Attachment 3.g. MCO Protocol with Instructions

<div align="center">MANAGED CARE ORGANIZATION LEADER'S INTERVIEW PROTOCOL</div>

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 average 90 minutes to participate in this interview. 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. If you do not wish to participate in this interview or answer specific questions, please let us know. We believe there are minimal risks to you from participation, and every effort will be made to protect your confidentiality. In reports to CMS, we will refer to you anonymously as a "managed care informants."

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 improving Medicaid SUD services and developing resources and supports for MCOs, behavioral health organizations, and providers implementing SUD 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?

INTRODUCTIONS

Good [MORNING/AFTERNOON], my name is [LEAD INTERVIWER] from RTI International. I will be leading the interview today. Also on the call are [SUPPORTING ANALYSTS] who will be taking notes.

As a reminder, this interview will last 60 minutes. As you may know, [STATE] began participating in the section 1115 SUD demonstration on [STATE-SPECIFIC EFFECTIVE DATE]. The interview will discuss changes your organization made for Medicaid beneficiaries in support of the section 1115 SUD demonstration. In [STATE], changes were made that related to: [*SELECT AS APPROPRIATE*: *PATIENT PLACEMENT/MEDICAID COVERAGE OF SUD SERVICES AND MEDICATION/CARE COORDINATION REQUIREMENTS/REQUIRING RESIDENTIAL FACILITIES TO ENSURE ACCESS TO MEDICATION-ASSISTED TREATMENT ON- AND OFFSITE/OTHER (SPECIFY)*].

We would like to know how those state-level changes affected your organization. For each topic, we will ask what your organization was doing prior to changes for the demonstration, what changes you implemented in response to these changes, the challenges you encountered, and any observed impact on providers and Medicaid members.

Would you like to introduce yourselves and your role in the organization?

[*ONLY ASK QUESTION X IF CONFIRMATION IS NEEDED*]

X. Before we get started, we would like to confirm a few facts with you.
   a) Could you confirm that your current contract with Medicaid became effective on [DATE]?
   b) Could you confirm that [STATE] [carved in/carved out] [SPECIFIC SUD SERVICE(S)] after the demonstration was implemented, effective [DATE]?
   c) [*IF NOT KNOWN*] Finally, in what regions of the state are you contracted with Medicaid to operate?

OVERALL PERSPECTIVES ON THE SECTION 1115 SUD DEMONSTRATION

1. We'd like to hear your overall perspective on the demonstration, briefly. Considering all of the changes made as part of the demonstration in [STATE], what effect do you think the demonstration has had on the overall delivery of Medicaid-covered SUD services and what changes, if any, have you observed?
2. From your vantage point, what would you describe as the most positive impact of the Medicaid program's section 1115 SUD demonstration? How so?
   a) Has the demonstration increased the number of Medicaid-enrolled providers offering SUD services?
      i. *[IF YES]* Where have you seen this increase (e.g., outpatient, inpatient or residential, which levels of care)?
   b) Has the demonstration increased the number of your Medicaid members receiving SUD treatment?
      i. [*IF YES*] Where have you seen this?
3. Have there been any unintended effects from the state's Medicaid section 1115 SUD demonstration that you have observed?
   a) [*IF YES*] What have you observed?
4. Finally, how has the COVID-19 pandemic affected implementation by your organization or your providers? Which aspects of implementation have been affected and how?
   a) Are there specific aspects of implementation that were hardest hit?
5. Did COVID-19 increase or decrease the number of your Medicaid members receiving SUD treatment?" ?
   a) What have you observed (*e.g., more demand by new or existing enrollees*)?

PATIENT PLACEMENT AND UTILIZATION MANAGEMENT

We would like to understand what role your organization played before the demonstration and after changes were made, in support of patient placement, medical necessity determinations, any process that informed the appropriate level of care (*e.g., monitoring provider compliance with patient placement criteria, documentation review, supports to providers for patient assessment or intake, prior authorization, post-admission retrospective authorization*), and utilization management.

As part of the demonstration, your state made changes to Medicaid managed care contracts that required MCOs to [DESCRIBE REQUIREMENT] effective [DATE]. The Medicaid program also required that [PROVIDER TYPES] [DESCRIBE REQUIREMENT] and [DESCRIBE REQUIREMENT] effective [EFFECTIVE DATE].

6. Prior to the changes made in support of the demonstration, what policies and practices did you have in place? *(e.g., coordination with Interim Management Entity, previous assessment instruments, conducting medical necessity determinations or utilization review for SUD services)*

MCO Impacts

7. After the changes [STATE] made via the 1115 demonstration regarding patient placement criteria and utilization management, what did your organization implement in response *(e.g., to document, monitor, or support provider compliance with requirements, support medical necessity determinations, new utilization management processes, payment approval processes, etc.)?* What were the operational, administrative, or contractual changes?

