid PBM**: *DOH ADAP works with RI Medicaid to secure PBM*

2000 — **BH Movement Excels**: *BHDDH, DOH, DHS experience a serious movement to review BH utilization and co occurring disorders,*

2001 — **BH Certification**: *BHDDH works to secure solid training programs via DATA and certification for practitioners.*

2010 — **Transfer of RW to Medicaid**: *DOH Ryan White Program is legislatively transferred to Medicaid/EOHHS*

2012 — **ACA, MCOs and HIV**: *HIV written into Medicaid SPA and into MCO contracts with specific performance measures for HIV in MCO agreements*

2019 — **BH Peer 2 Peer Medicaid Claiming**: *BHDDH and EOHHS work to approve BH Peer 2 Peer rates and claiming*

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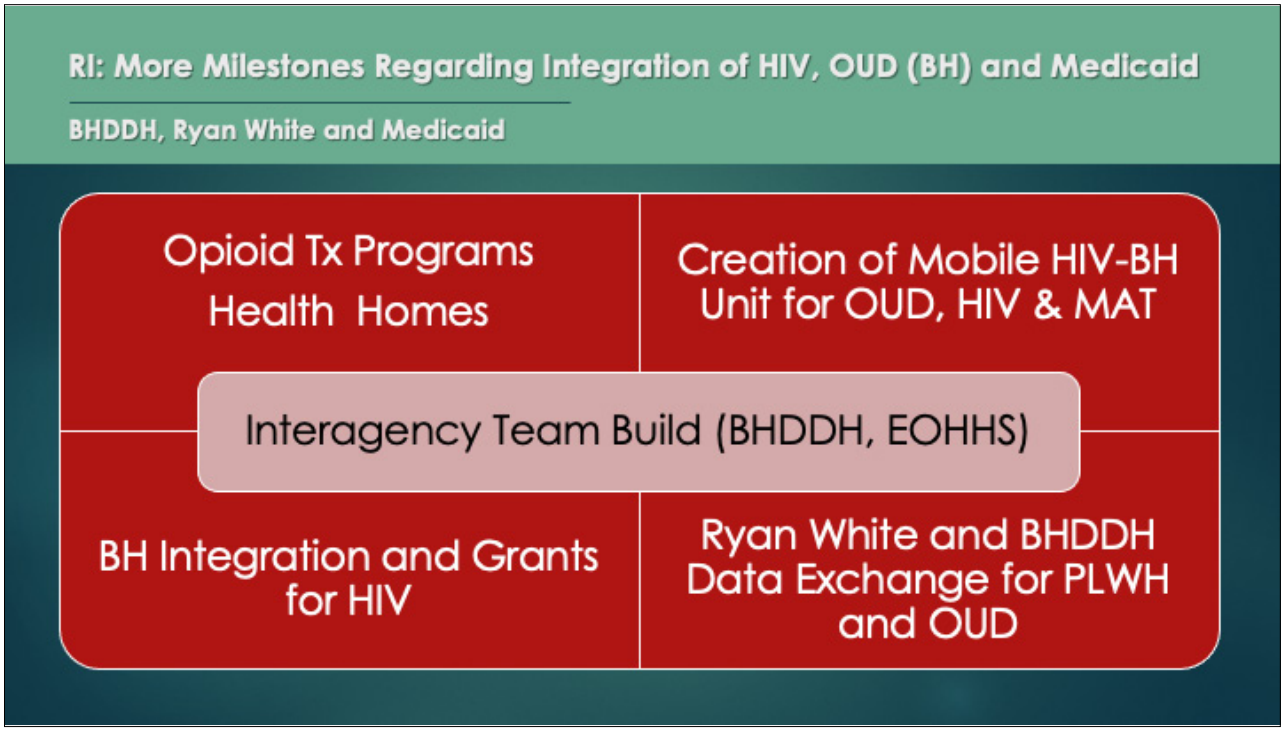
RI: More Milestones Regarding Integration of HIV, OUD (BH) and Medicaid
BHDDH, Ryan White and Medicaid
Opioid Tx Programs
Health Homes
Creation of Mobile HIV-BH Unit for OUD, HIV & MAT
Interagency Team Build (BHDDH, EOHHS)
BH Integration and Grants for HIV
Ryan White and BHDDH Data Exchange for PLWH and OUD


RI Community Recovery
Community recovery is more than the personal recovery of community members; it involves strengthening the connective tissue between those with and without such problems while restoring and sustaining the quality of community life.

