

## **Attachment 1.c. Demonstration Characteristics Interview Questions**

Thank you for making time to speak with us today. My name is [NAME] and I am here with [NAME]. We are researchers from RTI International. The Centers for Medicare & Medicaid Services contracted with RTI to conduct a federal meta-analysis of section 1115 substance use disorder demonstrations. Information gathered during this call will support the federal meta-evaluation of section 1115 SUD demonstrations.

The purpose of this call is to clarify and reconcile the information we sent to you via email in the Program Characteristics Grid for [STATE]'s section 1115 SUD demonstration. The grid was populated by the RTI meta-evaluation team after reviewing your state's section 1115 SUD demonstration special terms and conditions, Implementation Plan, Quarterly and Annual Monitoring Reports, and other information posted on your state's demonstration website. RTI submitted this program characteristics grid to you for review earlier, and you and your colleagues have provided comments and corrections in response.

Today we will focus on additional details we need to understand components of your SUD demonstration. We may need details such as the policy vehicle for the change, reimbursement increases, regulatory mandates on providers, or updates to managed care contracts.

Before we get started, I will begin by reading the PRA Disclosure Statement.

### **PRA Disclosure Statement**

*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.*

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."

Your insights on the section 1115 SUD demonstrations are important and will be used by federal and state policymakers as well as other Medicaid programs in developing program policies and guidance for current SUD demonstrations and other future section 1115 demonstrations. Please note that your participation in this call is voluntary.

Finally, we would like to record our conversation, to ensure our notes from today are complete. Do I have your permission to audio record our conversation today? Do you have any questions before we begin?

We appreciate the time it has taken for you to conduct your review. This advance work allows us to focus our questions and shorten the length of this call.

Do you have any questions before we begin?

## **GRID CONFIRMATION QUESTIONS**

*(Note to interviewer: If key informant identifies no changes made within a particular section, then skip the questions in that section.)*

### **I. Medication Assisted Treatment for OUD**

Let's begin with the first section of the grid on Medication Assisted Treatment for OUD. We have the following clarifying questions:

1. Of the four medications for treating OUD included in the grid, which did Medicaid cover before and after the demonstration started?
  - a. Methadone for OUD?
  - b. Buprenorphine?
  - c. Oral naltrexone?
  - d. Long-acting injectable naltrexone (or Vivitrol)
2. Of the four medications included in the grid, were there any other Medicaid policy changes made to increase access to MAT (e.g., prior authorization)
3. Could you confirm the effective dates or scheduled timeline for changes in medication coverage under the demonstration?

### **II. Continuum of SUD Services by Level of Care**

The next section reviews SUD services by level of care as reimbursed by the Medicaid state plan prior to the demonstration. We understand that some states did not rely on a nationally recognized level of care continuum prior to the demonstration, so classification of services into such a continuum for the pre-demonstration period is not straightforward. We would appreciate your help determining if services consistent with a given level are available before or after the demonstration started. For purposes of this discussion, we will refer to levels of care based on the American Society of Addiction Medicine (ASAM) criteria that were used in the implementation plan protocol.

Based on this information, we have the following clarifying questions:

**Early intervention services for SUD (LOC level 0.5) and outpatient services (LOC 1.0)**

4. Did Medicaid cover SBI, SBIRT, or other early intervention services prior to the demonstration?
5. Have any changes been made as part of the SUD demonstration to expand coverage of early intervention services? For instance, were any billing codes added?
6. Have any changes been made as part of the SUD demonstration to expand coverage of outpatient services? For instance, were any billing codes added? What was the effective date of the change?

#### **Intensive Outpatient (LOC 2.1, 2.5)**

7. Did Medicaid cover intensive outpatient services and partial hospitalization services prior to the demonstration?
8. Have any changes been made as part of the SUD demonstration to expand coverage of intensive outpatient services and partial hospitalization services? For instance, were any billing codes added? What was the effective date of the change?

#### **Inpatient and Residential Treatment (LOC 3.1-4.0, WM-3.2, WM-3.7, WM-4.0)**

9. With respect to inpatient and residential treatment for SUD, which levels of care did Medicaid cover prior to the demonstration?
  - a. Low-intensity residential (3.1)?
  - b. High-intensity, population-specific residential (3.3)?
  - c. High-intensity residential (3.5)?
  - d. Medically *monitored* intensive inpatient (3.7)?
  - e. Medically managed intensive inpatient (ASAM Level 4.0)?
10. Were any of these levels of care covered by Medicaid through the in-lieu-of provision for managed care plans? Were any of these levels covered for non-IMDs under the state plan?
11. Beyond the waiver of the IMD exclusion rule, have any changes been made as part of the SUD demonstration to expand coverage of inpatient and residential levels of care? What was the effective date of the change?