    PROBE FOR:
    a) Challenges and how they were addressed *(Sample question: What challenges did you face implementing these changes? How did you address these challenges* [*e.g., new provider supports, coordinate with the state])?*
        i. Impact of COVID (*Sample question: How did the COVID-19 pandemic impact implementation of these changes?)*
    b) Facilitators (*Sample question: What factors supported your changes [e.g., state resources, state provider outreach]?)*

Provider Impacts

8. How have these changes affected SUD providers [in your network]?

    PROBE FOR:
    a) Challenges and how they were addressed (*Sample question: What challenges did your providers face because of new requirements on use of standardized patient placement criteria and other requirements? How did you work with providers to address these challenges?)*
        i. Concerns among providers about medication assisted treatment
        ii. Impact of COVID
    b) Facilitators
    c) Impacts on intermediate outcomes (*Sample question: Have changes made by providers resulted in increased use of [e.g., widely accepted patient criteria; capacity of all levels of care; increased identification, initiation, and patient engagement])?*

Member Impacts

9. Considering all the changes in state requirements and changes by your own organization related to the processes we just discussed, what has been the impact of these changes on Medicaid members?

    PROBE FOR:
    a) Challenges and how they were addressed (e.g., stigma among patients against using medication for their treatment)
    b) Impacts on intermediate outcomes (*Sample question: What impact have these changes had on members' access to appropriate care, engagement in care, or retention in care)?*
    c) Health equity *(Sample question: What impact at the Medicaid member-level have changes had that could impact disparities in access and treatment or provider supply for priority populations, such as different racial/ethnic groups, pregnant women, youth, justice-involved)?*

ADDITION OF SUD SERVICES/LEVELS OF CARE

Our next set of questions relate to SUD services [STATE MEDICAID PROGRAM NAME] added to further the objectives of the demonstration. To support the demonstration, [STATE MEDICAID PROGRAM NAME] added or expanded coverage of the following SUD services:

[READ EACH SERVICE/LEVEL OF CARE AND ITS EFFECTIVE DATE]

> [RESIDENTIAL SERVICES IN IMDs] on [EFFECTIVE DATE]
> [ADDITION/EXPANSION] of [SERVICE/LEVEL OF CARE] on [EFFECTIVE DATE]
> [METHADONE] on [EFFECTIVE DATE]
> [IF NEEDED] Could you confirm, are/is [any of these services/SERVICE] CARVED OUT of your state contract?

[IF APPLICABLE]: In addition, [STATE] [CARVED IN/CARVED OUT] [SERVICE TYPES] on [EFFECTIVE DATE].

MCO impacts
10. With respect to service changes by Medicaid, what changes did you make to your operations or procedures, such as provider enrollment processes, provider contracts, and provider training, reimbursement or billing changes?
    PROBE: Were these changes specific to one service, all services added, [OR ALL SERVICES CARVED [IN/OUT] of your contract?
    a) *[ONLY ASK IF STATE AUTHORIZED MCO USE OF IN-LIEU-OF PROVISION PRE-DEMO]:* How about services your state previously authorized access to through the in-lieu-of-provision: [IMDs/[FACILITY TYPE/for LEVEL OF CARE]. What changes did you make after the demonstration?
    b) [*ONLY ASK IF STATE CARVED-OUT/IN SERVICES*]: How about services that were [CARVED-IN/CARVED-OUT]. What changes did you make to manage these services?
    c)   How about reimbursement or billing? Did you make any changes for SUD services?

PROBE FOR:
   a) Challenges and how they were addressed
      i. Impact of COVID
      ii. Difficulty recruiting providers into network
      iii. Reimbursement/billing
   b) Facilitators
      i. Reimbursement/billing changes

11. What were your processes like before these changes (e.g., provider enrollment processes, provider contracts, and provider training)? How much of a change was this from what you were doing before?

   a) [ONLY ASK IF STATE AUTHORIZED SERVICES WITH IN-LIEU-OF PROVISION]: How about services your state authorized access to through the in-lieu-of-provision: [IMDs/[FACILITY TYPE/for LEVEL OF CARE].

   b) [*ONLY ASK IF STATE CARVED-OUT/IN SERVICES*]: How about services that were carved-in/carved-out. What did your processes look like before the demonstration?

