



NC Department of Health and Human Services

NC Opioid and Prescription Drug Abuse Advisory Committee (OPDAAC)

June 10, 2022

Welcome to OPDAAC!

- We will start promptly at 10:00AM!
- For questions during the meeting:
  - Please put your questions in the Q&A box, which will be monitored for the duration of the meeting. ***Note***: you need to send to all panelists and attendees to ensure your question is addressed in a timely manner.
  - If you would like to ask a question to a specific presenter, please be sure to include their name in your question.
- The meeting recording, agenda and PowerPoint slides will be added to our NC DHHS Opioids/OPDAAC page
  - https://www.ncdhhs.gov/about/department-initiatives/overdose-epidemic/nc-opioid-and-prescription-drug-abuse-advisory-committee
  - Please note, it can take up to 7 days for materials to be posted to the website. An email will be sent out to all attendees once materials have been posted.

Expanding and Strengthening the NC Substance Use Service Array- NC's 1115 Substance Use Disorder Demonstration Waiver

Stacey Smith

Starleen Scott-Robbins

Session Objectives:

- Review the factors that fueled the development of the 1115 Substance Use Disorder (SUD) Demonstration Waiver
- Identify the six milestones the 1115 SUD waiver addresses
- Discuss the impact these six milestones have on the NC SUD system

1115 SUD Waiver

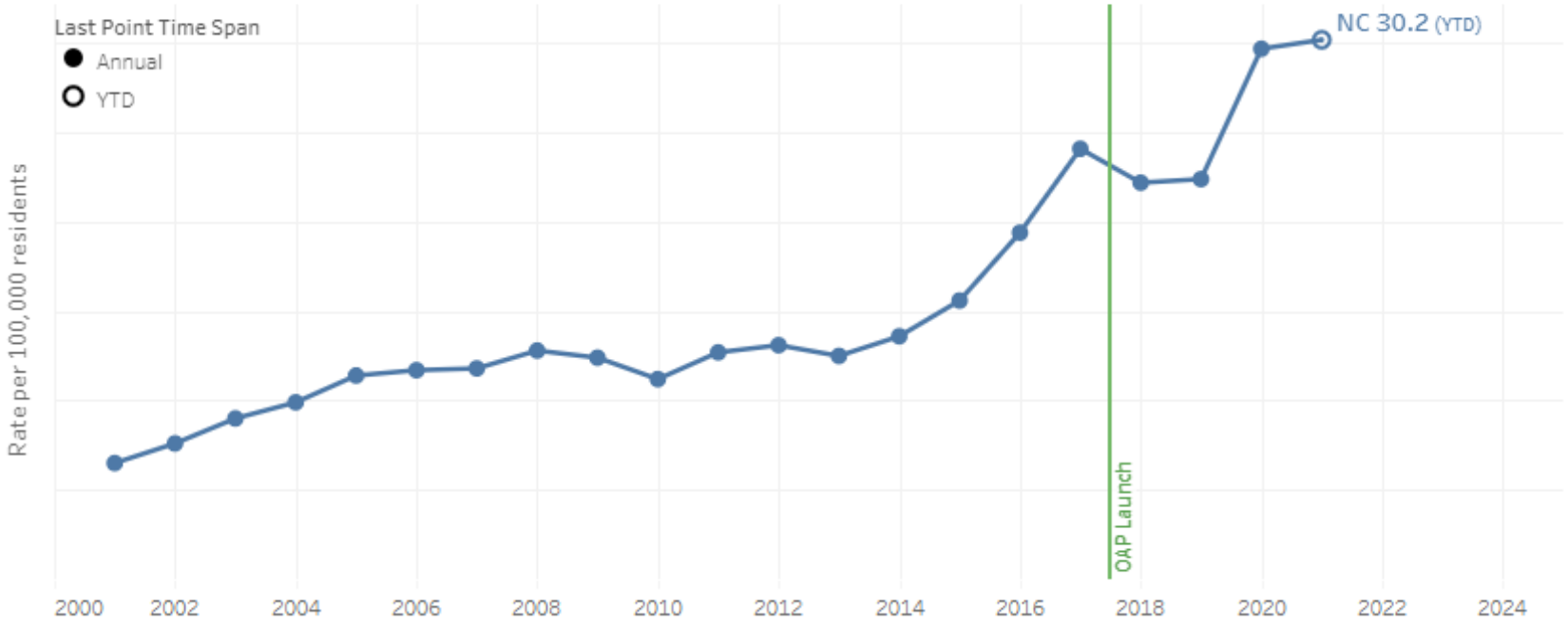
- April 2019 - NC received approval from Centers for Medicare and Medicaid Services (CMS) to implement the 1115 SUD Demonstration Waiver
- Opioid crisis was intensifying, even with measures in place like the Strengthen Opioid Misuse Prevention (STOP) Act, and changing the Medicaid program

Deaths in NC

The rate of unintentional overdose deaths among residents of **NC** in **2020 (Annual)** was **29.7**.
(Rate per 100,000 residents. Number of deaths: 3,118)