#### **Withdrawal Management**

12. With respect to withdrawal management, which levels of care did Medicaid cover prior to the demonstration?
  - a. Ambulatory detoxification without extended on-site monitoring (1.0)?
  - b. Ambulatory detoxification with extended on-site monitoring (2.0)?

- c. Clinically managed withdrawal management (WM-3.2)?
  - d. Medically monitored withdrawal management (WM-3.7)?
  - e. Inpatient detoxification (WM-4.0)?
13. Were any of these levels of care for withdrawal management covered by Medicaid through the in-lieu-of provision for managed care plans? Were any levels were covered for non-IMDs under the state plan?
14. Beyond the waiver of the IMD exclusion rule, have any changes been made as part of the SUD demonstration to expand coverage of withdrawal management? What was the effective date of the change?

### **III. Recovery Support Services**

The next section covers recovery support services.

15. Which recovery support services were covered by Medicaid prior to the demonstration:
- a. Peer support services?
  - b. SUD case management?
  - c. Recovery housing/supportive housing coverage?
  - d. Supported employment coverage?
16. Have any changes been made as part of the SUD demonstration to expand coverage of recovery support services? For instance, were any billing codes added or were services expanded for individuals with a principal diagnosis of SUD? What was the effective date of the change?

### **IV. Patient Placement Criteria**

The next section covers use of widely recognized or evidence-based patient placement criteria.

17. Prior to the demonstration, did [STATE] have in place patient placement criteria derived from a widely recognized or evidence-based source to determine the appropriate setting for SUD services? If so, what was the evidence-based source or sources?
18. Have any changes been made as part of the SUD demonstration towards adopting or updating patient placement criteria? Could you confirm the effective dates or scheduled timeline for major changes or updates to the patient placement criteria under the demonstration?
19. Prior to the demonstration, did [STATE] have in utilization review in place for SUD services?

20. Have any changes been made as part of the SUD demonstration towards adopting or updating utilization review processes? Could you confirm the effective dates or scheduled timeline for major changes or updates to utilization review processes under the demonstration?

## **V. Program Standards for Residential Treatment Providers**

The next section covers program standards for providers of residential treatment of SUD required for participation in the Medicaid program, including licensing and oversight.

21. Prior to the demonstration, did [STATE] have in place widely recognized, evidence-based standards for residential SUD treatment programs? If so, what was the source or sources for these standards?
22. Have any changes been made as part of the SUD demonstration towards adopting or updating standards for residential SUD treatment programs? Could you confirm the effective dates or scheduled timeline for major changes or updates to the residential treatment program standards under the demonstration?
23. Did [STATE] require residential treatment programs to offer Medication Assisted Treatment either on-site or off-site? Since the demonstration began, have new requirements for access to MAT in residential facilities become effective?

## **VI. Care Coordination and Transitions in Care - Policies and Coverage**

The last section covers care coordination coverage and policies, policies around transitions in care, and policies supporting integration with physical health.

24. Prior to the demonstration, did Medicaid cover care coordination and transitions in care services for individuals receiving treatment for SUD?
  - a. Did eligibility for these services require a principal diagnosis other than SUD?
  - b. Was eligibility for these services limited to individuals with a dual diagnosis?
  - c. Was eligibility limited to individuals eligible through [STATE-SPECIFIC PROGRAM NAME]?
  - d. Have any changes been made as part of the SUD demonstration towards adopting or updating care coordination and transitions in care services? Could you confirm the effective dates or scheduled timeline for major changes or updates to the care coordination and transitions in care services under the demonstration?
25. Prior to the demonstration, for individuals receiving treatment for SUD, did Medicaid have policies or programs in place to improve access to other services for treatment of comorbid diagnoses, through screening or referral tools, or integration of SUD and mental health services?

26. As part of the demonstration, is the state making changes to improve access to treatment for comorbid diagnoses? Could you confirm the effective dates or scheduled timeline for major changes or updates?

## **IMPLEMENTATION INTERVIEW QUESTIONS**

### **RATIONALE FOR SECTION 1115 SUD DEMONSTRATION**

1. From your vantage point, what was the motivation for pursuing the SUD section 1115 demonstration?
  - *Where were the biggest gaps in service delivery or coverage prior to the demonstration?*
  - *Gaps in provider capacity for SUD treatment?*
2. Of the changes you are making through the section 1115 SUD demonstration, which do you think are most likely to have the greatest impact in your state on the following areas:
  - *Access to SUD services?*
  - *Improvement in provider capacity?*
  - *Improvement in SUD-related outcomes?*
3. Are there other changes you are making outside the section 1115 SUD demonstration that you expect to have significant impact on the population targeted by the SUD demonstration?