Provider Impacts
12. How have the changes [STATE] or your organization made affected providers [in your network]?PROBE FOR:
   a) Challenges (*e.g., impact on provider willingness to enroll in the network*) and how they were addressed (*e.g., provision of provider trainings or technical assistance*)
      i. Impact of COVID
   b) Facilitators

Member impacts
13. Prior to the addition of SUD services to Medicaid through section 1115 mentioned a moment ago, how did your Medicaid members access these services through other funding sources or in-lieu-of provisions?
   a) Did your operations include supporting access to these services not covered in the Medicaid state plan for your members? How so?
   b) Prior to these changes, which services were the most difficult for members to access? How so?
   c) [*ONLY ASK IF STATE AUTHORIZED SERVICES WITH IN-LIEU-OF PROVISION*] How about services your state authorized access to through the in-lieu-of-provision: [IMDs/[FACILITY TYPE/for LEVEL OF CARE]?
   d) [*ONLY ASK IF STATE CARVED-OUT/IN SERVICES*] How did your operations support Medicaid members' access to these services if carved-out from your contract?
14. How have the changes in Medicaid coverage of [IMD/RESIDENTIAL LEVELS OF CARE] affected access to these services for your Medicaid members?

a) Overall, would you consider these changes to have negative impacts, positive impacts, or no impacts on members?
How would you describe the overall magnitude of impacts for Medicaid members: would you say the impact has been minor, moderate, or major?

PROBE FOR:
a) Challenges and how they were addressed
b) Facilitators
c) Impacts on intermediate outcomes
d) Health equity *(Sample question: What impact have changes had on equitable access and treatment or provider supply for priority populations, such as different racial/ethnic groups, pregnant women, youth, justice-involved)?*
e) Impact of services formerly accessed through in-lieu-of provision
f) Impact of services formerly carved-in or carved-out

15. *[IF APPLICABLE TO STATE]* How have the changes in [WITHDRAWAL MANAGEMENT/INTENSIVE OUTPATIENT/METHADONE] coverage/reimbursement affected your Medicaid members?

PROBE FOR:
a) Impacts on intermediate outcomes
b) Health equity

CARE COORDINATION AND TRANSITION PLANNING

Next, let's discuss care coordination and transition planning before and after the state made changes as part of the demonstration. As part of the demonstration, [STATE] made the following changes:

[READ DESCRIPTION OF STATE-SPECIFIC CARE COORDINATION/TRANSITION IN CARE CHANGES]

[CARE COORDINATION CHANGE] in [EFFECTIVE DATE].
[TRANSITION PLANNING CHANGE] in [EFFECTIVE DATE].

MCO impacts
15. Prior to [STATE] making these changes, what was your organization's approach to supporting care coordination?

16. After the [STATE] made changes, what changes did your organization make to support care coordination? *(e.g., transportation, new staff such as peer support counselors, new referral or contractual requirements/relationships etc.)*?

PROBE FOR:
a) Challenges and how they were addressed
    i. Impact of COVID
b) Facilitators

17. Prior to [STATE] making changes related to transition planning, what was your organization's approach to supporting <u>transitions between levels of care</u>?

18. After the [STATE] made changes, what was your approach to supporting transitions between levels of care? *(e.g., transportation, new staff such as peer support counselors, new referral or contractual requirements/relationships etc.)*

PROBE FOR:
    a) Challenges and how they were addressed
        i. Impact of COVID
    b) Facilitators

Provider Impacts

19. How did the changes in [CARE COORDINATION/TRANSITION PLANNING] organization affect providers or your provider network?

PROBE FOR:
    a) Challenges and how they were addressed
        i. Impact of COVID
    b) Facilitators

Member Impacts

20. What impact did changes in [CARE COORDINATION/TRANSITION PLANNING] have on your members, if any?

PROBE FOR:
    a) Challenges and how they were addressed
        i. Impact of COVID
    b) Impacts on intermediate outcomes
    c) Health equity

RECOVERY SUPPORT SERVICES

Next we'll talk about recovery support services. As part of the demonstration, [STATE] implemented:

[*READ LIST OF CHANGES TO RECOVERY SUPPORT SERVICES*]

    [PEER SPECIALIST SUPPORT CHANGE] in [EFFECTIVE DATE]
    [SUPPORTIVE HOUSING CHANGE] in [EFFECTIVE DATE]
    [SUPPORTIVE EMPLOYMENT CHANGE] in [EFFECTIVE DATE]
    [TRANSPORTATION/OTHER RSS CHANGE] in [EFFECTIVE DATE]

MCO Impacts

21. Prior to the demonstration, which recovery support services could your Medicaid members access through other funding sources or in-lieu-of provisions? (*e.g., supportive housing, peer specialists, employment)?*

22. How did additions of recovery services in Medicaid impact access for your Medicaid members??

PROBE FOR:
   a) Challenges and how they were addressed
      i. Impact of COVID
   b) Facilitators

Provider Impacts
23. Did the changes [STATE] and your organization made impact providers or your provider network?

PROBE FOR:
   a) Challenges and how they were addressed (e.g., shortage of peer specialists, peer training)
      i. Impact of COVID
   b) Facilitators

Member Impacts
24. What impact did changes to recovery support services have on your members, if any?

