

Attachment 3.j. Behavioral Health Stakeholder Interview Protocol with Instructions (Non-Residential Providers)

NON-RESIDENTIAL BEHAVIORAL HEALTH LEADER INTERVIEW PROTOCOL

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 "provider 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 INTERVIEWER] 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 patients.

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

1. Could you please tell us a little about your organization (*e.g., services and levels of care offered, patients served, number of providers, etc.*)?
2. When did your organization start accepting Medicaid patients?

PATIENT PLACEMENT CRITERIA

We want to start out by discussing how your organization and your Medicaid patients were affected by required state changes in the use of patient placement criteria. Your organization was required by [STATE] as part of the section 1115 demonstration to use standardized [INSERT NAME] patient placement criteria beginning [EFFECTIVE DATE OF NEW CRITERIA]. In addition, [STATE] also [LIST ANY OTHER CHANGES OR INITIATIVES UNDER MILESTONE 2 (*e.g., provider trainings, provider manual revisions, additional or updated requirements enforced within the providers' MCO network*)].

Provider Impacts

3. How did the assessment process change as a result of the state-level changes (*e.g., processes used to assess patients and determine the most appropriate level of care, intake assessments, payment approval processes*)? What was your process like before the state-level changes?

PROBE FOR:

- a) Challenges and how they were addressed (*Sample question: What challenges did your organization face implementing these changes? How were those challenges addressed [e.g., provider understanding and staff response to new processes, financial impact]*)?
 - i. Impact of COVID (*Sample question: How did the COVID-19 pandemic impact changes related to patient placement criteria?*)
 - b) Facilitators (*Sample question: What factors supported changes within your organization [e.g., partners, funding, resources, provider trainings]*?)
 - c) Health equity (*Sample question: To what extent did you tailor implementation towards vulnerable or marginalized populations?*)
4. Could you describe other operational or administrative changes your organization made in response to changes in patient placement criteria? (*e.g., capital investments/expenditures on equipment, updated electronic health record or billing system, hiring of new staff, new workflows, additional or updated requirements enforced within the providers' MCO network, new credentialing, accreditation, or licensing for Medicaid approval, reimbursement, or prior authorization*)?

PROBE FOR:

- a) Challenges and how they were addressed
 - i. Impact of COVID
 - b) Facilitators (*e.g., provider trainings, provider manual revisions, MCO support*)
5. Did your organization participate in provider trainings? If so, which ones? Were they helpful? Why or why not?

PROBE FOR:

- a) Did your organization offer trainings to providers? Could you tell me about what those covered?

Patient impacts

- 6. Turning to your patients, how have the changes in the assessment process affected your patients with Medicaid (*e.g., availability of each level of care meeting patient needs*)?

PROBE FOR:

- a) Challenges and how they were addressed (*e.g., stigma towards patients using medication for treatment*)
 - i. Impact of COVID
- b) Facilitators (*e.g., more appropriate placement in a level of care or setting*)
- c) Impact on intermediate outcomes (*Sample question: What impact has that had on patient access to care? Engagement in care? Retention in care? Etc.? [e.g., patient use of certain levels or care more or less than others, changes in types of treatment recommended to patients, patient ability to get the level of care they need]*)
- d) Health equity (*Sample question: How has implementation affected access to care for vulnerable or specific or marginalized populations [e.g., urban vs. rural, , persons with disabilities, pregnant women, racial/ethnic, language barriers]? How was that assessed?*)

MEDICAID COVERAGE, BILLING, AND REIMBURSEMENT

Shifting topics, we next want to discuss how changes in Medicaid coverage for certain services has affected your organization and your patients with Medicaid. As part of the demonstration, [STATE ADDED/EXPANDED BLANK COVERAGE (*e.g., Methadone, intensive outpatient/partial hospitalization services, residential/IMDs, or withdrawal management services*)] on [EFFECTIVE DATE].

Provider Impacts

- 7. How has the [ADDED/EXPANDED] Medicaid coverage of [WITHDRAWAL MANAGEMENT/INTENSIVE OUTPATIENT/METHADONE] affected your organization (*e.g., operational and administrative changes in staffing, electronic systems, new state licensure*)? Interviewer: repeat question and probes if multiple services (*e.g., methadone, IOP, and WM*) apply. What is different as a result of the change? Interviewer: repeat question and probes if multiple services apply.

PROBE FOR:

- a) Challenges and how they were addressed
 - i. Impact of COVID
- b) Facilitators (*e.g., partners, resources, funding, technical assistance*)

8. What changes did your organization make in billing for [WITHDRAWAL MANAGEMENT/INTENSIVE OUTPATIENT/METHADONE]? *Interviewer: repeat question and probes if multiple services apply. What was your experience billing Medicaid for these services before the change?*

PROBE FOR:

- a) Challenges and how they were addressed (*e.g., extent that Medicaid reimbursement reflects costs of providing [SERVICE] to Medicaid beneficiaries, experience with Medicaid certification/enrollment, staff response, staff retention, changes in willingness to accept Medicaid patients*)
 - i. Impact of COVID
 - b) Facilitators (*e.g., partners, resources, funding, technical assistance, trainings*)
9. *[IF APPLICABLE TO STATE]* How has the [ADDED/EXPANDED] Medicaid coverage of RESIDENTIAL LOCS] affected your organization? How has the added Medicaid coverage for services provided in IMDs affected your organization?

