

Getting Paid: Coverage for Underserved Populations: Who, What, How?

SUSTAINABLE REIMBURSEMENT OF MEDICATIONS FOR ADDICTION TREATMENT (MAT) WEBINAR SERIES



California Hub and Spoke System:
Opioid Use Disorder-MAT Expansion Project



MAT
WAIVERED PRESCRIBER
SUPPORT INITIATIVE



Today's Presenter



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Learning Objectives:

At the end of the webinar, participants will be familiar with:

1. Federal and state payors and coverage of opioid use disorder treatment and recovery supports for patients with complex needs.
2. Efficient MAT practice: strategies that minimize the time required to meet the full range of patient needs.
3. Steps to better treatment engagement, retention, adherence & outcomes: veterans, justice populations, indigenous Americans, youth, women, Latinos & African Americans

Intersecting Categories & Characteristics

- Patients who need of treatment for OUD usually belong to intersecting sub-groups
- Youth & criminal justice involvement—highly correlated
- Indigenous Americans: may belong to multiple underserved, high-risk groups
- We'll touch on payment sources for certain sub-groups of patients including:
 - Youth/adolescents
 - Justice populations
 - People living with HIV
 - Veterans
 - Indigenous Americans

Not intended to neglect disparities that increase risks for African American, Latinx & rural communities, cultural competence, or gender responsive care for women & girls



Adolescents

- Vulnerability of developing brains; pharmaceutical precision
- Early initiation of associated with lifelong problems
- In-depth histories often reveal many years of opioid use
- Risk of fatality highest among inexperienced users
- Age group trend: among highest increases in fatalities rates
- 1999 to 2016 mortality rate increased 268% for ages 10-19
- 73% of deaths among males; 88% among 15-19 age group
- Heroin deaths for ages 15-19 increased 404%; Rx opioids 94%

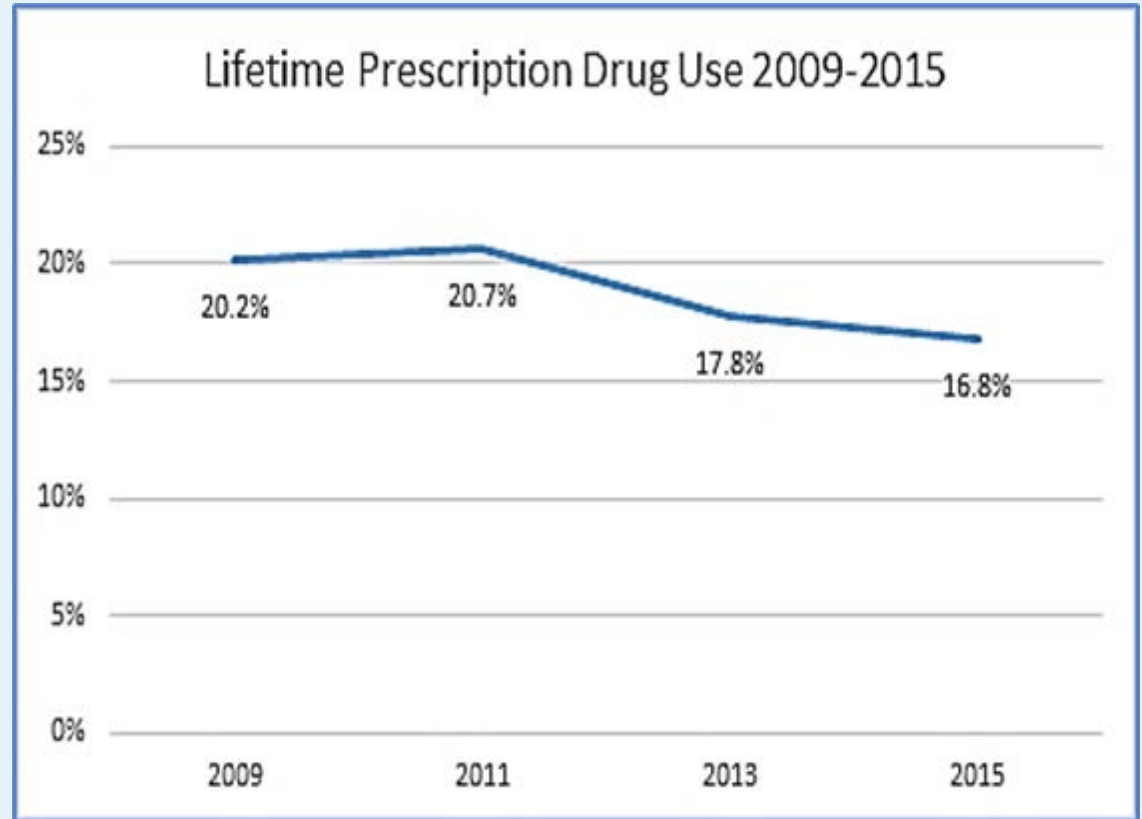
Audience Poll:

Biggest concern treating patients under 18

- a) Parental involvement, consent & confidentiality
- b) Whether or not medication is right for them & which is best
- c) Getting coverage for young, marginalized patients
- d) Engaging these very high-risk patients in MAT in time
- e) Challenges of treating girls & young women with complex needs

Rx drug use: A generation lost in space

- Easy access led to misuse, but data on pediatric opioid Rx's is scarce
- 15% of Medicaid beneficiaries ages 2-17 in OP settings (TN–1999-2015)
- ED opioid Rx's to minors rose until 2011, then started to come down
- Abrupt changes in Rx policies with little attention to tapering hit hard
- Result: youth likely to initiate w/illicit opioids; increases in OD deaths



High school students reporting non-medical use of prescription drugs, 2009-2015.

Source: YRBS (Kann et al., 2018).

Availability of Medications for OUD

Medication	Medi-Cal coverage	Pre-authorization	FDA approval
Methadone	NTP/OTP services	No	18 plus*
Buprenorphine	OBOT= Pharmacy benefit	Yes, unless NTP	16 plus
Naltrexone (injection)	Pharmacy benefit Medi-Cal benefit	Yes	18 plus

*Methadone under 18: parental consent, 2 failed treatment attempts, diagnosed OUD for over a year

Medi-Cal Coverage for Beneficiaries under 21 (nearly half the 20 & under population)

- Counties must provide screening, diagnostic services & treatment without PA
- MCPs primarily responsible for preventive services including assessments
- MCPs must cover SBIRT for youth age 18 and over
- DHCS responsible for voluntary inpatient hospital detox & Rx meds for SUDs
- CA state plan: OP counseling, narcotic treatment programs, residential treatment & services for pregnant/postpartum females

Note: Federal requirements mandate coverage of any medically necessity service for youth under 21, even if not included in the state plan (such as medically supervised outpatient opioid detox)

Medi-Cal & MAT Expansion for Youth

- Only ~1% of physicians who prescribe buprenorphine are pediatricians
- Currently, among adolescents & young adults diagnosed with OUD
 - < 24% are prescribed medications
 - < 2% of those younger than 18

CA Youth Opioid Response

- In 2019, awards to 22 pilot projects
- Services for youth (12-24)
- In need of MAT for OUD
- OD prevention for at-risk youth
- 10 community planning awards
- Toolkits, online learning & resource

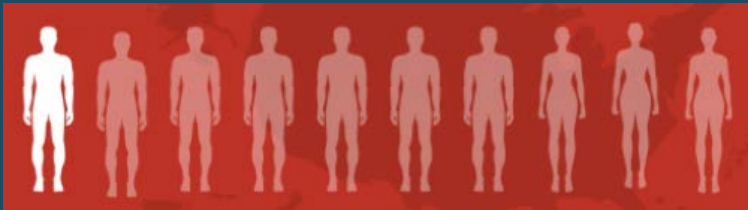


[YOR California](#)

Unique Medi-Cal Minor Consent Program

- A minor who wants OUD treatment can apply on their own behalf: **Medi-Cal Minor Consent Program** to cover confidential care without parental involvement
- Youth age 12 plus, even if their parents claim them as dependents, even from families with private insurance & ineligible for Medi-Cal
- Confidential care: may not be disclosed to their parents without written consent
- Limited to coverage of SUD, Medi-Cal reimbursement for codes appropriate to diagnosis for as long as medically necessary

People Living with HIV



Audience Poll:

Main reason HIV rates continue to decline?