Group Rank

NA
(NC has no comparison group)*

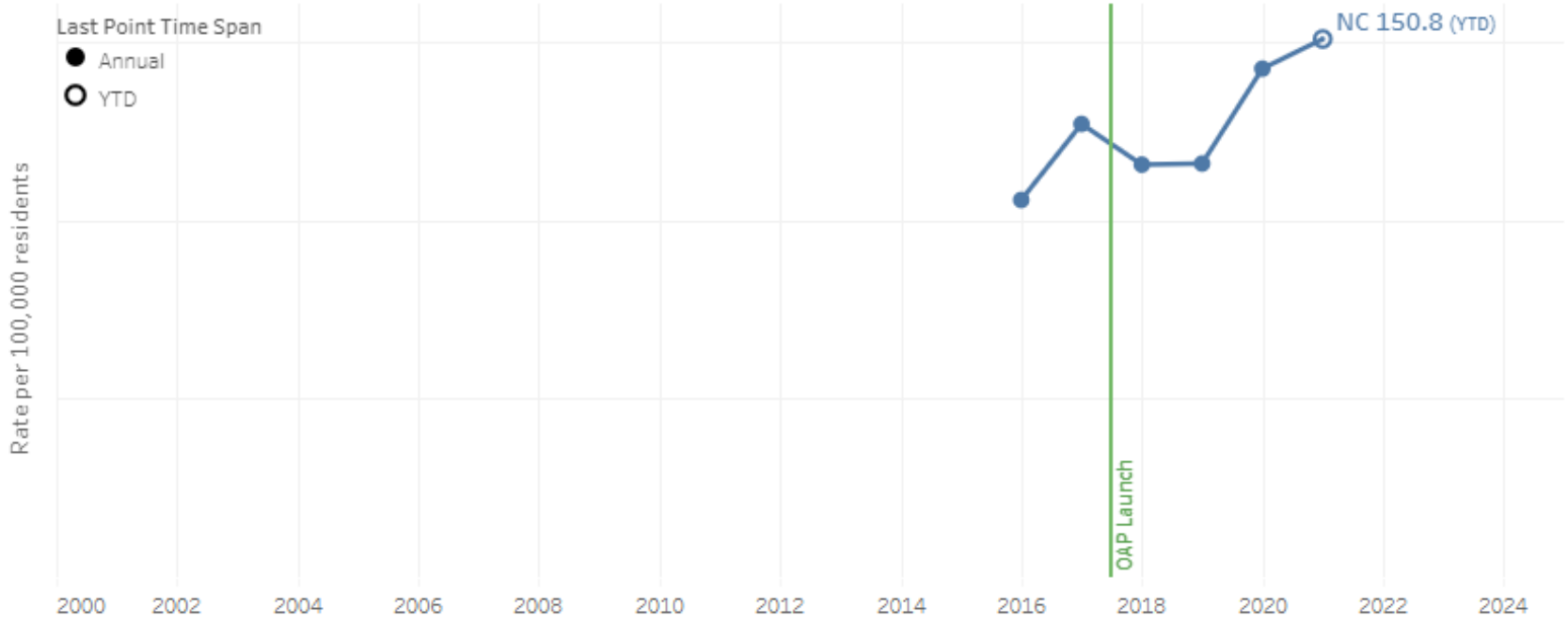


ED Visits in NC

The rate of opioid overdose ED visits among residents of **NC** in **2020 (Annual)** was **142.5**.
(Rate per 100,000 residents. Number of ED visits: 14,947)

Group Rank

NA
(NC has no comparison group)*



1115 SUD Waiver

- SUD services, Medicaid, and state funds

1115 SUD Waiver

Covered by BOTH Standard and Tailored Plans	Covered EXCLUSIVELY by Tailored Plans
Outpatient Opioid Treatment	Substance abuse non-medical community residential treatment
Ambulatory Withdrawal Management with and without extended on-site monitoring	Substance abuse medically monitored residential treatment
Clinically managed residential withdrawal/social setting detox	Clinically managed low-intensity residential treatment services
Medically Monitored Inpatient Withdrawal Services	Clinically managed population-specific high-intensity residential programs
Medically managed intensive inpatient withdrawal management (ADATC or community hospital)	SAIOP
Diagnostic Assessment	SACOT

SUD Residential Services: What's New In North Carolina?

- The 1115 SUD Demonstration Waiver gave NC the authority to waive IMD exclusions for beneficiaries receive SUD treatment.
- What does IMD stand for?

Institution for Mental Disease

An IMD is a hospital or residential treatment facility that has more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases

Does not apply to Medicaid beneficiaries under the age of 21, or over the age of 65

SUD Residential Services: What's New In North Carolina?

What does that mean?

What does waiving the IMD exclusion in the 1115 SUD Demonstration waiver do?

Milestone 1

- Expand SUD benefits to offer the complete American Society of Addiction Medicine (ASAM) continuum of care

SUD Residential Services: What's New In North Carolina?

- Requiring all levels of care including residential to ensure beneficiaries have access to Medication-Assisted Treatment (MAT)

SUD Residential Services: What's New In North Carolina?

- Requiring all residential providers to have access to on-site and provide training to staff on the use of Narcan.

- https://www.ncdhhs.gov/media/8091/download

What are we doing to push for harm reduction in policy development?

SUD Residential Services: What's New In North Carolina?

