
MEDICAID STRATEGIES TO ADDRESS THE OPIOID CRISIS

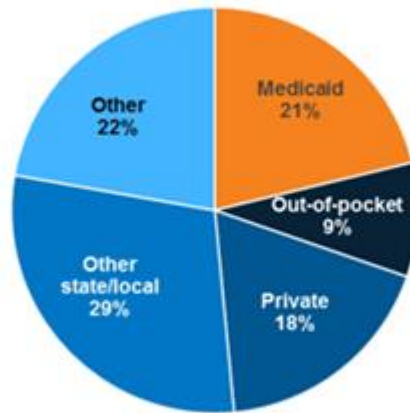
OPIOID POLICY FELLOWS KICKOFF

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MEDICAID AND ACCESS TO TREATMENT

Proportion of Total Spending on Addiction Treatment Services in 2014, by Payer



Total: \$34 billion

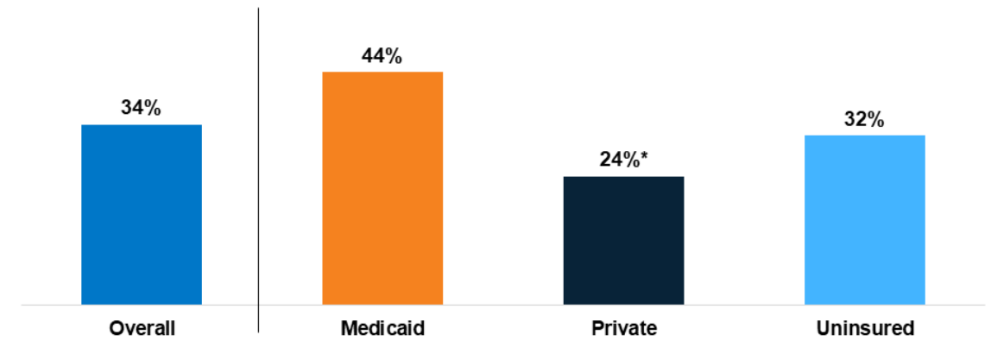
NOTE: Other payers include Medicare and other federal funds, such as block grants.

SOURCE: Tami L. Mark, Tracy Yee, Katherine R. Levit, et al. "Insurance Financing Increased for Mental Health Conditions But Not For Substance Use Disorders, 1986-2014," *Health Aff (Millwood)*. 2016 Jun, 35(6):958-965



Past-Year Treatment Utilization among Nonelderly Adults with Opioid Use Disorder, by Insurance Status, 2017

Total Number of Nonelderly Adults with Opioid Use Disorder: 1.98 Million



* Indicates a statistically significant difference from the Medicaid population at the $p < 0.05$ level.

NOTE: Nonelderly adults are 18 to 64 years. Any treatment includes receiving drug and/or alcohol treatment at any of the following in the past year: inpatient hospital, residential rehabilitation, outpatient rehabilitation, mental health center, and private doctors' office.

SOURCE: KFF analysis of 2017 National Survey on Drug Use and Health (NSDUH).



MEDICAID STATE PLAN

- The Medicaid State Plan is an agreement between a state and the Federal government describing how that state administers its Medicaid program
 - Changes to the State Plan are called State Plan Amendments (SPAs)
- The State Plan provides coverage options for a variety of services for substance use treatment including:
 - Medication Assisted Treatment, including counseling and therapy
 - Inpatient and Outpatient services
 - Neonatal abstinence syndrome treatment services
 - Residential treatment options
 - Up to 30 days for individuals, or
 - Up to 15 days per month through capitated payments to managed care organizations (MCOs)

WHAT IS A MEDICAID WAIVER?

States seeking additional flexibility to design their Medicaid programs may apply for formal waivers of some statutory requirements.

- 1915 (b) Managed Care Waivers
- 1915 (c) Home and Community Based Services (HCBS) Waivers
- 1115 Demonstration Waivers

MEDICAID 1115 DEMONSTRATION WAIVERS

- Authorized by Section 1115 of the Social Security Act, 1115 waivers provide an option for experimental, pilot, or demonstration projects that are likely to assist in promoting the objectives of the Medicaid program
- According to the Centers for Medicare & Medicaid Services (CMS), the purpose of these waiver programs is to demonstrate and evaluate state-specific policy approaches for better serving Medicaid populations
- Requires more time to implement than other “traditional” options

1115 BEHAVIORAL HEALTH WAIVERS

- Coverage of services in Institutions for Mental Disease (IMD) – residential treatment option for substance use and mental health
- Community based benefit options
- Eligibility expansions
- Delivery systems

