

Opportunities to Support Prevention of Adolescent SUD through Medicaid

Center for Health Care Strategies

Dedicated to strengthening the U.S. health care system to ensure better, more equitable outcomes, particularly for people served by Medicaid.

Together with our partners, our work advances:



Effective models for prevention and care delivery that harness the field's best thinking and practices to meet critical needs



Efficient solutions for policies and programs that extend the finite resources available to improve the delivery of vital services and ensure that payment is tied to value.



Equitable outcomes for people that improve the overall wellbeing of populations facing the greatest needs and health disparities.

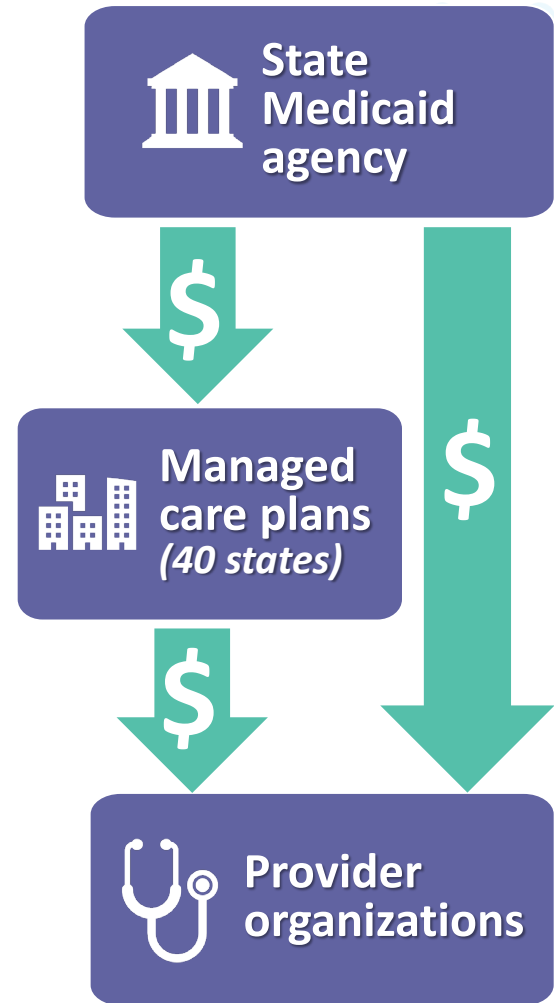
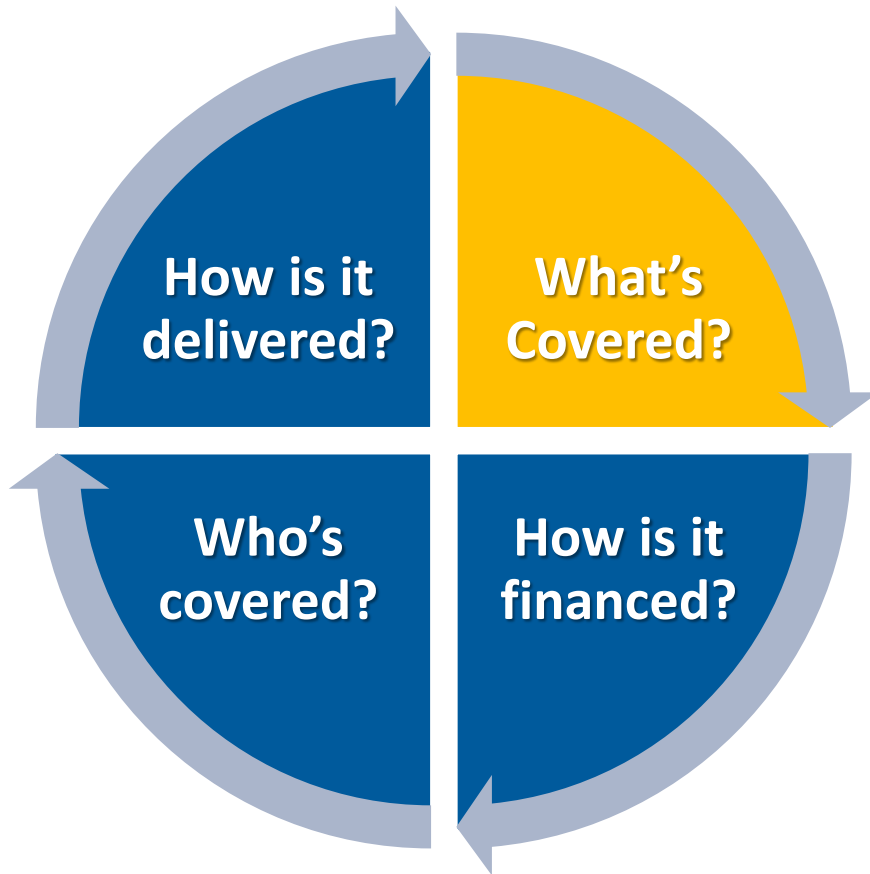


Medicaid Priorities Aligned Prevention of Adolescent SUD

Opportunities for states to develop strategies to meet the unique needs of children and adolescents

- ✓ Supporting comprehensive primary care
- ✓ Supporting access to a full spectrum of behavioral health services
- ✓ Identifying and addressing health-related social needs
- ✓ Measure health disparities and implementing strategies to advance health equity
- ✓ Customizing programs to meet needs of populations with complex health and social needs, including youth in foster care and justice-involved population