SLIDES 45-46

Community Recovery

Beyond Brick and Mortar

- Mobile Inductions
- Opioid Overdose Solutions Grant
- Naloxone, fentanyl strips, resources
- Media Campaign
- Positive Adult mentors-Peers
- HIV, Hep C testing and resources

Connectedness of BHDDH EOHHS, HIV, Community Agency, URI

History Related to Peer Based Recovery Support Services

2007
- First SUD PRS Training by CCAR

2008
- Centers for Medicare and Medicaid Services Issues SMDL #07-011

2010
- RI's First Recovery Community Center, Anchor Recovery
  - Funded by Block Grant

2012
- BHDDH Trains First MH PRS
  - Funded by SAMHSA-Transformation Transfer Initiative
  - HIV part of curriculum

2013
- 1st hospital Anchor ED
- RI Certification Board Begins Certifying SUD PRS

2014
- Affordable Care Act Becomes Law
- RI covers Medicaid expansion population
  - ➢ 50% of Hospitals

2015
- BHDDH Receives SAMHSA Funding to Engage BH PRS Stakeholders!
  - *Funded by Bringing Recovery Support Services to Scale Technical Assistance Center (BRSS TACS)

2016
- ➢ 100% of Hospitals

2017
- RI Requests Medicaid 1115 Waiver to fund Integrated (MH/SUD) Peer Recovery Services!

2018
- RI Receives Medicaid 1115 Waiver to fund Integrated Peer Recovery Services!
  - *Funded by Medicaid

SLIDES 47-48

Major Accomplishments

47

- Recovery Oriented Measures Survey (ROMS)
- PRS Certification Exam Study Guide
- Integrated (MH + SUD) training and certification process
- URI studying efficacy of RI Peer Recovery Specialist infrastructure
- Medicaid Reimbursement for 1:1 and group services
- Training for PRS Supervisors
- BHDDH Provider Certification Process for Peer Services (HIV classes mandated)
- Community Health Workers and Peer Trainings

First Integrated PRS Graduating Class, June 2015 @ PSN

Who is eligible for PBRSS through Medicaid?

- 18 or older
- Medicaid eligible
- Mental Health or Substance Use Disorder
- Need support to maintain stability and Health in community
- Not enrolled in any service in which peer service is already provided as part of a bundled rate
  - This includes CSP clients in IHH or ACT!
- Not being funded through another source

SLIDES 49-50

QUESTIONS AND DISCUSSION

JSI NASTAD

THANK YOU!

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JSI NASTAD

Discussion Questions

As you reflect on the presentations following the webinar, the following prompts may serve to facilitate discussions and identify opportunities for collaboration between state Medicaid programs, substance use treatment organizations, and HIV prevention and care service providers. *There is no need to prepare answers to these questions before the webinar.*

- What do your state's data (including HIV surveillance, RWHAP, behavioral health, or Medicaid data sources) tell you about the relationship between Medicaid, HIV, and OUD? What Medicaid data in particular would be helpful as you consider partnerships?
- How would identifying a Medicaid financing mechanism help syringe services programs and other harm reduction providers to remain sustainable and/or expand?
- What types of services do harm reduction organizations in your state provide that might be most relevant to Medicaid (e.g., services that are disproportionately used by Medicaid beneficiaries or that might help Medicaid programs and plans provide more cost-effective and efficient care and services to beneficiaries)?
- Are there champions in your state's Medicaid agency or existing partnerships and initiatives that might facilitate a conversation about expanding a harm reduction workforce in your state? How might the RWHAP in the state pursue these partnerships?
- What are some of the challenges in pursuing policies that provide Medicaid reimbursement for harm reduction services and providers, including peers? What do you anticipate community response might be?

Glossary of Terms

- **Antiretroviral therapy (ART)** - a combination of medications used to treat HIV. ART blocks HIV replication, decreasing the amount of HIV in blood and other bodily fluids.
- **Addiction and Recovery Treatment Services (ARTS)** - approved by CMS as part of a Section 1115 Demonstration Waiver to expand coverage of treatment services for substance use disorders for Medicaid members.
- **Bio, Psycho, Social Assessments** - an assessment of questions that determines psychological, biological, and social factors that could be contributing to a person's problem or problems.
- **Care Continuity** - (or continuity of care) the process by which an individual and their care team are cooperatively involved in ongoing health care management toward the shared goal of high-quality, cost-effective medical care.
- **Care Coordination** - a required component of Medicaid health homes that includes organizing patient care activities and sharing information across a care team that includes both clinical and social services providers.
- **Office-Based Opioid Treatment (OBOT)** - integrates medications for opioid use disorder (MOUD) with treatment for other behavioral and physical health conditions by incentivizing increased use of care coordination services.
- **Pharmacy benefit managers (PBM)** - third party administrators that perform a variety of medication-related financial and clinical services for Medicaid programs and help states administer the pharmacy benefit (definition taken from Kaiser Family Foundation).
- **Section 1115 Waiver** - Section 1115 of the Social Security Act gives the Secretary of Health and Human Services authority to approve demonstration projects that allow states flexibility to test different approaches to promoting the objectives of the Medicaid program. Under these waivers, states can bypass certain federal Medicaid requirements in order to implement innovative approaches to coverage.