- a) Lifting of syringe exchange prohibition
- b) Use of PreP among at-risk groups
- c) Viral suppression through treatment
- d) Changes in illicit opioid supplies
- e) Testing & prevention in SUD programs

*Getting to zero & IV transmission?

*One in ten or more drug-related cases?

HIV Prevention & MAT

- HIV education
- Testing, pre-test & post test counseling
- Risk reduction counseling
- Don't forget safer sex!!!
- Immediate linkage to care for newly diagnosed
- Early MAT intervention for at-risk groups w/ OUD
- PreP! As well as PEP
- Partnerships with HIV service providers

[DCHS Pre-Exposure Prophylaxis & Post-Exposure Prophylaxis Information](#)

HIV Treatment & MAT

- Drug interactions less likely with **buprenorphine**, slightly more common with **methadone**
- Dosage adjustments to one or both meds often needed
- Evidence of good responses to the structure of NTP/OTPs
- Some research suggests dual therapeutic effects for buprenorphine
- **Vivitrol** may NOT be a good choice if chronic or acute pain is an issue
- HCV co-infection common; MAT possible & some research available

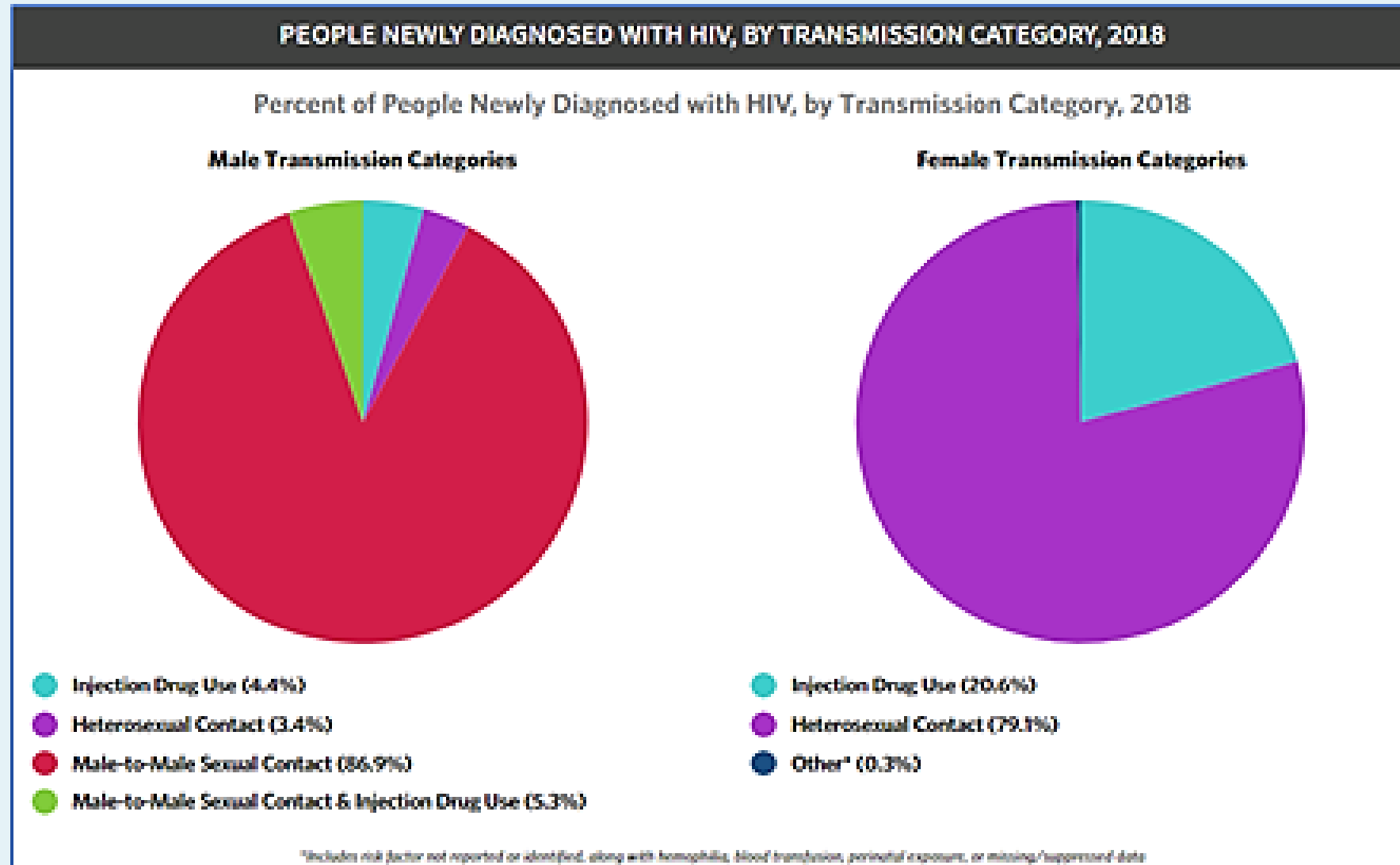
[Review of pharmacological interactions: HIV or HCV medications and opioid agonist therapy](#)