North Carolina's Certified
Peer Support Specialist Program

An initiative of the NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services

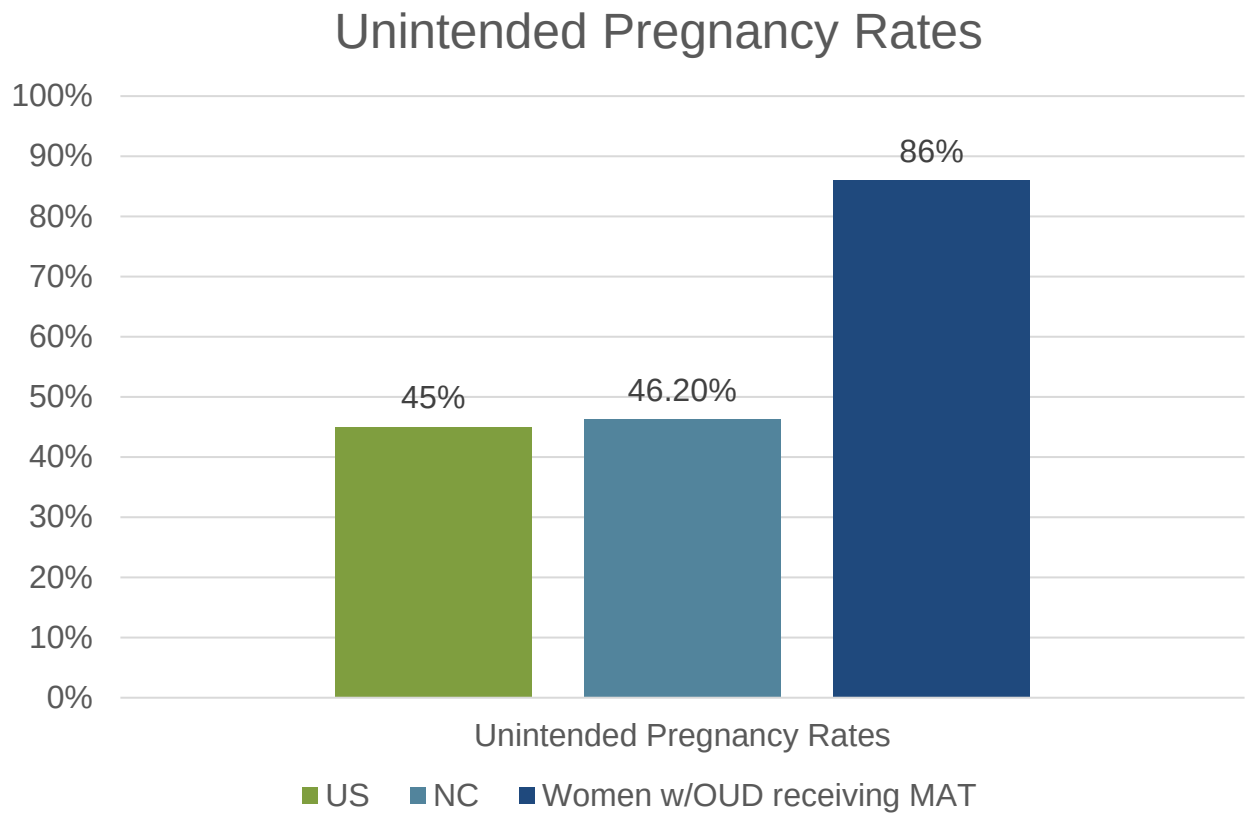
SUD Residential Services: What's New In North Carolina?

- Reproductive life planning and sexual health education will be provided by residential providers

AND

- Providers will be required to have training in and integrate best practices in trauma informed care into treatment

SUD Residential Services: What's New In North Carolina?



- Finer LB, Zolna MR. Declines in unintended pregnancy in the United States, 2008–2011. N Engl J Med. 2016;374(9):843-852.; Every Woman North Carolina.
- https://everywomannc.org/health-care-providers/rlp/. 2017; Heil SH, Jones HE, Arria A, et al. Unintended pregnancy in opioid-abusing women. J Subst Abus Treat. 2011;40(2):199-202.

SUD Residential Services: What's New In North Carolina?

Reproductive and Sexual Health Facts

- Youth opioid use is directly linked to sexual risk behaviors
- Research has found that for young women, alcohol use is an important correlate of sexual initiation, unprotected sex, and sexually risky behavior
- Education on and access to contraceptives can empower individuals to make informed decisions on contraception use

