

Connecticut Medicaid Substance Use Disorder Planning Grant



DEPARTMENTS OF SOCIAL SERVICES,
MENTAL HEALTH AND ADDICTIONS,
CHILDREN AND FAMILIES AND
BEACON HEALTH OPTIONS



CMS SUD Planning Grant

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- On October 24, 2018 , the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act: Section 1003 was enacted to increase treatment or recovery capacity
- CT BHP developed and submitted an application to the Center for Medicare & Medicaid Services (CMS) to secure funding related to a Substance Use Disorder (SUD) Planning Grant
- On September 30, 2019, Connecticut was one of 15 states and the District of Columbia to be awarded the SUD Planning Grant

Planning Grant Background

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- The SUD Planning Grant does not contain funding for services
- Timeframe of grant: Oct 1, 2019 – March 31, 2021 (18 months)
- The purpose of the grant is to ensure access to effective substance use disorder treatment or recovery by:
 - Conducting comprehensive unmet needs assessment
 - Engaging all key stakeholders
 - Identifying and analyzing key measures and data modeling for possible behavioral health infrastructure redesign

Participation in the Planning Grant

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- This work includes formal and informal entities participating in the planning effort, including, but not limited to the following:
 - CT Behavioral Health Partnership Oversight Council
 - Alcohol and Drug Policy Council
 - Children's Behavioral Health Advisory Council
 - Consumer and Family Advisory Council

Role of Beacon Health Options

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- Beacon Health Options, as the Medicaid behavioral health Administrative Services Organization (ASO) will play a critical role in the assessment, data collection, and reporting requirement of the grant
- Beacon is in the process of hiring staff in order to fulfill the requirements of the grant

Special Populations

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- The Planning Grant will do a comprehensive review of the Medicaid populations, but there are specific sub-populations that will receive additional analysis:
 - Pregnant/postpartum women
 - Substance exposed infants
 - Adolescents
 - American Indians/Alaska Natives
 - People living in rural areas
 - Medicare-Medicaid dually eligible
 - Older adults who are over the age of 65
 - Persons diagnosed with HIV
 - High need, high cost cohort

Planning Grant Activities

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Planning Grant Activities include, but are not limited to the following:

1. National prevalence data for SUD compared to Connecticut
2. Convene multiple and regional focus groups with members, providers and stakeholders to assess needs
3. Develop a provider capacity map, identifying providers that can treat specific populations
4. Analyze the Medication Assisted Treatment (MAT) provider network
5. Conduct an analysis of current access patterns

Planning Grant Activities Cont.'

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6. Develop an inventory of current Medicaid payment methodologies and rates
7. Assess coordination between primary care, mental health, and SUD treatment and recovery providers
8. Propose activities to support new infrastructure, including to recruit prospective providers and provide training and technical assistance to providers who deliver SUD treatment or recovery services

Concurrent SUD Activities

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- There is a multi-state agency workgroup reviewing a Medicaid waiver in order to improve and expand SUD services
- The 1115 SUD Demonstration Waiver may prove to be an excellent opportunity for the state
- Twenty seven states have already been approved to implement an SUD Demo Waiver
- Beacon will be reviewing several SUD Demo Waiver approved applications as part of their activities under the SUD Planning Grant

Planning Grant Outcomes

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- The overarching goal of the Planning Grant is to better understand the treatment and recovery needs of individuals with substance use disorders, the capacity of the treatment system to meet those needs and to develop an action plan on how to enhance services or introduce new services that result in improved outcomes for our members

Effort of Activities

Now through April 14, 2020

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- Holding focus groups with members having SUD, including all special populations
- Performing Key Informant Interviews with providers and subject matter experts in the field of BH
- Data analysis on the prevalence of SUD in the Medicaid population and the service utilization patterns of the overall Medicaid population with SUD as well as special sub-populations

Questions



**FOR FORMAL QUESTIONS OR COMMENTS,
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