

## **Attachment 1.b. Demonstration Characteristics and Implementation Interview Email Invitation and Grid**

To: Director State Medicaid Agency  
CC: CMCS Project Officer, RTI SUD Team Lead  
Subject: RTI International Evaluation of Section 1115 Substance Use Disorder Demonstrations

Dear [Director State Medicaid Agency],

I am writing from RTI International as follow up to an email you received from [STATE CMS PROJECT OFFICER NAME] for your section 1115 substance use disorder (SUD) demonstration on [DATE] regarding the meta-evaluation we are undertaking on behalf of CMS. As part of the evaluation, we are conducting telephone interviews with state Medicaid directors in states implementing SUD demonstrations.

Interviews are intended to improve our understanding of your state's pre-demonstration SUD treatment, coverage, and service delivery and program features of your demonstration. Information from these conversations will help CMS understand the effectiveness of SUD demonstrations to increase access to substance use treatment. Your participation is important to helping CMS support policy and programmatic development for other demonstration states and future demonstrations.

To prepare for the interview, we request that you review information about your SUD demonstration in the grid below for accuracy (see bottom of email).

The telephone interview will take no more than 60 minutes. Below we provide some potential times for calls. Would any of these times be amenable to you? If not, could you provide a few alternative times? If there is another person at your agency who would be more appropriate for this conversation, please provide us with their contact information. We also understand states are prioritizing COVID-19 response efforts. Please provide the date and time that works best for you and we will ensure our staff is available.

- Day of week m/dd - time
- Day of week m/dd – time
- Day of week m/dd – time
- Day of week m/dd – time

- We greatly appreciate your help in confirming our available information and helping to answer our questions.

If you have questions, please do not hesitate to contact me via email [[EMAIL ADDRESS](#)] or telephone [TELEPHONE NUMBER].

Thank you and we look forward to speaking with you.

[NAME OF RTI STAFF MEMBER]

*According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 # 64). The time required to complete this information collection is estimated to approximately 1 hour for two people to participate in this interview, plus an average of ½ hour for two people to complete a grid prior to the interview. This includes the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.*

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### SUD services pre- and post-demonstration for District of Columbia

The following table has been populated by the RTI Meta-Evaluation State Team based on your state's 1115 SUD Waiver special terms and conditions [[INSERT HYPERLINK](#)] and SUD demonstration Implementation Plan [[INSERT HYPERLINK](#)]. Additional sources, if used, are cited.

**Instructions:** Please review the accuracy of information in this grid. Use red font to make corrections. Where "needs clarification" appears in the cell, the RTI Team explicitly requests clarifying details. We include a clarifying question with the corresponding number (#) below the table. Where policy or benefit changes took place, please enter any known effective dates of the change in the far-right column. Where an exact date is not known, specify if the change occurred before or after the start date of your state's SUD demonstration.

SUD Services and SUD Provider Requirements	Pre-waiver Status	Changes Made as Part of Section 1115 SUD Demonstration	
	<i>Implemented or Covered prior to demonstration (yes/no, areas of clarification)</i>	<i>Added or Updated as a part of the demonstration</i>	<i>Effective date of change</i>
<b>Medication Assisted Treatments</b>			
Methadone for OUD	Yes	No	
Buprenorphine	Yes	No	
Oral naltrexone	Yes	No	
Long-acting injectable naltrexone	Yes	No	
<b>SUD Treatment Services Covered by Medicaid State Plan or State-only Funds</b>			
LOC 0.5: Early intervention services for SUD	Yes	Yes - new reimbursement methodology for CPEP and the CRT	

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	<i>Implemented or Covered prior to demonstration (yes/no, areas of clarification)</i>	<i>Added or Updated as a part of the demonstration</i>	<i>Effective date of change</i>
LOC 1.0: Outpatient	Yes	No changes	
LOC 2.1: Intensive outpatient	Yes	No changes	
LOC 2.5: Partial hospitalization	<b>Needs clarification (1)</b>	<b>Needs clarification (1)</b>	
Any residential SUD treatment, LOC unspecified	Yes - covered under Medicaid through in-lieu of provision. Residential also covered through local funds	Yes	
LOC 3.1: Low-intensity residential	No - Covered by local-only funds	Yes	
LOC 3.3: High-intensity, population-specific residential	<b>Needs clarification (2)</b>	Yes	
LOC 3.5: High-intensity residential	No - Covered by local-only funds	Yes	
LOC 3.7: Medically <i>monitored</i> intensive inpatient	<b>Needs clarification (3)</b>	Yes	
LOC 4.0 Medically <i>managed</i> intensive inpatient	<b>Needs clarification (4)</b>	Yes	
Withdrawal Management (WM), LOC unspecified	Yes - covered under Medicaid through in-lieu of provision. Residential also covered through local funds	Yes	
LOC 1.0 -WM: Ambulatory without extended on-site monitoring	Yes	No	
LOC 2.0 -WM: Ambulatory with extended on-site monitoring	<b>Needs clarification (5)</b>	Yes (IMDs)	
LOC 3.2 -WM: Clinically managed	<b>Needs clarification (5)</b>	Yes (IMDs)	
LOC 3.7 -WM: Medically monitored	No	Yes (IMDs)	
LOC 4.0 -WM: Inpatient detoxification	<b>Needs clarification (5)</b>	Yes (IMDs)	