Trauma Facts

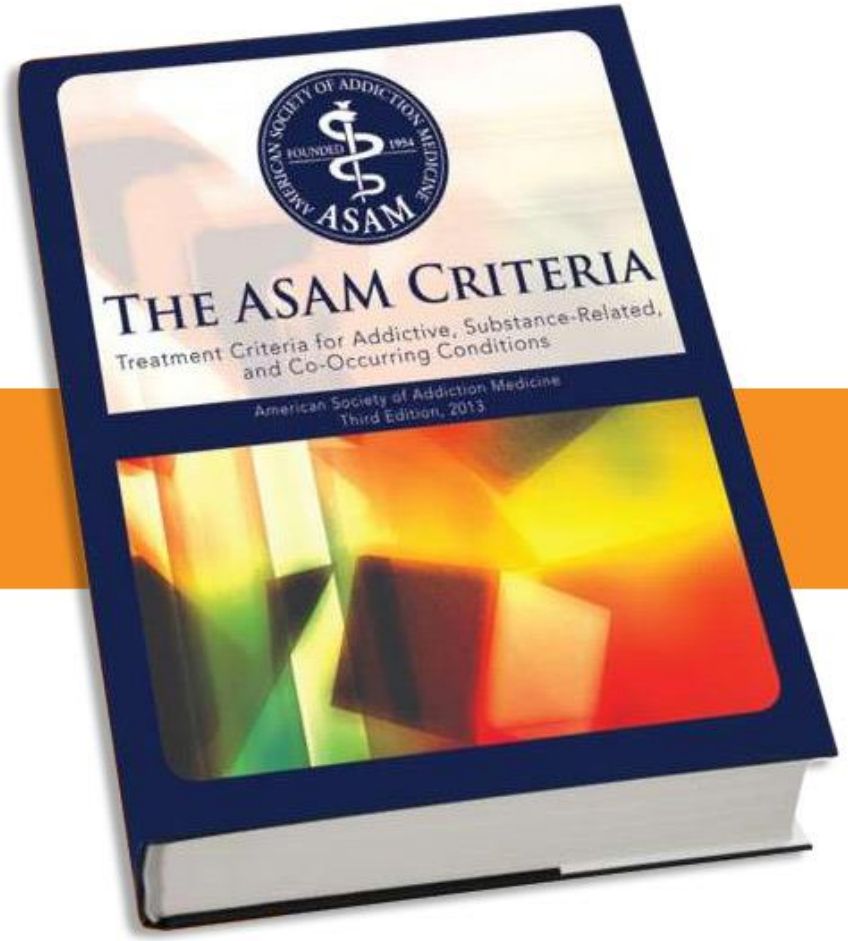
- Drug use is associated with sexual risk behavior, experience of violence, and MH and suicide risks
- Students who report misusing prescription drugs are more likely than other students to have been the victim of physical or sexual dating violence
- High co-occurrence of women that are incarcerated that also have SU, interpersonal violence, and STI

What are we doing to push for whole person, recovery focused care in policy development?

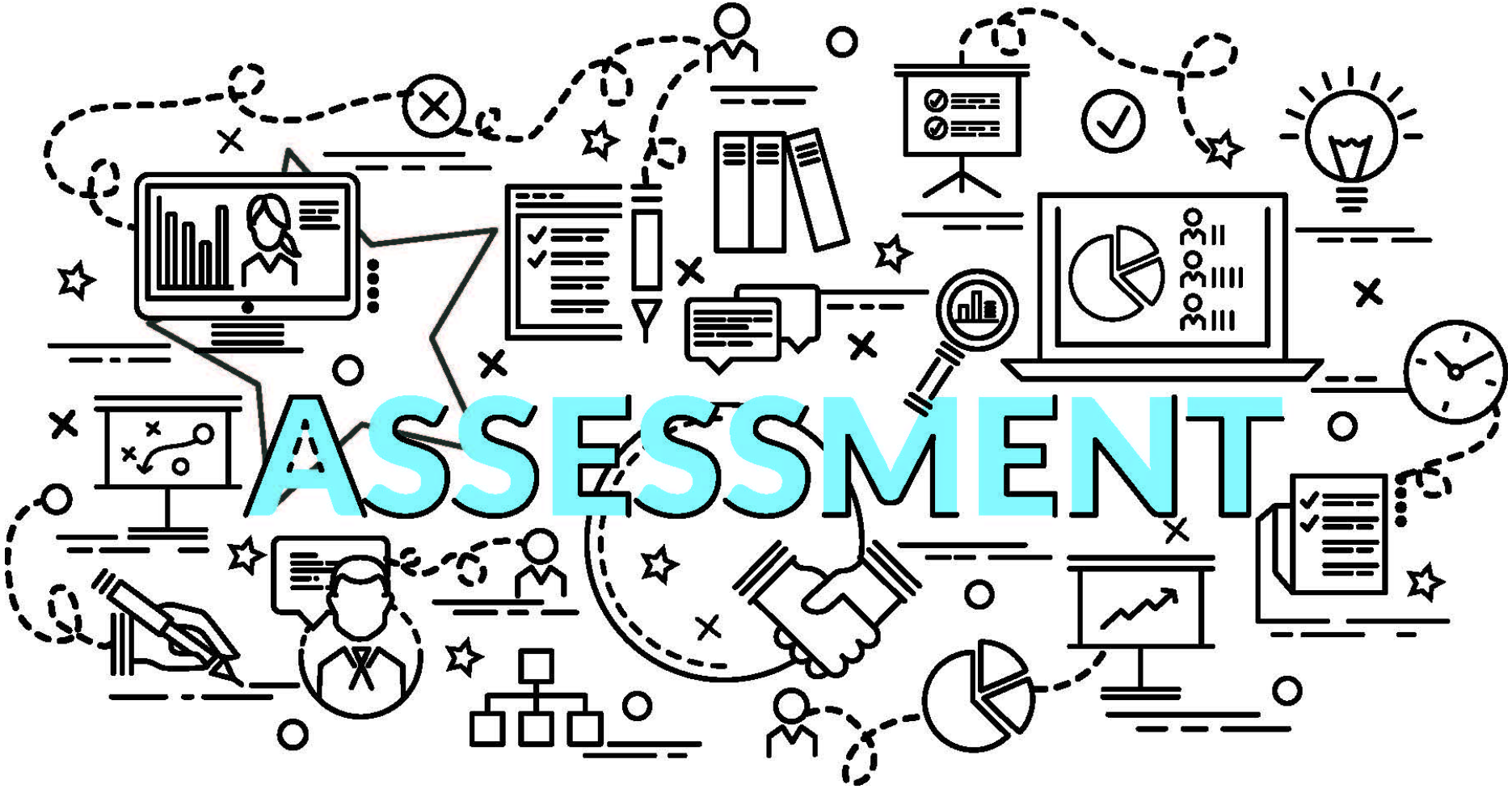
ASAM Level of Care	Service Title	Notes
1-WM	Ambulatory Withdrawal Management Without Extended On-Site Monitoring	• Currently a Medicaid and State funded service • Updating ASAM language and criteria • Revising/clarifying staffing requirements • New rate model • Licensure rule will be revised
2-WM	Ambulatory Withdrawal Management With Extended On-Site Monitoring	• New service for Medicaid and State funds • Develop policy that aligns with ASAM language and criteria • Develop rate • Develop new licensure rule
3.2-WM	Clinically Managed Residential Withdrawal Service	• Currently a State funded service • New services for Medicaid • Policy will be revised/developed • Develop rate • Licensure rule will be revised
3.7-WM	Medically Monitored Inpatient Withdrawal Management	• Currently a Medicaid and State funded service • Updating ASAM language and criteria • Revising/clarifying staffing requirements • Revising rate model • Licensure rule will be revised
4-WM	Medically Managed Intensive Inpatient Withdrawal	• Covered in CCP 8B • Currently a Medicaid and State funded service • Updating ASAM language and criteria

