

Model Overview

The Maternal Opioid Misuse (MOM) Model is a patient-centered service delivery model that aims to improve the quality of care and reduce costs for pregnant and postpartum Medicaid beneficiaries with opioid use disorder (OUD) and their infants. The CMS Innovation Center is supporting awardees in eight States (Colorado, Indiana, Maine, Maryland, New Hampshire, Tennessee, Texas, and West Virginia) to implement the MOM Model with one or more care delivery partners.

Participants

West Virginia

Coverage: rural, suburban, urban
Type of CDP: hospital
Projected enrollment: 800–1,000
Intervention focus: case management

Indiana

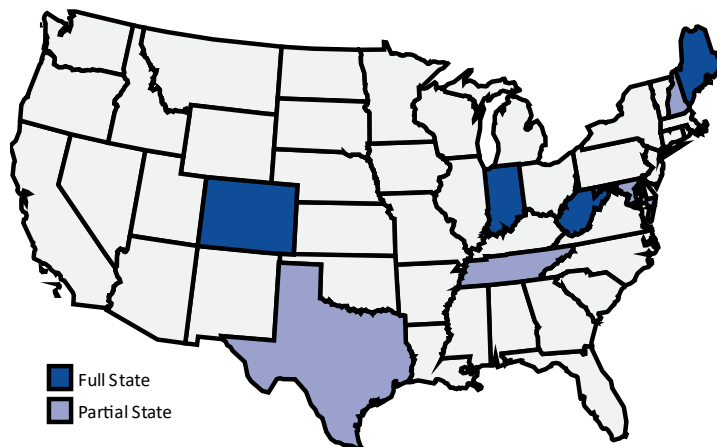
Coverage: rural, urban
Type of CDP: MCO
Projected enrollment: 725
Intervention focus: case management

Colorado

Coverage: rural, suburban, urban
Type of CDP: MCO
Projected enrollment: 700–1,500
Intervention focus: service integration

Maine

Coverage: rural, suburban, urban
Type of CDP: institution and FQHCs
Projected enrollment: 330–950
Intervention focus: service integration



Tennessee

Coverage: rural, suburban, urban
Type of CDP: hospital
Projected enrollment: 300+
Intervention focus: service integration and coordination

Maryland

Coverage: rural
Type of CDP: MCO
Projected enrollment: 30
Intervention focus: case management

Texas

Coverage: urban
Type of CDP: hospital
Projected enrollment: 200
Intervention focus: service integration

New Hampshire

Coverage: rural, urban
Type of CDP: institution and FQHCs
Projected enrollment: 250–300
Intervention focus: information sharing

CDP = Care delivery partner; FQHC = Federally Qualified Health Center; MCO = Managed Care Organization

Anticipated MOM Model Beneficiary Characteristics

- ➔ Beneficiaries are primarily between the ages of 20 and 30 and White
- ➔ Polysubstance use is almost universal
- ➔ Most have children and are already in treatment when they become pregnant or seek treatment because they became pregnant

“Mothers in rural Appalachia struggle with transportation and who will watch their kids... This [is] a barrier to receiving services...”
 - Provider



Pre-implementation Period Findings

Pre-implementation Evaluation Design

7

awardees received
virtual site visits

69

in-depth
interviews

8

Photovoice sessions
with providers

11

structured
observations



Integrating and Coordinating Care Are Cornerstones of the MOM Model

Care coordination

- Intensive case management services will be available to beneficiaries
- Peer recovery staff will help coordinate OUD treatment and obstetric care

Data systems integration

- Integration of data systems to facilitate care coordination is a primary goal of the MOM Model
- Model partners developed new data systems to support data sharing, collection, and reporting
- Despite CMS funding and contractor technical assistance, integration of data systems has been a major challenge



Beneficiaries Experience Challenges Accessing OUD Care

- Beneficiaries face co-occurring mental health challenges and have limited access to behavioral health treatment
- Some beneficiaries lack reliable family or partner support and have experienced intimate partner violence
- Food and housing insecurity and unstable employment may hinder beneficiary access to OUD care
- Rural beneficiaries may have particularly limited access to transportation and childcare support



Awardees Are Addressing Stigma

- Pregnant and parenting people with OUD face stigma from healthcare providers, family, and community members
- Model partners are identifying strategies to reduce stigma among providers, but plans lack detail



COVID-19 Required Adaptations to Design and Schedule

- The COVID-19 pandemic significantly affected the MOM Model implementation timeline and evaluation design
- Providers reduced in-person and group care service offerings and increased virtual care services

Key Takeaways

- ➔ MOM Model awardees and their partners hope to relieve physical and psychosocial barriers to OUD treatment for pregnant and postpartum people
- ➔ Barriers to treatment include transportation, childcare issues, and stigma
- ➔ MOM Model enrollment began in July 2021 for six of eight awardees

Providers liken the various barriers pregnant and postpartum people with OUD face to small pebbles that can affect their journey to recovery



“Nobody trips over mountains. It is the small pebble that causes you to stumble. Pass all the pebbles in your path and you will find you have crossed the mountain.”