PROBE FOR:

- a) Challenges and how they were addressed (*e.g., extent that Medicaid reimbursement reflects costs of providing [SERVICE] to Medicaid beneficiaries, experience with Medicaid certification/enrollment*)
 - i. Impact of COVID
- b) Facilitators (*e.g., partners, resources, funding, technical assistance, trainings*)

Patient impacts

10. Turning to your patients, how have the changes in [WITHDRAWAL MANAGEMENT/INTENSIVE OUTPATIENT/METHADONE] coverage/reimbursement affected your patients with Medicaid? *Interviewer: repeat question and probes if multiple services (e.g., withdrawal management, intensive outpatient, withdrawal management) apply.*

PROBE FOR:

- a) Challenges and how they were addressed
 - i. Impact of COVID
 - b) Facilitators
 - c) Impact on intermediate outcomes
 - d) Health equity
11. *[IF APPLICABLE TO STATE]* How have the changes in [IMD AND/OR RESIDENTIAL LOCS] coverage/reimbursement affected your patients with Medicaid?

PROBE FOR:

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

- b) Facilitators
- c) Impact on intermediate outcomes
- d) Health equity

CARE COORDINATION AND TRANSITIONS IN CARE

Moving onto our last topic, we want to finish with a discussion of how changes in Medicaid-required care coordination and transition policies have affected your organization and care for your patients with Medicaid. As part of the demonstration, [STATE] implemented [LIST CARE COORDINATION CHANGES HERE] in [DATE/YEAR].

Care Coordination

Provider Impacts

12. With the implementation of the demonstration, what changes did your organization make to meet the state requirements around care coordination? (*e.g., adding transportation or new types of staff like peer counselors, new referral or contractual relationships*) What was your organization doing before these changes were made?

PROBE FOR:

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

Patient Impacts

13. Turning to your patients, how have the changes in care coordination affected your patients with Medicaid?

PROBE FOR:

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

Transitions in Care

Provider Impacts

14. With the implementation of the demonstration, how have required changes in transition planning affected your interactions with residential facilities? (*e.g., revised protocols and communication with other facilities*)

PROBE FOR:

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

Patient Impacts

15. Turning to your patients, how have the changes in transition planning affected your patients with Medicaid?

PROBE FOR:

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

RECOVERY SUPPORT SERVICES

As part of the demonstration, [STATE] implemented [LIST CHANGES TO RECOVERY SUPPORT SERVICES (RSS) (e.g., peer support, supportive housing, employment) HERE] in [DATE/YEAR].

Provider Impacts

16. Could you please describe the types of recovery support services offered by your organization arising from the state-level changes? What did you offer before?

Interviewer: repeat question and probes for each RSS.

PROBE FOR:

- a) Challenges and how they were addressed (*e.g., gaps in services, staffing, funding*)
 - i. Impact of COVID
- b) Facilitators (*e.g., collaboration or coordination with other organizations*)
- c) Impact on intermediate outcomes
- d) Health equity

17. What other factors impacted the delivery of [RSS IMPLEMENTED AS A RESULT OF THE DEMONSTRATION] at your organization?

18. Which organizations do you collaborate with to provide [RSS IMPLEMENTED AS A RESULT OF THE DEMONSTRATION]? What services do they provide?

- i. PROBE: How did you collaborate with other organizations to provide [RSS]?
- ii. PROBE: What challenges have you encountered? How were they addressed?
- iii. PROBE: What facilitates those partnerships?

19. How did you coordinate [RSS IMPLEMENTED AS A RESULT OF THE DEMONSTRATION] with SUD treatment at your organization?

20. What would you change about the provision of RSS? Why?

Patient Impacts

21. Turning to your patients, how have the changes in recovery support services affected your patients with Medicaid?

PROBE FOR:

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

22. How has Medicaid coverage of RSS affected access to other clinical services (*e.g., other behavioral or physical health services*)?

23. What improvements might still need to be made to your current set of RSS?

- i. PROBE: What types of services (*e.g., intensive outpatient, withdrawal management*) would benefit most from improvements to your current set of RSS?
- ii. PROBE: How would such improvements affect patients' access to care? Engagement in care? Retention in care?

24. What other types recovery support services are still needed to meet patients' needs?

- i. PROBE: How would adding those services affect patients' access to care? Engagement in care? Retention in care?
- ii. PROBE: Do you have plans for expanding RSS in the future under the demonstration? [IF YES] Could you describe those plans?

RESIDENTIAL MAT

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

Provider Impact

25. How does your organization collaborate with residential facilities to provide MAT?

26. What changes have you observed residential facilities make to align with the state-level requirements? (*e.g., infrastructure to safely store medication, contractual or referral relationships, transportation to OTPs or OBOT appointments*) What did the residential facilities have in place before the requirements went into effect?

PROBE FOR:

- a) Challenges and how they were addressed
 - i. Impact of COVID
 - ii. Provider stigma towards MAT (*sample question(s): Did you experience concerns from providers about prescribing MAT? What type of stigma (e.g., resistance among providers to accept a treatment model for SUD that includes MAT, providers prescribing one drug over another, community-based stigma, etc.) did you observe?*)
 - iii. Provider capacity
 - iv. Challenges in provision of different types of MAT
- b) Facilitators (*e.g., collaboration or coordination with other organizations, provider trainings, state enforcement activities, measures within organization to enforce compliance to MAT requirement*)

27. How has your organization been affected by changes made by residential facilities to offer MAT?

Patient Impacts

28. Turning to your patients, how have the changes in residential MAT requirements affected your capacity to provide appropriate care for patients with Medicaid?

PROBE FOR:

- a) Challenges and how they were addressed
 - i. Impact of COVID
- b) Facilitators
- c) Impact on intermediate outcomes (*e.g., are more/less patients using MAT, patient ability to adhere to medication*)
- 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.