ASAM Level of Care	Service Title	Notes
0.5	Early Intervention Services (SBIRT)	• Originally available for MDs, PAs, and NPs • Medicaid CCP 8C • Adding additional licensed professionals who can provide services (LCMHC, LCSW, LCAS, Licensed Psychologist, etc.)
1.0	Outpatient Services (CCP 8A-5 and 8C)	• Currently Medicaid and State funded • Adding a requirement that an ASAM level of care determination must be completed for all CCAs and DAs completed on beneficiaries diagnosed with SUD • Adding an ASAM training requirement for all LPs completing CCAs and DAs on beneficiaries diagnosed with SUD
2.1	Intensive Outpatient Services (SAIOP)	• Currently Medicaid and State funded • Updating ASAM language and criteria • Revising/clarifying staffing requirements • Licensure rule change required • Rate will be reviewed
2.5	Partial Hospitalization Services (SACOT)	• Currently Medicaid and State funded • Updating ASAM language and criteria • Revising/clarifying staffing requirements • Licensure rule change required • Rate will be reviewed
OTP	Opioid Treatment Program (Outpatient Opioid Treatment)	• Currently covers medication administration only • New service will include a bundled rate for medication administration, medication, counseling, case management, etc. • Updating ASAM language and criteria • New rate model will be developed

ASAM Level of Care	Service Title	Notes
3.1	Clinically Managed Low-Intensity Residential Treatment	• Currently a State funded service • New service for Medicaid • New licensure rule will be developed • New rate model will be developed
3.3	Clinically Managed Population Specific High Intensity Residential Services	• New service for both Medicaid and State funds • Policy will be developed • New licensure rule will be developed • Rate model will be developed
3.5	Clinically Managed Medium- or High-Intensity Residential Services	• Currently available for women and their dependent children only • Revision will include a policy for women and their dependent children, adolescents, and adults • Licensure rule for women and their dependent children will be revised; licensure rule for adolescents and adults will be developed • Rate model will be developed
3.7	Medically Monitored Intensive Inpatient Services	• Currently a Medicaid and State funded service • Updating ASAM language and criteria • Revising/clarifying staffing requirements • Rate model will be developed • Licensure rule will be revised
4.0	Medically Managed Intensive Inpatient Services	• Currently covered in CCP 8B • Updating ASAM language and criteria


AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM
THE ASAM CRITERIA
Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions
American Society of Addiction Medicine
Third Edition, 2013

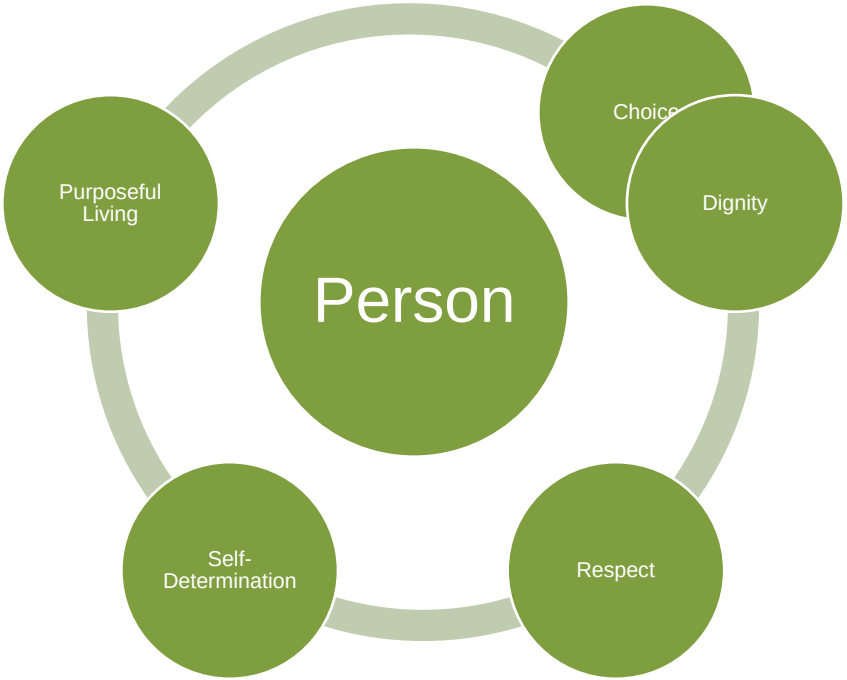
Beware….



