

Focus Group Participant Questionnaire

Thank you very much for participating in this focus group.

PRA Disclosure Statement: The following information would be helpful for research purposes to understand the impact of key aspects of the SUPPORT Act Section 1003 demonstration implementation, but it is **completely voluntary** and not required for you to participate today. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law.

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-XXX (Expires: XXX). The time required to complete this information collection is estimated to average 90 per response, including the time 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 ClearanceOfficer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Program: [Name of program]				
1.	What is your gender?			
	Male Female	Other (specify)		
2.	What is your age?			
3.	How would you describe you	urself? Please mark all that apply.		
	Black/African American	_		
	Hispanic or Latino			
	Asian			
	American Indian/ Alaska Nati	ve		
	White			
	Other			
4.	Primary language spoken:	_		
	Secondary's	?		

5. What is your area of practice and/or specialty?



Medicaid Provider Focus Group Protocol Round 1

- Introduce members of group.
- Thank you very much for your time today.
- [State name] is participating in the SUPPORT Act Demonstration which is a Centers for Medicare & Medicaid Services (CMS) demonstration project in consultation with the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Agency for Healthcare Research and Quality (AHRQ) with the purpose of increasing the treatment capacity of providers participating under Medicaid to provide substance use treatment and recovery services. There are two periods to this demonstration. The planning grant period runs through September 2021 and then a post-planning period will begin.
- We are part of the evaluation team for this demonstration project and, we are speaking with providers that serve patients with Medicaid and who are impacted by [State name]'s SUPPORT Act Demonstration to get a better understanding of how the demonstration has been implemented, implementation experience for providers, and early lessons learned. You do not necessarily need to be familiar with the demonstration to be able to answer our questions.
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- I'm going to be leading this discussion, but others may chime in with follow-up questions.
- Just a few things before we get started.
 - We won't attribute anything you have to say as coming from you by name. We will keep your name confidential in any summaries or reports we make to CMS, SAMHSA, AHRQ, or the public.
 - In general, our reports are a summary of what we've heard at a given stage by provider type.
 - You are also free to make comments "off record" in which case we will only consider them as background and will not even attribute them at the general provider level. Just please let us know if you'd like to make such comments.
 - We've scheduled this meeting to last 90 minutes. If you need to stop for any reason, that's fine. We know you are busy and may schedule a follow up



interview or e-mail you to address any unanswered questions. We appreciate your participation.

• We have a member of our team from NORC taking notes so we can write our reports, and we'd like to make an audio recording to help make sure we capture everything correctly. Are you okay with us recording our conversation?

Do you have any questions before we begin?

Domain	Question
Introduction	To start, could you please introduce yourself with your first name and where your practice is located?
	 Do you currently see patients, or are you involved in administration only?
	• If you see patients, what kind of practice do you currently provide care in? (private group, FQHC, hospital faculty practice, academic medical center)?
	 What substance use disorder services do you provide? Do you prescribe buprenorphine? [If mixed provider group] What is your specialty?
	How long have you provided substance use disorder services?
	 Prior to that time, did anything prevent or discourage you from providing substance use disorder services? What would you say are the main barriers to providers for substance use disorder services in [state]?
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Participation in Medicaid	 How long have you been providing care to Medicaid patients? What portion of your patients are Medicaid (most, less than half, less than a quarter)? What prevented you from accepting Medicaid insurance before? Potential barriers: services not covered by Medicaid, low Medicaid rates, slow payment processes
	What do you think about Medicaid reimbursement?
	 How about Medicaid reimbursement specifically for substance use disorder services?
	Could you tell us about your experiences enrolling or renewing enrollment to be a provider that accepts Medicaid, particularly any challenges or facilitators?
	 Potential barriers: lack of administrative support, changing requirements, etc.
	How could your state improve the Medicaid enrollment process?