Medicaid Structure and Policy Levers



Defining Medicaid Benefits

Authority/ Regulation	Description
State Plan	<ul style="list-style-type: none">• How states define the scope of their Medicaid programs, allows flexibility within federal regulations• Includes defining which optional Medicaid services are provided
Waivers	<ul style="list-style-type: none">• Allow flexibility beyond existing federal regulations. Examples:<ul style="list-style-type: none">— Section 1115 Demonstrations: Broad waiver authority to test policy innovations related to eligibility, benefits, quality improvement or delivery system restructuring— Section 1915(c): Allows states to provide home and community-based services that assist beneficiaries to live in the community and avoid institutionalization
EPSDT	<ul style="list-style-type: none">• All children under 21 enrolled in Medicaid through the categorically needy pathway are entitled to any Medicaid-coverable service, regardless of whether the service is covered in the state plan

Sources:

State plan: <https://www.macpac.gov/subtopic/state-plan/#:~:text=The%20state%20plan%3A,to%20cover%20or%20implement%3B%20and>

Waivers: [https://www.macpac.gov/medicaid-](https://www.macpac.gov/medicaid-101/waivers/#:~:text=Section%201915(b)%20waivers%20are,and%20renewal%20periods%20are%20available)

[101/waivers/#:~:text=Section%201915\(b\)%20waivers%20are,and%20renewal%20periods%20are%20available](https://www.macpac.gov/medicaid-101/waivers/#:~:text=Section%201915(b)%20waivers%20are,and%20renewal%20periods%20are%20available)

EDPST: <https://www.macpac.gov/subtopic/epsdt-in-medicaid/>

Examples: Using State Plans to Support New Care Models

- **Team-based care, including staff with lived experience:**
 - States like **Alabama**, **Georgia**, and **Kentucky**, cover peer support services designed to help youth and parents identify goals, connect with supports, and acquire skills to improve coping abilities.
 - **Rhode Island** recently submitted a SPA to cover community health workers to “provide health promotion and coaching, health education and training, health system navigation and resource coordination services, and care planning with a member's interdisciplinary care team.”
- **Home visiting programs:**
 - Many states support home-visiting models with Medicaid funding.
 - In **Wisconsin**, Medicaid partially supports components of home visiting models through the prenatal care coordination and targeted case management services.
 - **Michigan's** Maternal Infant Health Program “provides care coordination and health education services, including childbirth and parenting education classes by registered nurses and licensed social workers.”

Sources:

<https://www.americanprogress.org/article/medicaid-and-home-visiting/>

<https://theinstitute.umaryland.edu/media/ssw/institute/national-center-documents/PSM10.2020.pdf>

<https://www.chcs.org/media/Providing-Youth-and-Young-Adult-Peer-Support-through-Medicaid.pdf>

<https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2021-08/Public%20Hearing%20Transcript.pdf>

Examples: Using Waivers to Address Health-Related Social Needs

- **North Carolina's Healthy Opportunities Pilots**, funded through its 1115 waiver, will test the impact of providing “select evidence-based, non-medical interventions related to housing, food, transportation and interpersonal safety and toxic stress to high-needs Medicaid enrollees.” Example pilot services:
 - Inspection for housing safety and quality, home remediation services, healthy home goods
 - Food and nutrition access case management, Fruit and vegetable prescription, healthy food box
 - Evidence-based parenting curriculum, home visiting-services, dyadic therapy
 - Reimbursement for health-related transportation

Sources:

Managed Care Accountability Levers



Example: Oregon's Performance Requirements for MCOs

- **Oregon ties a portion of payment to its Care Coordination Organizations to meeting performance targets.** Example include:
 - Screening and Brief Intervention metric
 - System-Level Social-Emotional Health metric
- **Performance Improvement Project:** All CCOs must participate in a performance improvement project aimed at improving access to mental health services for members 2 and older.
 - Measure must be stratified by age to identify disparities

Sources:

<https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/PlainLanguageIncentiveMeasures.pdf>
<https://www.oregon.gov/oha/HPA/DSI/pages/Performance-Improvement-Project.aspx>

Provider-Level Incentives: Value-Based Payment and Care Delivery Requirements



- **Value Based Payment (VBP):** Broad set of performance-based payment strategies that link financial incentives to providers' performance on a set of defined measures of quality and/or cost or resource use



- **Care Delivery Requirements:** VBP programs are often link payment incentives with provider-level requirements for care delivery capabilities. For example, states may increase payment for providers that are patient-centered medical homes.

Examples: Medicaid Value-Based Payment

- Washington state is implementing a **Multi-payer Primary Care Transformation Model** (for adults and children) aimed at increased investment in and incentives for integrated, whole-person and team-based care. Payment includes:
 - Practice transformation payment
 - A comprehensive primary care payment: a fixed, monthly, PMPM payment to support comprehensive primary care, including behavioral health integration
 - Performance incentive payment
- The **Integrated Care for Kids model**, launched in 2020 by the Center for Medicare and Medicaid Innovation, is supporting developing of pediatric VBP models in seven states.
 - Medicaid, provider organizations, and community stakeholders will pilot state-specific delivery system and payment models to improve early identification and treatment of health needs and better integrate care across sectors.

Challenges and Future Opportunities

Challenges

- A key goal of delivery reforms is often cost savings
- Care delivery reforms often focus on adults with complex needs
- Medicaid alone is insufficient to address upstream prevention, such as addressing social determinants of health



Opportunities

- To address children and adolescent needs, quality and long-term prevention should be the goal
- There is opportunity to further support and incentivize interventions to meet the unique needs of children and adolescents
- Cross- agency collaboration is essential



Questions?