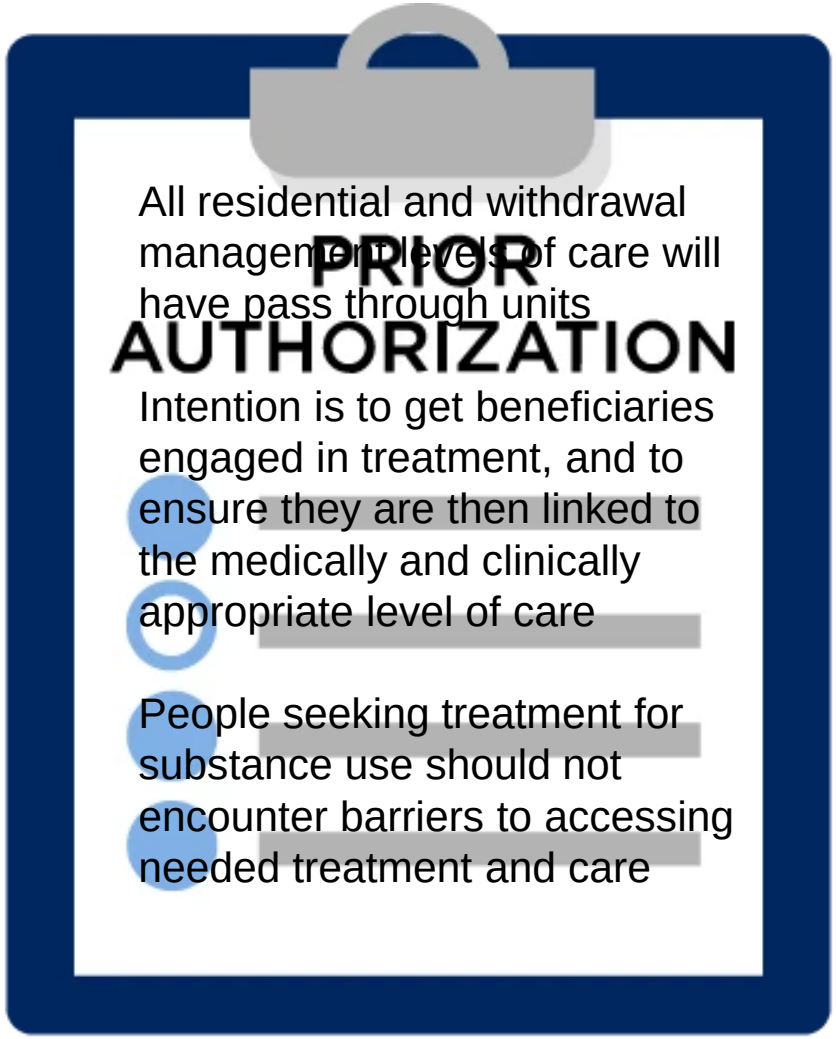
Milestone 2

- Person-Centered Planning

Standard Plans and Tailored Plans are contractually required to follow the person-centered provisions included in current Medicaid Clinical Coverage Policies prior to authorizing services



SUD Residential Services: What's New In North Carolina?



All residential and withdrawal management levels of care will have pass through units

Intention is to get beneficiaries engaged in treatment, and to ensure they are then linked to the medically and clinically appropriate level of care

People seeking treatment for substance use should not encounter barriers to accessing needed treatment and care

Milestone 2

- Utilization Management (UM)
- ***A 'fail first' approach to UM cannot be used***
  - Division of Health Benefits (DHB) and Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS) will establish prior authorization/UM requirements for all new Medicaid & State-funded services
  - Standard Plans and Tailored Plans have the authority to establish UM requirements that are different from, but not more restrictive than, Medicaid State Plan Requirements

SUD Residential Services: What's New In North Carolina?

- Length of stay in residential care will be based on the beneficiary's medical and clinical needs
- Residential treatment will not be restricted to a maximum 28-day treatment dose
- Why not limit length of stay in a residential level of care?

SUD Residential Services: What's New In North Carolina?

- The Drug Abuse Treatment Outcome Studies (DATOS), initiated by the National Institute on Drug Abuse (NIDA) evaluates drug abuse treatment outcomes and emerging trend issues.
- They completed intake, in treatment, and 12-month follow-up analysis on 10,010 adults entering SUD treatment from 1991-1993
- Individuals were receiving Outpatient Methadone Treatment (OMT), Long-Term Residential (LTR), Outpatient Drug-Free (ODF) or Short-Term Inpatient (STI)

SUD Residential Services: What's New In North Carolina?

