

Attachment 1.c. Demonstration Characteristics Interview Questions

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. The Centers for Medicare & Medicaid Services contracted with RTI to conduct a federal meta-analysis of section 1115 substance use disorder demonstrations. Information gathered during this call will support the federal meta-evaluation of section 1115 SUD demonstrations.

The purpose of this call is to clarify and reconcile the information we sent to you via email in the Program Characteristics Grid for [STATE]'s section 1115 SUD demonstration. The grid was populated by the RTI meta-evaluation team after reviewing your state's section 1115 SUD demonstration special terms and conditions, Implementation Plan, Quarterly and Annual Monitoring Reports, and other information posted on your state's demonstration website. RTI submitted this program characteristics grid to you for review earlier, and you and your colleagues have provided comments and corrections in response.

Today we will focus on additional details we need to understand components of your SUD demonstration. We may need details such as the policy vehicle for the change, reimbursement increases, regulatory mandates on providers, or updates to managed care contracts.

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. Please note that your participation in this call is voluntary.

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?

We appreciate the time it has taken for you to conduct your review. This advance work allows us to focus our questions and shorten the length of this call.

Do you have any questions before we begin?

I. Medication Assisted Treatment for OUD

Let's begin with the first section of the grid on Medication Assisted Treatment for OUD. We have the following clarifying questions:

1. Of the four medications for treating OUD included in the grid, which did Medicaid cover before and after the demonstration started?
 - a. Methadone for OUD?
 - b. Buprenorphine?
 - c. Oral naltrexone?
 - d. Long-acting injectable naltrexone (or Vivitrol)
2. Of the four medications included in the grid, were there any other Medicaid policy changes made to increase access to MAT (e.g., prior authorization)
3. Could you confirm the effective dates or scheduled timeline for changes in medication coverage under the demonstration?

II. Continuum of SUD Services by Level of Care

The next section reviews SUD services by level of care as reimbursed by the Medicaid state plan prior to the demonstration. We understand that some states did not rely on a nationally recognized level of care continuum prior to the demonstration, so classification of services into such a continuum for the pre-demonstration period is not straightforward. We would appreciate your help determining if services consistent with a given level are available before or after the demonstration started. For purposes of this discussion, we will refer to levels of care based on the American Society of Addiction Medicine (ASAM) criteria that were used in the implementation plan protocol.

Based on this information, we have the following clarifying questions:

Early intervention services for SUD (LOC level 0.5) and outpatient services (LOC 1.0)

4. Did Medicaid cover SBI, SBIRT, or other early intervention services prior to the demonstration?
5. Have any changes been made as part of the SUD demonstration to expand coverage of early intervention services? For instance, were any billing codes added?
6. Have any changes been made as part of the SUD demonstration to expand coverage of outpatient services? For instance, were any billing codes added? What was the effective date of the change?

Intensive Outpatient (LOC 2.1, 2.5)

7. Did Medicaid cover intensive outpatient services and partial hospitalization services prior to the demonstration?

8. Have any changes been made as part of the SUD demonstration to expand coverage of intensive outpatient services and partial hospitalization services? For instance, were any billing codes added? What was the effective date of the change?

Inpatient and Residential Treatment (LOC 3.1-4.0, WM-3.2, WM-3.7, WM-4.0)

9. With respect to inpatient and residential treatment for SUD, which levels of care did Medicaid cover prior to the demonstration?
 - a. Low-intensity residential (3.1)?
 - b. High-intensity, population-specific residential (3.3)?
 - c. High-intensity residential (3.5)?
 - d. Medically *monitored* intensive inpatient (3.7)?
 - e. Medically managed intensive inpatient (ASAM Level 4.0)?
10. Were any of these levels of care covered by Medicaid through the in-lieu-of provision for managed care plans? Were any of these levels covered for non-IMDs under the state plan?
11. Beyond the waiver of the IMD exclusion rule, have any changes been made as part of the SUD demonstration to expand coverage of inpatient and residential levels of care? What was the effective date of the change?