CA HIV Prevalence & Mode of Transmission, 2018

Number of new
CA HIV diagnoses:
4,712

Number of people
living with HIV:
131,013

Statistically,
most at risk
demographics:
Latino, male, 25-34 yrs.



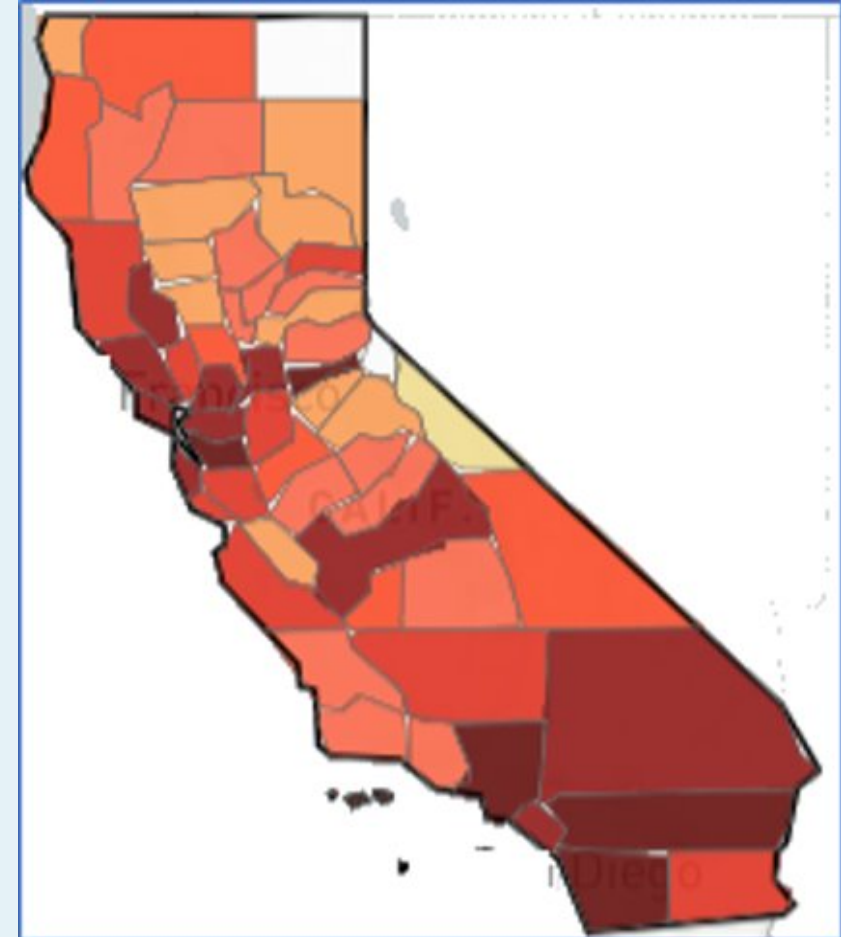
Resources for patients living with HIV

- AIDS Drug Assistance Program (ADAP) –has covered at least 1 MAT drug in half of states
 - Current CA ADAP formulary only covers Narcan
 - If enrolled in ADAP: eligible for the Office of AIDS [Medicare Part D Premium Payment Program \(MDPP\)](#) which covers buprenorphine formulas for OUD
 - **OR** if the [Health Insurance Premium Payment Program \(OA-HIPP\)](#) maximum: \$1,938 per month, plus out-patient out-of-pocket costs
- Ryan White Part B--also disburses local funding based on prevalence
 - Funded communities may allocate for treatment of OUD
 - HOPWA funds are also available for housing in some communities
- Case management, transportation, meals, home care, etc..