- Study findings:
  - Length of time people stayed in treatment was directly related to improvements in follow-up outcomes, which replicated findings from previous evaluations
  - In LTR and ODF, people who remained in treatment 3 months or longer had significantly better follow-up outcomes on a variety of data vs. early drop-outs

Milestone 3

- Use of Nationally Recognized SUD-Specific Program Standards to Set Provider Qualifications for Residential Tx Facilities

Milestone 3

- The Division of Health Service Regulation (DHSR) monitors compliance of the licensure rules that identify the program standards, service requirements, program hours and staff credentials for SUD facilities that require licensing
- Currently only the Substance Abuse Intensive Outpatient Program (SAIOP) and Substance Abuse Comprehensive Outpatient Treatment (SACOT) licensure rules reflect the ASAM Criteria

Milestone 3

- DHHS will review and update existing licensure rules to reflect the ASAM criteria
- DHHS will develop new, stand-alone licensure rules for new & some existing services
- DMHDDSAS & DHSR, in collaboration with other Divisions, will develop a licensure rule waiver process
- DHSR will continue monitoring of licensed providers, and include questions to assess compliance to the ASAM criteria into its annual surveys
- DMHDDSAS and DHB, in collaboration with DHSR are working on a licensure rule waiver process

Milestone 4

- Sufficient Provider Capacity at Critical Levels of Care, Including for Medication-Assisted Treatment for OUD

Milestone 4

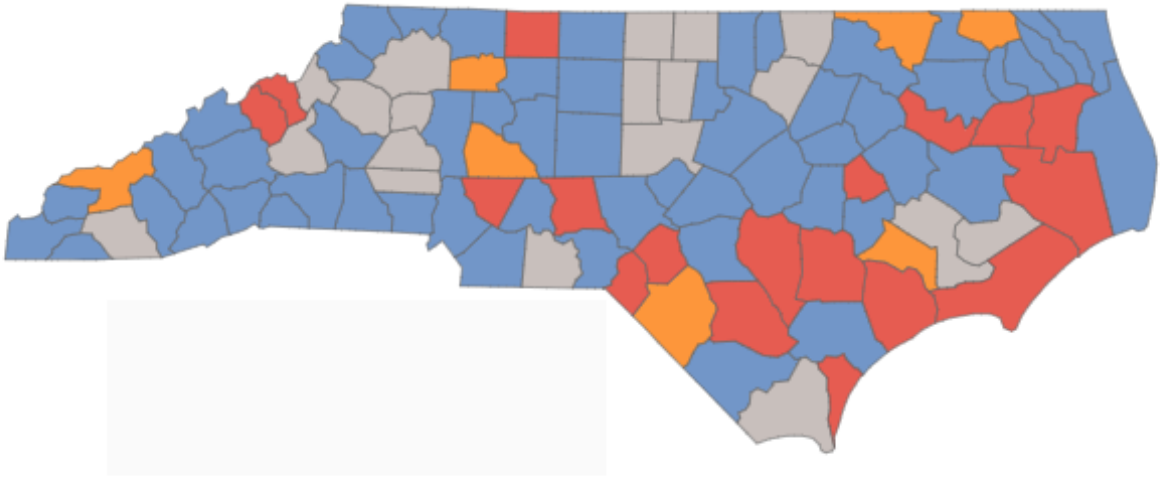
- Standard Plans and Tailored Plans are responsible for managing their provider network and are required to comply with time and distance standards for all Medicaid services
- The Department will conduct an assessment of all Medicaid enrolled providers, that includes identifying what providers are currently accepting new patients

Milestone 4

- Expanding access to MAT
  - Approximately 2,670 DATA 2000 certified providers in NC
  - 86 distinct Opioid Treatment Program (OTPs) licensed across the state

MAT Providers

Medication-Assisted Treatment (MAT) is the use of medications, sometimes in combination with counseling and behavior therapy, to treat opioid use disorder. MAT is the gold standard for treating opioid use disorder. Despite this, many individuals with opioid use disorder continue to lack access to affordable treatment. This action tracks the local health departments that indicated they have providers within their county to offer these services at low or no-cost to the client.



Current Status

Most (59%)

Definitions

Yes: At least one provider in the county offers low or no cost MAT
Some / **Most**: There are MAT providers, but only in other counties
No: There is no access to MAT even in outside counties

Milestone 5

- Implementation of Comprehensive Strategies to Address Prescription Drug Abuse and Opioid Disorders

Milestone 5

- NC included several opioid crisis strategies in the 1115 SUD Waiver Plan:
  - Opioid Action Plan
  - State legislation implementing opioid prescribing guidelines and expanding access to naloxone
  - Medicaid pharmacy program initiatives
  - Requirements for Prepaid Health Plans (PHPs)
  - Received federal grants to assist in addressing the opioid use disorder epidemic

Milestone 6

- Improved Care Coordination and Transitions between Levels of Care

Milestone 6

- Standard Plans (SPs) and Tailored Plans (TPs) are responsible for care coordination and care management for enrollees with SUD
- This will include managing transitions between levels of care

Milestone 6

- SPs: Transitions of Care
  - Transitions from one clinical setting to another are managed by the SPs to prevent unplanned/unnecessary readmissions, ED visits, or adverse outcomes
  - Must have transition of care policies and procedures

Milestone 6

- TPs: Care Coordination/Care Management
  - Will support enrollees with complex needs and high-cost services, and the need for robust, whole-person care management services that address physical health, mental health, substance use, intellectual & developmental disabilities (I/DD), traumatic brain injury (TBI), pharmacy, community support and social needs
  - TP Care management will be more intensive than the care management provided to enrollees in the SP
  - TP Care Management meets federal standards for health home services

Milestone 6

- TP: Transitions of Care
  - Are required to provide comprehensive transitional care management services, covering all the SP transitional care management services in addition to:
    - Instituting evidence-based care transition programs directed toward enrollees with MH, SUD, and I/DD
    - Developing relationships with local hospitals, nursing homes, SUD residential facilities, and inpatient psych facilities to promote smooth transitions

Questions?

