

## 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

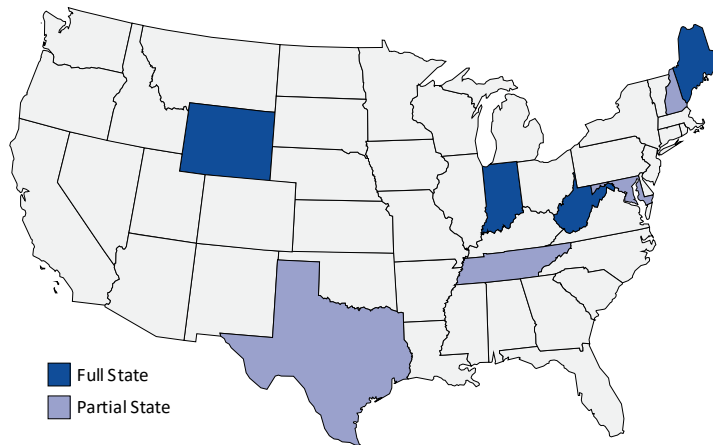
**Coverage:** rural, urban  
**Type of CDP:** MCO  
**Projected enrollment:** 725  
**Intervention focus:** case management

### 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.”*