

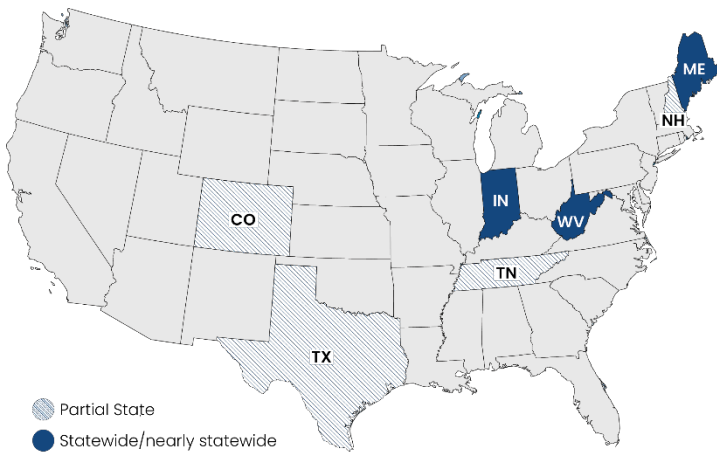
Model Overview

MOM Model Goals

- Improve quality of care and reduce costs to Medicaid
- Expand access, service delivery capacity, and infrastructure based on State-specific needs
- Create sustainable coverage and payment strategies

The MOM Model is a patient-centered service delivery model that aims to improve the quality of care for pregnant and postpartum Medicaid beneficiaries with opioid use disorder (OUD) and their infants. The CMS Innovation Center supported awardees in seven States (Colorado, Indiana, Maine, New Hampshire, Tennessee, Texas, and West Virginia) to implement the MOM Model with care delivery partners through December 2024.

Participants



Colorado
Partial State

Geographic Scope
Greater Delta, Denver, and Montrose Counties

Enrollment
22 beneficiaries served between 2022-2024
95% enrolled in MOM during pregnancy and 5% enrolled after birth

Indiana
Statewide/nearly statewide

Geographic Scope
4 care delivery partners statewide

Enrollment
1,110 beneficiaries served between 2021-2024
76% enrolled in MOM during pregnancy and 24% enrolled after birth

Maine
Statewide/nearly statewide

Geographic Scope
18 sites statewide

Enrollment
233 beneficiaries served between 2021-2024
83% enrolled in MOM during pregnancy and 17% enrolled after birth

New Hampshire
Partial State

Geographic Scope
Greater Manchester

Enrollment
118 beneficiaries served between 2021-2024
47% enrolled in MOM during pregnancy and 53% enrolled after birth

Tennessee
Partial State

Geographic Scope
2 sites for counties in middle Tennessee

Enrollment
317 beneficiaries served between 2021-2024
91% enrolled in MOM during pregnancy and 9% enrolled after birth

Texas
Partial State

Geographic Scope
1 site in Houston

Enrollment
113 beneficiaries served between 2021-2024
91% enrolled in MOM during pregnancy and 9% enrolled after birth

West Virginia
Statewide/nearly statewide

Geographic Scope
19 sites in 17 towns statewide

Enrollment
206 beneficiaries served between 2021-2024
81% enrolled in MOM during pregnancy and 19% enrolled after birth

Care Quality Improvements for Complex Needs

Care Quality Improvements Coincide with Meeting Beneficiaries' Complex Needs

- MOM Model beneficiaries faced complex and overlapping health, behavioral and social challenges that demanded flexible, trauma-informed care.
- Persistent barriers such as unreliable transportation, childcare shortages and housing instability undermined engagement and highlighted the need for broader, multisector solutions.



Embedding therapists and care coordinators into perinatal teams helped address co-occurring mental health conditions and reduce barriers to engagement.










Incorporating peer staff helped build trust, modeled recovery, and improved patient engagement and experience.



Expanding support beyond clinical services through mental health helped beneficiaries navigate critical social needs like transportation, childcare, housing and food access.

Creating Sustainable Coverage and Payment Strategies




Sustainability efforts took shape across three reinforcing domains: securing long-term funding, strengthening leadership and institutional support, and extending the model’s reach through workforce development and the spread of effective practices.

| Partial state models | | | | Statewide models | | |
|--|--|---|---|--|---|--|
| Colorado  | New Hampshire  | Tennessee  | Texas  | Indiana  | Maine  | West Virginia  |
| <p>Will continue the MOM model through existing PMPM payments to RAEs and care delivery partners</p> | <p>Will continue the MOM model through existing MCO contracts. The awardee is seeking solutions to ensure funding for CHW currently covered by MOM Model funds</p> | <p>Negotiated and approved reimbursement through BESMART to sustain clinical services. Opioid abatement council grant sustains nonclinical staff and other services</p> | <p>Will continue the MOM Model through existing MCO contracts. The awardee is seeking funding for program managers, CHWs, and obstetric nurse navigators supported by Model funds</p> | <p>MCEs receive a PMPM payment for case management and data costs. MCEs are exploring cost-control strategies such as increasing case manager caseloads and limiting data collection</p> | <p>Obtained an SPA to create a statewide opioid treatment health home model and add a patient navigator. Participating sites receive a PMPM payment varying by service delivery arrangement</p> | <p>Obtained an SPA for eligible DFMB sites to receive MCO PMPM payment for care coordination and wraparound services</p> |

PMPM= per member per month; RAE= regional accountable entities; MCO/MCE= managed care organization/ entity; CHW= community health worker; BESMART= Buprenorphine Enhanced Medication Assisted Recovery and Treatment; SPA= state plan amendment

Next Steps: Access, Service Delivery Capacity, and Infrastructure

Due to enrollment challenges in the model, CMS was unable to perform impact estimates on outcomes of interest. Despite this, promising practices have emerged as the MOM Model demonstrates how states can advance integrated care for pregnant and postpartum individuals with opioid use disorder in Medicaid by aligning services with patients’ full range of medical, behavioral and social needs.

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| <p>Early sustainability planning Awardees that initiated Medicaid financing conversations and pursued policy mechanisms early in implementation were better positioned to maintain services.</p> | <p>Internal champions across systems Leaders at multiple levels played a pivotal role in sustaining momentum, aligning the model with organizational priorities and embedding practices into routine care.</p> | <p>Data may demonstrate value Especially in states facing MCO pressure to prove return on investment, having mechanisms in place to track outcomes, engagement and cost offsets helped justify continued support.</p> |

Scaling Up



Awardees are expanding MOM Models to increase access to important services for the pregnant and postpartum population with OUD. Striking the right balance between expanding reach and preserving quality will determine the model’s long-term impact and sustainability. Efforts include opening new clinics, broadening populations served and securing funding to support growth.