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<b>Recovery support services</b>			
Peer support services	Yes - DBH-supported Peer-Operated Centers not covered by Medicaid	Yes	
SUD case management	Yes - through MCOs, My DC Health Home, My Health GPS	No changes	
Recovery housing/supportive housing coverage	No	Yes	
Supported employment coverage	No	Yes	
<b>Patient Placement Criteria</b>			
Widespread use of evidence-based patient placement criteria	Yes - TAP with ASAM	No - will decentralize intake, assessment, and referral system	
Use of utilization review and benefits management for SUD treatment	Yes - through QIO and MCOs	No changes	
<b>Program Standards for Residential Treatment Providers</b>			
Use of widely recognized, evidence-based provider standards for SUD residential treatment	Yes - by DBH using ASAM	No changes	
Residential MAT requirements	Yes - onsite or offsite access to MAT required	Yes - updating policies	
<b>Care Coordination: Coverage and Policies</b>			
Policies supporting care coordination	Yes - through DBH, MCOs, My DC Health Home, My Health GPS, FQHC APM	No policy changes	

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	<i>Implemented or Covered prior to demonstration (yes/no, areas of clarification)</i>	<i>Added or Updated as a part of the demonstration</i>	<i>Effective date of change</i>
Policies for transitions in care	Yes - through DBH and MCOs	Yes - new requirements on psychiatric hospitals and RTCs; adds Medicaid reimbursement for TPS provided by certain BH providers	
Policies supporting integration of care	Yes - through My DC Health Home, My Health GPS	Yes - new requirements on psychiatric hospitals and RTCs	
<i>My DC Health Home; My Health GPS</i>		These programs are expected to grow	
ASAM=American Society of Addiction Medicine. CTCC=Comprehensive Transitional Care Coordination. DBH=Department of Behavioral Health. MCO=Managed Care Organization. TAP=Treatment Assessment Protocol. TPS=Transition Planning Services. QIP=Quality Improvement Program. WM=Withdrawal Management. LOC=Level of Care			

The numbered questions below correspond to the numbered table notes appearing in cells needing clarification. Please provide answers in your preferred format. You may write your answer below the question, or enter your answer into the respective cells:

1. Your Implementation Plan indicates that you will be making some changes to coverage and provider requirements related to intensive day treatment. Could you clarify if both ASAM LOC 2.1 and 2.5 were covered by the Medicaid State Plan (or through in-lieu-of MCO provisions) prior to the waiver, and what changes your state has made or plans to make in that regard?
2. Prior to the waiver, was ASAM LOC 3.3 covered by the State Plan for non-IMD settings? Did the "in-lieu-of" MCO provision apply to this ASAM LOC?
3. Prior to the waiver, was ASAM LOC 3.7 covered by the State Plan for non-IMD settings? Did the "in-lieu-of" MCO provision apply to this ASAM LOC?
4. Prior to the waiver, was ASAM LOC 4.0 covered by the State Plan for non-IMD settings? Did the "in-lieu-of" MCO provision apply to this ASAM LOC?
5. We understand that the District covered withdrawal management services in a wide array of settings except for ASAM LOC 3.7-WM. We would like to clarify if WM services covered every LOC as defined by ASAM, including ambulatory, clinically managed, etc.

Other document(s) cited:

Name/source/description: [\[INSERT HYPERLINK\]](#)

Name/source/description: [\[INSERT HYPERLINK\]](#)

### **PRA Disclosure Statement**

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*Your decision to participate in this aspect of the study is voluntary. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. If you do not wish to participate in this interview or answer specific questions, please let us know. We believe there are minimal risks to you from participation, and every effort will be made to protect your confidentiality. In reports to CMS, we will refer to you anonymously as a “state informants.”*