Glossary of Terms cont.

- **State Plan Amendment (SPA)** - every state has a formal Medicaid State Plan that outlines how the state administers its Medicaid program. States are allowed to submit SPAs as they make any changes to these plans, for instance adding optional services. SPAs do not require waiver of any federal Medicaid requirements.
- **Substance Use-Disorder Prevention that Promoted Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act Grant** - a 2018 law, a section of which directed CMS to award $50 million to 15 states to increase the capacity of Medicaid providers to deliver substance use disorder (SUD) treatment and recovery services through an ongoing assessment of SUD treatment needs; training and technical assistance for providers; and a focus on subpopulations with unique treatment needs.
- **Targeted case management (TCM)** - services covered by Medicaid to assist individuals to gain access to needed medical, social, educational, and other services. TCM is usually limited to Medicaid beneficiaries with a specified condition.
- **Transitional Housing** - a supportive – yet temporary – type of accommodation that is meant to bridge the gap from homelessness to permanent housing by offering structure, supervision, support, life skills, and in some cases, education and training.
- **Viral suppression** - when ART reduces a person's HIV viral load to an undetectable level. Viral suppression does not mean a person is cured; HIV still remains in the body.

Acronym List

ACA - Affordable Care Act

ADAP - AIDS Drug Assistance Program

AIDS - acquired immunodeficiency syndrome

ARTS - Addiction and Recovery Treatment Services

BH - behavioral health

BHDDH - RI Behavioral Healthcare Developmental Disabilities & Hospitals

CLTC - Correctional Linkage to Care

CMS - Centers for Medicare and Medicaid Services

DOH - Department of Health

DMAS - Department of Medical Assistance Services

DPH - Department of Public Health

ED - emergency department

EOHHS - RI Executive Office of Health & Human Services

HAB - HIV/AIDS Bureau (of HRSA)

HCV - hepatitis C virus

HIV - human immunodeficiency virus

HRSA - Health Resources and Services Administration

JSI - JSI Research & Training Institute, Inc.

MAT - medications for addiction treatment (also referred to as MOUD [medications for opioid use disorder] or medication)

MCM - medical case management

MCO - managed care organization

MH - mental health

MOUD - medications for opioid use disorder (also referred to MAT [medications for addiction treatment] or medication)

OBOT - Office-Based Opioid Treatment

OUD - opioid use disorder

PBM - pharmacy benefit manager

PLWH - people living with HIV

PRS - peer recovery support

RWHAP - Ryan White HIV/AIDS Program

Rx - prescription

SPNS - Special Projects of National Significance

SSC - Strengthening Systems of Care for People with HIV and Opioid Use Disorder

SPA - State Plan Amendment

SUD - substance use disorder

SUPPORT - Substance Use-Disorder Prevention that Promoted Opioid Recovery and Treatment for Patients and Communities

TA - technical assistance

TCM - targeted case management

Tx - treatment

URI - University of Rhode Island

Additional Resources

Case Studies: Medicaid Managed Care Plan Best Practices in Hepatitis C Linkage to Care, Treatment, and Retention

NASTAD

This resources focuses on flexibilities available to Medicaid managed care plans to address hepatitis C, including innovative approaches to providing case management and linkage services for individuals living with hepatitis C.

Financing HIV Prevention Services

NASTAD

This case study series highlights innovative ways that Medicaid programs and Medicaid managed care plans are partnering with HIV programs to better coordinate care for people living with and at increased risk for HIV.

The Integration of Harm Reduction and Healthcare: Implications and Lessons for Healthcare Reform

THE NEW YORK ACADEMY OF MEDICINE

This research paper includes a deep dive into how New York has used flexibilities and funding made available through the Affordable Care Act (ACA) to expand access to harm reduction services.

Medicaid SUPPORT Act Information

CMS

Centers for Medicare & Medicaid Services (CMS) has published background information on new funding available through the federal SUPPORT Act to increase access to substance use disorder services through Medicaid, including detailed information on what states have received funding through this mechanism.

Modernizing Public Health to Meet the Needs of People who Use Drugs: ACA Opportunities

NASTAD

This resource includes snapshots of different ways that public and private payers have financed community-based services for people who use drugs.

Recovery Support Services for Medicaid Beneficiaries with a Substance Use Disorder

MACPAC

This report provides background on Medicaid statutory and regulatory authorities for coverage of a range of substance use disorder services, including peer recovery support.

Next steps

Interested in learning even more? Email us at ssc@jsi.com or contact your JSI or NASTAD TA Lead to explore opportunities to discuss this topic with other state partners during in-depth conversations.

Thank you for your participation!