	What would encourage additional providers to become Medicaid providers?
State SUD Treatment and Recovery	How does your experience providing substance use disorder services for patients with Medicaid compare to the experience for patients with other insurance coverage?
Services Experience and Capacity	What do you think about strategies or initiatives that [state] Medicaid has tried in the past to increase delivery of substance use disorder services?
	In your practice, what are barriers to adequate provision of SUD services?
	What about in settings where you make referrals?
	What kind of training is available to you from Medicaid for providing substance use disorder services?
	 What kind of training would you like to see? Is there a particular style of training (classes, provider-to-provider, mentoring, webinars) that you'd prefer? What topics would be most useful?
	Other than training, what kind of other supports are available to you in [state] for providing substance use disorder services?
	Prompts: referral networks, mentoringAre there other supports you'd like to see?
	I would like to get some understanding of your patients' experience of receiving substance use disorder services.
	 What do your patients think about the care they are receiving? Prompts: care coordination, access to non-medical needs that facilitate recovery (housing, childcare), access to culturally appropriate care
	 For providers that prescribe buprenorphine, do you have any thoughts about when patients do not fill those prescriptions? What barriers do the patients face to filling buprenorphine prescriptions?
Demonstration	Now we'd like to ask you a few questions about the Support Act demonstration, which recently began in [state] after completion of the Planning Grant Phase. The overall objective of the demonstration is to increase capacity to provide substance use disorder services under Medicaid.
	Are you familiar with the demonstration?
	 If yes: What are your initial thoughts about how this demonstration program would impact how you deliver care? If yes: How might it impact your patients?

Some of the activities already undertaken in your state include [state specific]. Have you felt the effects of any of that in your practice? If yes, in what way? The state has identified [state-specific] populations in need of particular attention as part of the demonstration. What gaps or barriers do you see, if any, related to the ability to treat Medicaid beneficiaries in those groups? Your state is hoping to increase capacity for [specific to state] and to increase capacity in [specific to state] areas. What current barriers to service do you see in those settings or locations? Are there issues regarding wait times? Have you noticed any impacts on the coordination of care between different placement levels (inpatient/residential to community-based services)? Are there any indicators of increased capacity in community-based services? What kinds of outcomes should we look for as a result of this program, keeping in mind the main objective mentioned earlier? What changes do you expect or hope to see, and what should we try to measure? What changes do you think your patients would hope to see in their health or their experiences with substance use disorder care?

Are there any additional topics that we didn't touch on that you'd like to discuss before we close?

Thank you for your time and participation.



Medicaid Provider Focus Group Protocol Round 2

- Introduce members of group.
- Thank you very much for your time today.
- [State name] is participating in the SUPPORT Act Demonstration which is a Centers for Medicare & Medicaid Services (CMS) demonstration project in consultation with the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Agency for Healthcare Research and Quality (AHRQ) with the purpose of increasing the treatment capacity of providers participating under Medicaid to provide substance use treatment and recovery services. There are two periods to this demonstration. The planning grant period ran through September 2021 and then a post-planning period began.
- We are part of the evaluation team for this demonstration project and, we are speaking
 with providers that serve patients with Medicaid and who are impacted by [State name]'s
 SUPPORT Act Demonstration to get a better understanding of how the demonstration has
 been implemented, implementation experience for providers, and early lessons learned.
 You do not necessarily need to be familiar with the demonstration to be able to answer
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- Just a few things before we get started.
 - We won't attribute anything you have to say as coming from you by name. We will keep your name confidential in any summaries or reports we make to CMS, SAMHSA, AHRQ, or the public.
 - In general, our reports are a summary of what we've heard at a given stage by provider type.
 - You are also free to make comments "off record" in which case we will only consider them as background and will not even attribute them at the general provider level. Just please let us know if you'd like to make such comments.
- We've scheduled this meeting to last 90 minutes. If you need to stop for any reason, that's fine. We know you are busy and may schedule a follow up interview or e-mail you to address any unanswered questions. We appreciate your participation.

• We have a member of our team from NORC taking notes so we can write our reports, and we'd like to make an audio recording to help make sure we capture everything correctly. Are you okay with us recording our conversation?

Do you have any questions before we begin?