HIV in California

2018, counties with highest new infections rates & number of people living with HIV:

SF – 27	Living w/HIV: 12,725
Kern – 17.2	Living w/HIV: 1,772
Fresno – 16.8	Living w/HIV: 2,036
LA – 16.6	Living w/HIV: 52,081



National & State Priorities

- **PEPFAR* Priorities & Goals:**
 - Adolescent girls & women: priority due to rapid growth
 - Goal of 80% viral suppression among youth & PWID
- **National HIV/AIDS Strategy:** Testing and linkage to care
 - Early access to treatment for people diagnosed with HIV
 - Broad support for retention & adherence in comprehensive care
 - Universal viral suppression among people living with HIV
 - Full access to comprehensive PrEP services
- **Goal of CA Plan:** Increase & improve HIV prevention & support services for PWID
- **SPINS:** Ryan White Part F: Strengthening Systems of Care for People with HIV & OUD

* President's Emergency Plan for AIDS Relief

Indigenous Americans Tribal & Indian Health Centers



TRIBAL PARTNERS

- Yurok Tribe
- Hoopa Tribe
- Tolowa Dee-Ni' Nation
- Yuki Trails Tribe
- Cahto Tribe
- Round Valley Tribe
- Hopland Tribe
- Pomo Tribe
- Karuk Tribe
- Sonoma Indian Health Center
- Northern California Intertribal Council
- Consolidated Tribal Health Project



Incarceration, Poverty & Disparities

- 2017: Native Americans more likely to be killed by police than any other group
- Incarcerated at over 2 times the rate of white people
- Native women incarcerated at six times the rate of white women
- 1999-2014, overall numbers incarcerated in local jails nationwide up 90%
- High poverty rates: Yurok Tribe reservations average poverty rate is 80%
- More than half of Native Americans live in underserved rural areas
- Mobile, holistic clinics and accessible telehealth is key

[Yurok: Roadmap for Increasing Access to Justice & Opportunity](#)