PROBE FOR:
   a) Challenges and how they were addressed
      i. Impact of COVID
   b) Facilitators
   c) Impacts on intermediate outcomes
   d) Health equity

RESIDENTIAL MAT

As part of the demonstration, [STATE] required residential facilities to dispense MAT onsite or facilitate access to MAT offsite [and OTHER MAT-RELATED CHANGES SPECIFIC TO THE STATE].

25. Prior to [STATE]'s approval of the SUD section 1115 demonstration, did you require residential SUD providers within your network to offer MAT onsite or facilitate access to MAT offsite?

PROBE FOR:

   a) Pre-demonstration MAT: *[Sample question: To what extent did residential providers in your regions facilitate access to MAT? Did any residential providers administer MAT onsite?]*

   b) Provider decisions *[Sample question: What factors contributed to provider decisions NOT to facilitate MAT, prior to the demonstration (e.g., stigma, lack of training, lack of MAT providers in area)?]*

26. Prior to the new MAT requirements, did you offer support to providers to administer MAT on-site *(e.g., training, educational outreach, financial incentives*)?

   a) Did you offer support for facilitating access to MAT off-site *(e.g., scheduling transportation, connecting facilities with in-network outpatient subscribers)*?

27. Was MAT utilization by residential patients monitored in administrative data? How so?

MCO Impacts

28. After the state set new MAT requirements, did you add requirements for residential providers in your network to assure their compliance with the state requirement

   a) What did your provider contracts require, specifically?
   b) What are providers required to do to increase access to MAT offsite?
   c) How do providers demonstrate to you that they meet new requirements (*i.e., documentation of cooperative agreements at the time of enrollment in your network*)?
   d) Did you require providers already in your network to submit more documentation or re-apply for eligibility to join your network?
   e) Does your organization monitor compliance after provider enrollment? If so, how?

   PROBE FOR:

   a) Challenges and how they were addressed Provider stigma towards MAT *(sample question(s): Did you experience concerns from providers about prescribing MAT? What did you attribute that to?*
      i. Impact of COVID
   b) Facilitators

29. Now that the state has set new MAT requirements, does your organization offer new supports to residential providers to help them expand access to MAT for their patients?

   a) Could you describe these new supports (*e.g., training, technical assistance, other*)?
   b) Do you assist with scheduling or providing transportation? How does that work?
   c) Does your organization assist residential providers by linking them to outpatient subscribers in their area who can provide MAT off-site for their patients? Could you describe the assistance you provide?
   d) Did your own staff receive any training from state-funded initiatives about MAT?

30. *[IF RESIDENTIAL IS *<u>*CARVED IN*</u>* TO MCO CONTRACTS]:* Are you paying residential facilities differently to encourage providers to offer MAT onsite? [IF YES] How are incentives structured?

   a) Does payment method facilitate the observance in encounter or claims data of MAT use by RT clients onsite and offsite?
   b) What advice or specifications can you share with our federal evaluation team to reliably measure MAT use during residential stays for your members?

Provider Impacts

31. Have residential providers [in your network] sought to add onsite administration of MAT in response to the MAT requirement?

    a) (IF SO): Would you say there has been an increase, decrease, or no change in the number of providers offering MAT onsite?

    b) How have you monitored that activity?

32. What challenges have providers faced implementing <u>onsite</u> MAT requirements?

PROBE FOR:

    a) How challenges were addressed
        i. Impact of COVID
    b) Facilitators

33. What has been your providers' experiences with implementing <u>offsite</u> MAT requirements?

PROBE FOR:

    a) Challenges and how they were addressed
        i. Impact of COVID
    b) Facilitators

34. How would you describe provider progress toward meeting <u>offsite</u> MAT requirements? (*e.g., increased, decreased, no change*).

35. [*IF RESIDENTIAL IS <u>CARVED IN</u> TO MCO CONTRACTS*] How do you monitor compliance with MAT requirements by your residential providers? (i.e., on-site audits, analysis of administrative data)

    a) Have you observed changes in providers' administration of MAT on-site?
    b) Have you observed changes in access to MAT off-site?
    c) To what do you attribute these changes?

Member impacts

36. How have new MAT requirements impacted your Medicaid members' ability to access MAT at all levels of care?

PROBE FOR:

    a) Challenges and how they were addressed
        i. Impact of COVID
    b) Facilitators
    c) Impacts on intermediate outcomes
    d) Health equity

WRAP UP

Thank you very much for participating in this interview. Your insight is incredibly valuable to understanding how states are implementing the section 1115 SUD demonstrations, the challenges they are experiencing, and the impact they are having on states ability to meet the needs of those with SUD. Before we wrap up this interview, we wanted to ask if there was anything we didn't cover or discuss that you feel is important for us as evaluators to know.