Withdrawal Management

12. With respect to withdrawal management, which levels of care did Medicaid cover prior to the demonstration?
 - a. Ambulatory detoxification without extended on-site monitoring (1.0)?
 - b. Ambulatory detoxification with extended on-site monitoring (2.0)?
 - c. Clinically managed withdrawal management (WM-3.2)?
 - d. Medically monitored withdrawal management (WM-3.7)?
 - e. Inpatient detoxification (WM-4.0)?
13. Were any of these levels of care for withdrawal management covered by Medicaid through the in-lieu-of provision for managed care plans? Were any levels were covered for non-IMDs under the state plan?

14. Beyond the waiver of the IMD exclusion rule, have any changes been made as part of the SUD demonstration to expand coverage of withdrawal management? What was the effective date of the change?

III. Recovery Support Services

The next section covers recovery support services.

15. Which recovery support services were covered by Medicaid prior to the demonstration:
 - a. Peer support services?
 - b. SUD case management?
 - c. Recovery housing/supportive housing coverage?
 - d. Supported employment coverage?
16. Have any changes been made as part of the SUD demonstration to expand coverage of recovery support services? For instance, were any billing codes added or were services expanded for individuals with a principal diagnosis of SUD? What was the effective date of the change?

IV. Patient Placement Criteria

The next section covers use of widely recognized or evidence-based patient placement criteria.

17. Prior to the demonstration, did [STATE] have in place patient placement criteria derived from a widely recognized or evidence-based source to determine the appropriate setting for SUD services? If so, what was the evidence-based source or sources?
18. Have any changes been made as part of the SUD demonstration towards adopting or updating patient placement criteria? Could you confirm the effective dates or scheduled timeline for major changes or updates to the patient placement criteria under the demonstration?
19. Prior to the demonstration, did [STATE] have in utilization review in place for SUD services?
20. Have any changes been made as part of the SUD demonstration towards adopting or updating utilization review processes? Could you confirm the effective dates or scheduled timeline for major changes or updates to utilization review processes under the demonstration?

V. Program Standards for Residential Treatment Providers

The next section covers program standards for providers of residential treatment of SUD required for participation in the Medicaid program, including licensing and oversight.

21. Prior to the demonstration, did [STATE] have in place widely recognized, evidence-based standards for residential SUD treatment programs? If so, what was the source or sources for these standards?
22. Have any changes been made as part of the SUD demonstration towards adopting or updating standards for residential SUD treatment programs? Could you confirm the effective dates or scheduled timeline for major changes or updates to the residential treatment program standards under the demonstration?
23. Did [STATE] require residential treatment programs to offer Medication Assisted Treatment either on-site or off-site? Since the demonstration began, have new requirements for access to MAT in residential facilities become effective?

VI. Care Coordination and Transitions in Care - Policies and Coverage

The last section covers care coordination coverage and policies, policies around transitions in care, and policies supporting integration with physical health.

24. Prior to the demonstration, did Medicaid cover care coordination and transitions in care services for individuals receiving treatment for SUD?
 - a. Did eligibility for these services require a principal diagnosis other than SUD?
 - b. Was eligibility for these services limited to individuals with a dual diagnosis?
 - c. Was eligibility limited to individuals eligible through [STATE-SPECIFIC PROGRAM NAME]?
 - d. Have any changes been made as part of the SUD demonstration towards adopting or updating care coordination and transitions in care services? Could you confirm the effective dates or scheduled timeline for major changes or updates to the care coordination and transitions in care services under the demonstration?
25. Prior to the demonstration, for individuals receiving treatment for SUD, did Medicaid have policies or programs in place to improve access to other services for treatment of comorbid diagnoses, through screening or referral tools, or integration of SUD and mental health services?
26. As part of the demonstration, is the state making changes to improve access to treatment for comorbid diagnoses? Could you confirm the effective dates or scheduled timeline for major changes or updates?

CLOSING

This is all the questions we have. Thank you for taking the time to clarify your state's Medicaid policies. Your input is critical for ensuring a high-quality federal meta-analysis of SUD demonstrations. If there is written documentation you think would be helpful for us to have or review that would not be accessible from agency websites, we would gladly accept and review them. We will make corrections to your state's grid of program characteristics based on your input today and send a copy via email to you for your records. **You are not being asked to take any further action for this review.** However, if you have any additional clarifications or corrections you would like to make after this call, you may respond to our email or contact [RTI POINT OF CONTACT NAME] at RTI via email at [POINT OF CONTACT EMAIL](#).

[END OF SCRIPT]