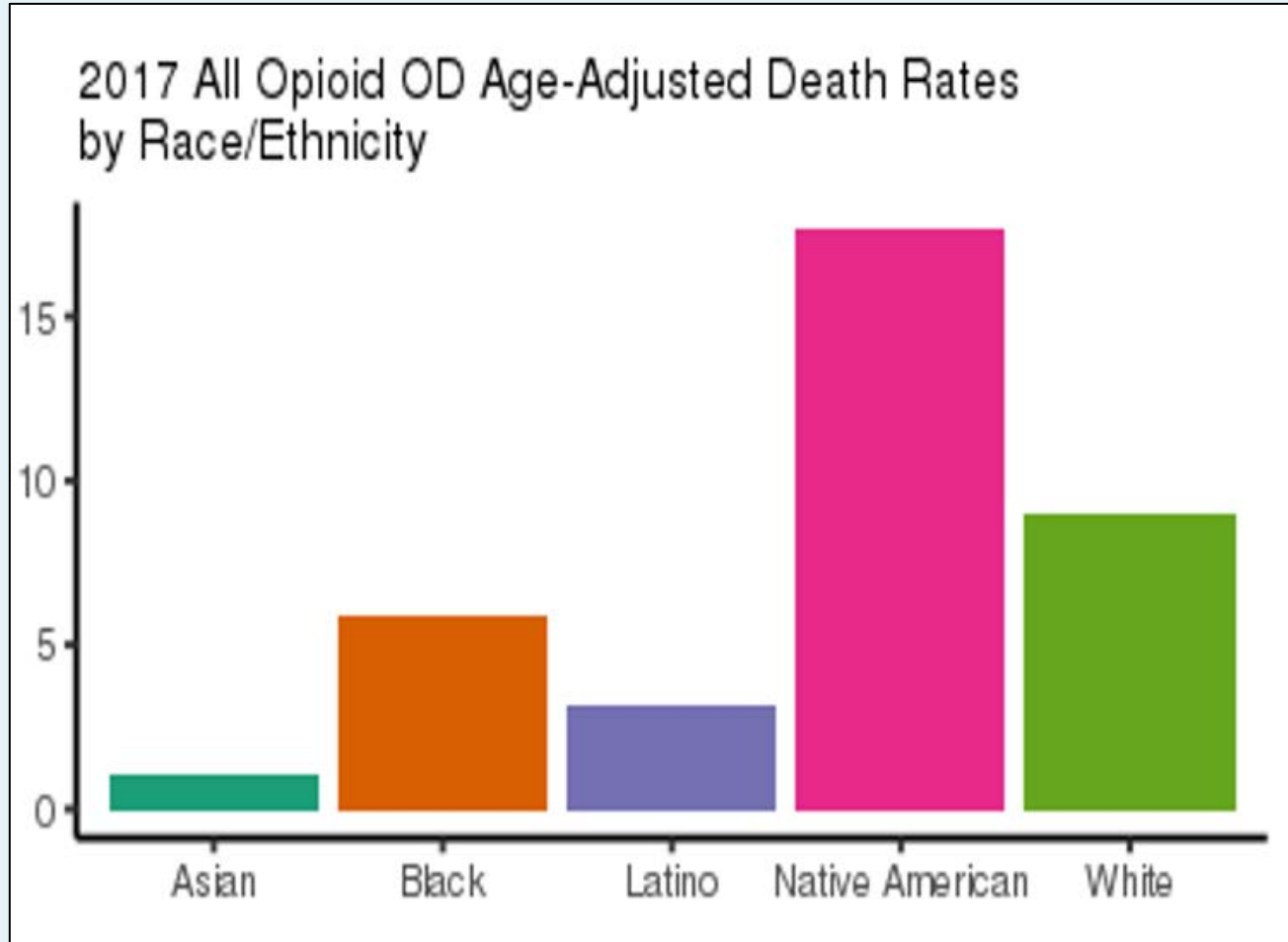
Trauma & Addiction Recovery

- Long history of trauma & substance use in Native communities
- BJS: highest number of DUI arrests; attending to AUD is critical
- Opioids severe impact; Indian Health Services blamed for infusion of Rx opioids
- Much higher rates of PTSD; integrated treatment approaches a must
- 4 in 5 AI/AN women experience violent victimization; half experience sexual violence
- Recovery from historical & individual trauma root of Native recovery fellowships

[Interviews with AI/AN PWIDs, 2020](#)

[Sen. Mike Rounds: IHS Continues to Let Down Tribal Members](#)

CA Opioid Death Rates by Race/Ethnicity (2017)



Overall AI/AN people have experienced the largest increases in drug and opioid-involved overdose mortality rates.

CA population nearly 700,000. Since 2012, large decreases in uninsured & increases in Medi-Cal enrollment.

[Undercounting of AI/AN OD deaths in CA](#)

MAT Expansion in Tribal Communities

Tribal MAT Project

- MAT Champions
- Urban & Rural Initiatives
- Telewell MAT Support & TA
- Native Project ECHO
- OUD Suicide Prevention
- Tribal Needs Assessment
- Naloxone Distribution Project
 - Distributed 230,000 units of Naloxone statewide
 - Distributed 1,700 units tribal entities in 6 counties (as of June 2019)

California Tribal MAT Expansion Project Update

Health coverage for American Indians & Alaska Natives

Medi-Cal Coverage & Competent Care

Tribal Clinics: Title I & Title V of [Indian Self-Determination Education Assistance Act](#)

- Title I: Tribes contract to plan & manage public health system instead of IHS
- Title V: Tribes compact to assume management of IHS system/functions

Benefits of Medi-Cal enrollment for tribal members under the ACA:

- Choices & better access to services than local Indian health clinics offer
- No premiums, enrollment fees, deductibles, copays or out-of-pocket costs

Best practices: natural, traditional, peer helpers, healers, coaches & guides

- Train Staff: cultural/historical trauma & recovery for Native American communities
- Wellbriety principles & online resources (Red Road to Recovery, Women's Wellbriety)

[Wellbriety Movement website](#)



Housing For Victims of Human Trafficking

The DOJ Office of Justice Programs just awarded 11 CA agencies funds “to provide six to 24 months of transitional or short-term housing assistance for trafficking victims, including rental, utilities or related expenses.”