Domain	Question
Introduction	To start, could you please introduce yourself with your first name and where your practice is located?
	 Do you currently see patients, or are you involved in administration only? If you see patients, what kind of practice do you currently provide care in? (private group, FQHC, hospital faculty practice, academic medical center)? What substance use disorder services do you provide? Do you prescribe buprenorphine? [If mixed providers] What is your specialty?
	How long have you provided substance use disorder services?
	 Prior to that time, did anything prevent or discourage you from providing substance use disorder services? What would you say were the main barriers to providers for substance use disorder services in [state]?
Participation in	How long have you been providing care to Medicaid patients?
Medicaid	 What portion of your patients are Medicaid (most, less than half, less than a quarter)? What prevented you from accepting Medicaid insurance before? Potential barriers: SUD care not covered by Medicaid, low Medicaid rates, slow payment processes
	What do you think about Medicaid reimbursement?
	How about Medicaid reimbursement specifically for substance use disorder services?
	Could you tell us about your experience enrolling or renewing enrollment to be a provider that accepts Medicaid, particularly any challenges or facilitators?
	Potential barriers: lack of administrative support, changing requirements, etc.
	How, if at all, could the state improve the Medicaid enrollment process?
	What would encourage additional providers to become Medicaid providers?

State SUD Treatment and Recovery Services Experience and Capacity

How does your experience providing substance use disorder services for patients with Medicaid compare to providing care for patients with other insurance coverage?

In your practice, what are barriers to adequate provision of SUD services?

- What about in settings where you make referrals?
- Have you experienced changes in the provision of SUD services over the past 2 years and, if so, in what way?

What kind of training is available to you from Medicaid for providing substance use disorder services?

• Have you experienced changes in the availability of trainings over the past 2 years and, if so, in what way?

Other than training, what kind of other supports are available to you in [state] for providing substance use disorder services?

- Prompts: referral networks, mentoring
- Are there other supports you'd like to see?
- Have you experienced changes in supports for providing substance use disorder services over the past 2 years and, if so, in what way?

Have you seen changes in the types of substance use disorder services available in your state over the past 2 years? If yes, in what way did it change?

• Probe: Have there been changes in the use of evidence-based services?

I would like to get some understanding of your patients' experience of receiving substance use disorder services.

- What do your patients think about the care they are receiving?
 - Prompts: care coordination, access to non-medical needs that facilitate recovery (housing, childcare), access to culturally appropriate care

Demonstration

Now we'd like to ask you a few questions about the Support Act demonstration, which began in late 2021, after a Planning Grant Phase.

Are you familiar with the demonstration?

- If yes: What are your initial thoughts about how this demonstration program would impact how you deliver care?
- If yes: How might it impact your patients?

Some of the activities already undertaken in your state include [state specific].

• Have you felt the effects of any of that in your practice? If yes, in what way?

Your state is working to increase capacity for [specific to state] and to increase capacity in [specific to state] areas.

- What current barriers to service do you see in those settings or locations?
- Have you experienced changes over the past 2 years and, if so, in what way?

The state has identified that [state-specific populations] are in need of particular attention as part of the demonstration. What gaps or barriers do you see, if any, related to the ability to treat Medicaid beneficiaries in those groups?

• Have you noticed any changes in the prioritization of particular populations over the past 2 years and, if so, in what way?

General Impacts of the Demonstration

Thinking about the demonstration, have you noticed any changes in Medicaid policies related to substance use disorder services over the past 2 years?

- Have these changes made providing substance use disorder services easier or harder? How so?
- Prompts: Changes in:
 - o access to services for non-OUD substance use disorders,
 - o access to services for co-occurring mental health disorders,
 - o coordination in the substance use treatment and recovery services,
 - o efficiencies in the substance use treatment and recovery services.
 - o the ability to serve diverse patients (linguistic, racial, ethnic, cultural),
 - o access to SDOH-related services that facilitate recovery (e.g., housing and childcare)?
- What challenges still exist in these specific areas?

What is your wait time for new patients?

• Has that changed over time?

For providers who prescribe medications for OUD, have you noticed any changes in the rate at which patients fill their prescriptions?

- What about retention in Medication-assisted treatment (MAT)?
- If there have been positive changes, what do you think led to them?
- What challenges still exist in having prescriptions filled and/or retention in MAT?



	Has the demonstration had any impacts that you didn't expect or were surprised to see? If so, please describe.
	Are there any ongoing challenges that we haven't addressed? If there are changes you have noticed in your practices how can they be sustained in the future?
Wrap up	Are there any additional topics that we didn't touch on that you'd like to discuss before we close? Thank you for your time and participation.