- **DMHDDSAS - State Funded Services**
  - Starleen Scott Robbins starleen.scott-robbins@dhhs.nc.gov

- **DHB - Medicaid**
  - Howard Anthony howard.Anthony@dhhs.nc.gov
  - Stacy Smith stacy.smith@dhhs.nc.gov

Non-Emergency Medical Transportation (NEMT)

Kimberly Canady

Overview of Non-emergency Medical Transportation (NEMT)

- Non-emergency medical transportation (NEMT) is a critical covered benefit for NC Medicaid beneficiaries.
- It allows beneficiaries to access health care services from Medicaid providers and is a covered service in both NC Medicaid Managed Care and NC Medicaid Direct.
- NEMT services consist of arranging and/or paying for transportation that is medically necessary.
- NEMT transportation providers include public transportation, taxis, vans, and non-emergency ambulance transportation.

Importance of NEMT

Studies show offering NEMT to beneficiaries to access behavioral health services, preventive health services, and care for chronic conditions and other disadvantaged populations[1] can:

- Remove transportation barriers, often a Social Determinant of Health
- Prevent missed medical appointments
- Decrease the impact of chronic disease
- Reduce the costs of inpatient medical treatment to Medicaid recipients

[1] The Kaiser Commission on Medicaid and the Uninsured

Why Medicaid Beneficiaries use NEMT?

NEMT can be a cost-effective means of facilitating access to care for Medicaid beneficiaries.

- One study estimated that at least 3.6 million people miss or delay medical care each year because they lack available or affordable transportation.[2] The study found improved access to NEMT for this population is cost-effective or cost-saving for the medical conditions analyzed, including preventive services such as prenatal care and chronic conditions such as asthma, heart disease and diabetes.
- Another study found that adults who lack transportation to medical care are more likely to have chronic health conditions that can escalate to a need for emergency care if not properly managed.[3]

NCDHHS' Key Transportation Priorities

- NCDHHS is committed to ensuring beneficiaries have access to a strong system of transportation providers in the NEMT program including community transportation programs.
- The Department supports partnerships between PHPs, PHP brokers, DSS (Division of Social Services), NCDOT (Department of Transportation), NCPTA (Public Transportation Association) and providers to meet this goal.
- NEMT is crucial to ensuring Medicaid beneficiaries have access to appointments to help manage chronic conditions, receive life sustaining treatments, access behavioral health services and medications.
- We continue to leverage the existing system and build off what is working now.

Health Plan Requirements to Provide NEMT

PHPs are required to:

- Provide coordinated, timely, safe, clean, reliable, medically necessary transportation.
- Provide NEMT appropriate for the member to the nearest enrolled medical provider.
- Provide travel-related expenses including:
  - Lodging
  - Food, parking fees/tolls
  - Transportation vouchers (e.g., taxis, ride-sharing services, public transit)
  - Mileage
- Develop a network of NEMT providers.

NC Medicaid NEMT Services

Members began receiving NEMT services through health plans July 1, 2021

- Members enrolled in with a PHP call their health plan or the health plan's NEMT broker directly to request transportation
- DSS offices continue to provide NEMT services for beneficiaries in NC Medicaid Direct and EBCI Tribal Option
- NEMT brokers contract with both private and public NEMT providers

ModivCare	MTM
• AmeriHealth Caritas • Healthy Blue • United HealthCare Community Plan • Carolina Complete Health	• WellCare

NET Contact Numbers

Who to call to request transportation for appointments

- AmeriHealth Caritas (ModivCare)
  833-498-2262
- Carolina Complete Health (ModivCare)
  855-397-3601
- Healthy Blue (ModivCare)
  855-397-3602
- UnitedHealthcare Community Plan (ModivCare)
  800-349-1855
- WellCare (MTM)
  877-598-7602
- NC Medicaid Direct & EBCI Tribal Option

  Contact your local DSS: https://www.ncdhhs.gov/divisions/social-services/local-dss-directory

NEMT by the Numbers: July 2021- March 2022

Measure	July 21	Aug 21	Sept 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22
One-way Trip Legs Completed Per Month	19,582	28,535	25,963	28,755	26,867	27,297	25,673	29,399	33,248
Members with NEMT Approved Requests	4,690	5,986	9,599	6,274	6,212	5,928	6,202	6,525	6,993
Providers in Network- OneCall	225	243	257	257	187	187	193	192	194
Providers in Network- ModivCare	253	258	260	260	60	62	73	105	114

Challenges and Opportunities

Challenges:

- Ensuring there are enough providers available to serve beneficiaries
- Accommodating trip requests on short notice
- Provider training on new broker systems and operating models
- Ongoing response to COVID-19

Opportunities:

- NC has a strong network of county public transit providers
- Brokers have strengthened relationships with NC Public Transit Association
- Lessons learned during the launch of standard plans can help strengthen NEMT for Tailored Plan members

Wrap up and THANK YOU!

Amanda Isac, Injury and Violence Prevention Branch, Division of Public Health

The meeting recording, agenda and PowerPoint slides will be added to our NC DHHS Overdose/OPDAAC page within 7 days

- https://www.ncdhhs.gov/about/department-initiatives/overdose-epidemic/nc-opioid-and-prescription-drug-abuse-advisory-committee

Next OPDAAC Meeting: September 2022, Date TBD