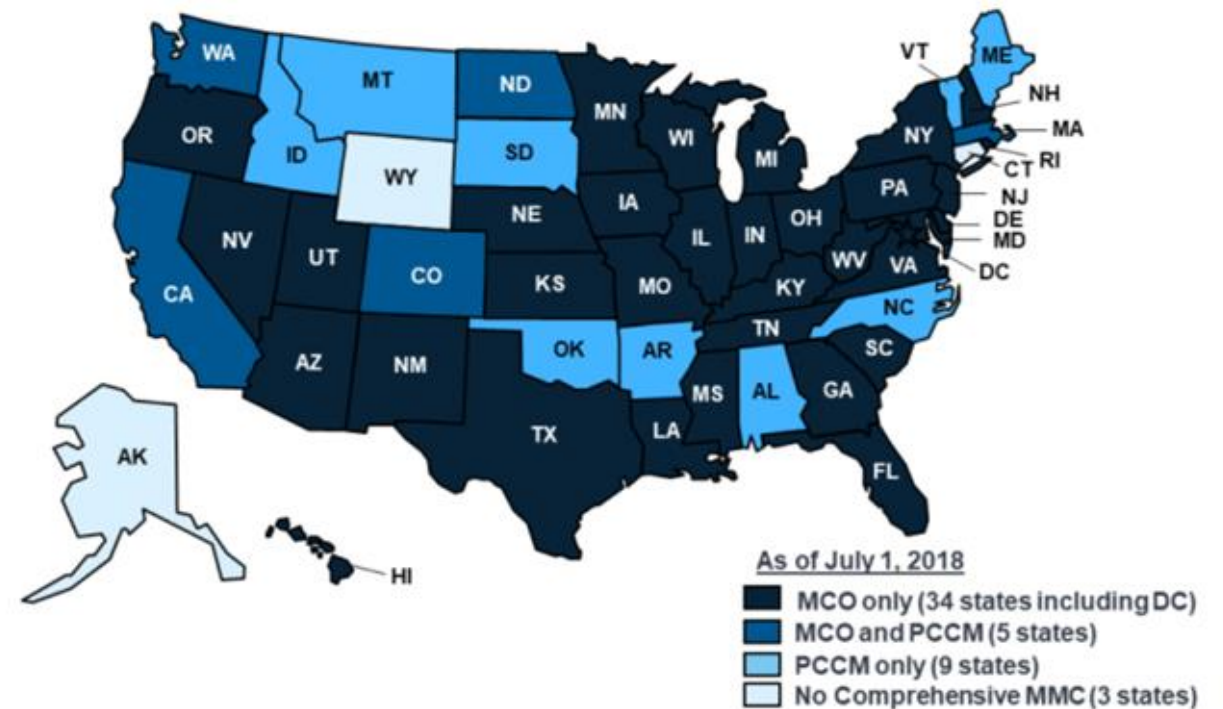
DELIVERY SYSTEMS

- The “how” for service delivery
- Historically Medicaid has used a fee-for-service reimbursement which can often result in fragmented care
- States have been increasing use of managed care as well as other ways of better coordinating services

MEDICAID DELIVERY SYSTEMS

- Managed care organizations (MCOs) are the primary service delivery system in most states
 - 33 states report 75% or more of Medicaid beneficiaries are enrolled in MCOs
- Primary Care Case Management (PCCM) – primary care provider coordinates services

Comprehensive Medicaid Managed Care Models in the States, 2018



Source: Kaiser Family Foundation

DELIVERY SYSTEMS

- Patient Centered Medical Homes (PCMH)
 - Similar to Primary Care Case Management Model
- Health Home
 - Builds on the PCMH model and targets individuals with multiple chronic conditions
- Accountable Care Organization (ACO)
 - Generally includes primary and specialty care and one hospital

INTEGRATION OF PHYSICAL AND BEHAVIORAL HEALTH

- Behavioral health services have often been “carved-out” from physical health services under Medicaid
- More states are working to fully integrate behavioral and physical health as way to reduce costs and unnecessary utilization
- According to the Medicaid and CHIP Payment and Access Commission (MACPAC), integrating physical and mental health has been shown to reduce fragmentation of services and promote patient-centered care for adults with depression and anxiety disorders

STATE EXAMPLES

- Vermont - [Hub and Spoke Program](#)
- Ohio - [Pre-release Care Coordination Program](#)
- Colorado – [HB 18-1136](#) expanding continuum of care to include residential and inpatient



Thank you!

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