### **MEDICATION-ASSISTED TREATMENT**

4. *[Only for states adding methadone for OUD].* We understand from review of your demonstration's documentation that your state is adding methadone for OUD as a Medicaid-billable service. What challenges have you faced, if any, by adding methadone for OUD as a Medicaid benefit? How are you addressing them?
  - *Provider education and capacity*
  - *Billing*
  - *Prior authorization*
  - *Stigma*
5. *[Besides the challenges we just discussed]* Have you faced any challenges specific to increasing access to *[methadone/OTPs]*, buprenorphine or naltrexone? How are you addressing them?
  - *Increasing provider capacity – outreach, recruitment, education*
  - *Policies that allow additional types of providers to prescribe MAT*
  - *Expanding treatment into FQHCs or CMHCs*
  - *Billing for MAT by specific provider types for specific medications*
  - *Prior authorization*
  - *Stigma*

## RESIDENTIAL TREATMENT

6. How has the demonstration changed your state's regulations and licensing criteria for SUD residential providers?
  - *To align with ASAM guidelines or any other criteria?*
  - *Monitoring mechanisms you use (e.g., accreditation, site visits, etc.)*
7. What challenges have you faced adding Medicaid SUD residential services your state, if any?
  - *Residential capacity, licensure, and provider requirements*
  - *Challenges specific to adding/delivering MAT in residential settings*
  - *Billing*
  - *Prior authorization*
  - *Independent process review placement in residential treatment settings*
  - *Stigma*
8. To what extent do you now track which residential facilities in your state offer MAT? If you do, do you know what proportion of facilities offer MAT? When did you start tracking?
  - *Do you track which medications each facility uses?*
  - *Are you aware of preferences or challenges for different medications (e.g., is there a preference of one type of medication over another)?*
9. Are there other changes you made to provide better access for MAT therapy in residential settings we haven't yet discussed (e.g., regulations, licensure requirements, policies)?
  - *On-site?*
  - *Off-site?*

## OTHER SUD TREATMENT AND RECOVERY SUPPORT SERVICES

10. What challenges have you faced, if any, by adding other SUD treatment and recovery support services [*IOP/PH/ Withdrawal management/Peer support services/Other recovery management services*]? How are you addressing them?
  - *Missing levels of care*
  - *SUD provider capacity*
  - *Billing*
  - *Peer support services*
  - *Supported employment*
  - *Supportive housing*
  - *Mutual aid and other community-based services*

- *Case management*
- *Transportation and childcare*
- *Stigma*

## **REIMBURSEMENT FOR SUD SERVICES**

11. Have you made changes in reimbursement to other SUD treatment and recovery support services or other services we've not talked about as a part of the demonstration?

- *Service delivery or payment models*
- *Contracting arrangements*
- *Increases in reimbursement rates*

## **USE OF PATIENT PLACEMENT CRITERIA**

12. *[We understand that your state is making some changes to patient placement criteria under the demonstration.]* We would like to get more details about processes you are putting in place to support these changes, including changes in utilization management, and monitoring of provider and MCO use of the criteria and new tools for assessment. Please describe steps you are taking in these areas:

- *Use of a multidimensional assessment or some other instrument?*
- *Role of MCOs/third-party administrators/prepaid inpatient health plans*
- *Use of the criteria for prior authorization*
- *State oversight and monitoring*
- *Provider training*
- *Tracking use by providers*

13. What challenges have you faced, if any, in making changes in this area? How are you addressing them?

## **CARE COORDINATION AND TRANSITIONS BETWEEN LEVELS OF CARE**

14. How has the section 1115 demonstration changed your state's approach to care coordination and managing transitions between levels of care?

- *Coverage of SUD case management*
- *MCO use of centralized care coordinators*
- *Bed tracking system for SUD providers*
- *Tracking post-discharge follow-up using claims data*
- *Use of peer navigators to connect people to services*
- *Incorporating performance metrics into MCOs contracts*
- *Efforts to improve integration of MH services into SUD specialty settings*



15. What challenges have you faced, if any in this area? How are you addressing them?

### **OTHER CHALLENGES**

16. Are there other implementation challenges under the SUD section 1115 demonstration that we have not yet discussed you would like to mention?

- *How are you addressing them?*

### **CLOSING**

This is all the questions we have. Thank you for taking the time to clarify your state's Medicaid policies. Your input is critical for ensuring a high-quality federal meta-analysis of SUD demonstrations. If there is written documentation you think would be helpful for us to have or review that would not be accessible from agency websites, we would gladly accept and review them. We will make corrections to your state's grid of program characteristics based on your input today and send a copy via email to you for your records. **You are not being asked to take any further action for this review.** However, if you have any additional clarifications or corrections you would like to make after this call, you may respond to our email or contact [RTI POINT OF CONTACT NAME] at RTI via email at [[POINT OF CONTACT EMAIL](#)].

**[END OF SCRIPT]**