

Attachment 2.f. Implementation Interview Protocol with Instructions for Interviewer

Protocol Questions with Instructions to Interviewers:

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, conducting a federal meta-evaluation of section 1115 substance use disorder (SUD) demonstrations. This interview will be approximately 90-minutes and will be an in-depth discussion of implementation experience, challenges, and programmatic changes.

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 take 3 hours 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.

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.

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?

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?*

