

Substance Use Disorder Treatment and Prevention



CASE STUDY

As part of our commitment to promoting access to health care for the nation's most vulnerable populations, Harbage Consulting has been working with states across the country to build delivery systems that offer access to comprehensive and effective substance use disorder (SUD) treatment and prevention services. Our work to date includes four states – California, West Virginia, Minnesota, and Alaska. These states are designing and implementing Medicaid section 1115 waivers to demonstrate how an organized approach to SUD treatment can improve outcomes for beneficiaries and decrease health care costs.

Building on our extensive behavioral health and delivery system reform expertise, Harbage Consulting provides policy analysis, technical assistance, strategic guidance, stakeholder engagement, and operational support services related to the design and implementation of SUD treatment and prevention strategies, including:

PROGRAM DESIGN

- Working with multiple state agencies to identify current state SUD benefits and practices, gaps, and opportunities for improvement;
- Designing a proposed SUD continuum of care to be implemented through Medicaid, including goals, eligibility, services, delivery system, provider participation requirements, performance measures, and evaluation components;
- Providing strategic advice about the structure, scope and financing proposals to be submitted to the Centers for Medicare & Medicaid Services (CMS); and
- Drafting the section 1115 waiver application (and/or Medicaid state plan language) for public comment in the state and for formal submission to CMS.

STAKEHOLDER ENGAGEMENT

- Assisting states in ensuring that all federal public comment requirements are met within established timeframes;
- Developing stakeholder engagement materials including fact sheets, power point presentations, and frequently asked questions and answers; and
- Planning and assisting states in executing webinars, public hearings, and legislative briefings to explain the proposal, respond to questions, and obtain and document stakeholder feedback.

(Continued on back.)

Substance Use Disorder Treatment and Prevention

CASE STUDY (CONT.)

WAIVER DEVELOPMENT AND NEGOTIATION

- Drafting the waiver implementation plan as required by CMS, including the timeline for building the necessary infrastructure, and steps for working with providers to meet American Society for Addiction Medicine (ASAM) criteria;
- Providing technical consultation, assistance, and support on key policy issues, including financing and reimbursement provisions, the applicability of managed care rules, and SUD performance measures;
- Drafting formal responses to CMS questions and participating in waiver or state plan negotiation calls with CMS; and
- Reviewing waiver Special Terms and Conditions and advising states on negotiation points/priorities.

PROGRAM IMPLEMENTATION

- Working with states, health plans, and providers to ensure that an adequate network of SUD treatment providers is in place;
- Providing clinical advice and support on best practices for establishing an effective continuum of care that includes robust care coordination activities, community connections, and peer supports designed to promote and sustain recovery;
- Developing and executing comprehensive county engagement and communications strategies, including facilitating technical assistance calls, workgroups, and webinars;
- Developing policy materials for dissemination to stakeholders and responding to stakeholder inquiries; and
- Providing project management support and facilitating regular meetings with state leadership to implement the waiver.

RESULTS

California was the first state in the nation to receive federal approval for a Medicaid section 1115 waiver designed to advance SUD treatment and prevention, and is serving as a national leader on the issue. As of September 2017, seven counties have implemented services under California's waiver program and 33 others have submitted plans to participate, representing nearly 95 percent of the state's Medicaid ("Medi-Cal") beneficiaries. West Virginia submitted a waiver application to CMS in the fall of 2016 and is expecting final approval shortly. Alaska and Minnesota are currently in the waiver development process.