Covenant House California	Individuals, Now
Haven Women's Center of Stanislaus	The Chest of Hope, Inc.
International Rescue Committee, Inc.	The Coalition to Abolish Slavery Trafficking CAST
North County Lifeline, Inc.	Volunteers of America of Los Angeles
Orangewood Foundation	The A21 Campaign
	Ruby's Place

[Source: Department of Justice, Office of Justice Programs. Announcement August 4, 2020](#)

Veterans & Active Military



- Opioid Rx by military doctors more than quadrupled between 2001 and 2009
- Much more likely to be taking 2 or more opioids for pain, migraines, etc.
- PTSD increases likelihood of Rx opioids, with other sedatives & at higher dosages
- VHA supports use of approved medications for tx of OUD & AUD

[VA National Center: At Risk of or Homeless](#)

[VA National Center for PTSD](#)

[Women Veterans Healthcare](#)

[West Tri-Care Provider Information](#)

[Substance Use Disorders](#)

OTPs within VA Health Centers

Name	Location	Contact	Certified
Los Angeles Ambulatory Care Clinic (LAACC) VA Opioid Treatment Program	351 East Temple St., Mail Code 11-C Los Angeles, CA 90012-3328	(213) 253-2677	10/26/2003
Sepulveda VA Opioid Treatment Program	16111 Plummer St., Building 10-A Northridge, CA 91343	(818) 891-7711 x7986	10/24/2003

Source: SAMHSA, OTP Directory. Retrieved from: <https://dpt2.samhsa.gov/treatment/directory.aspx>

MAT for Service Members

- MAT in OTP settings & OBOT are covered TRICARE benefits
- Also medically monitored detox & access to medical support services
- Rx MAT meds covered as [TRICARE pharmacy benefit](#) but may be some costs.

APPROVAL REQUIREMENTS

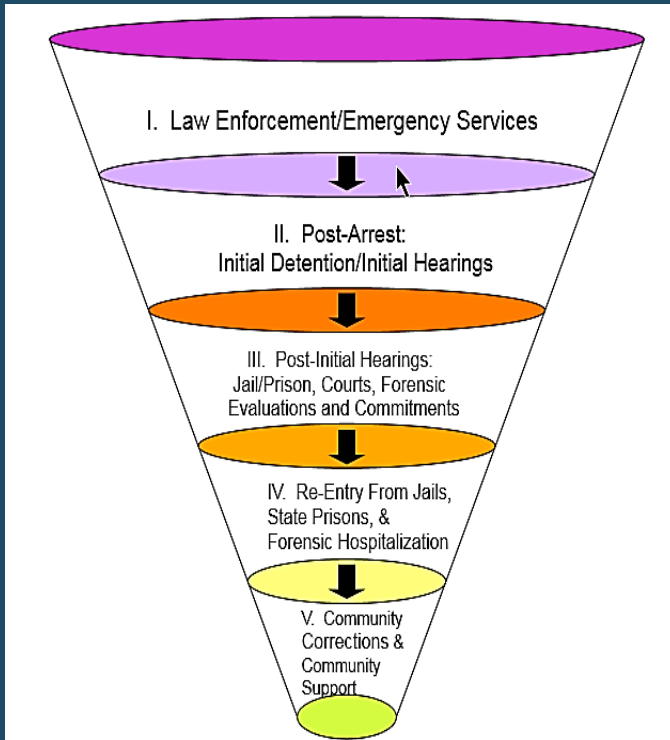
- Active duty members require approval from Health Net Federal Services.
- No approval: all other TRICARE Prime beneficiaries seeing network providers.
- Approval for non-network provider unless they use [Point of Service](#) option.
- MAT covered in an inpatient or partial hospitalization settings.
- TRICARE Select beneficiaries: no approvals needed for non-network providers.

[Source: Tri-Care: Medication Assisted Treatment.](#)

Justice Populations

Justice-involvement associated with:

- 52% of those w/Rx opioid use disorder
- 77% of those who report heroin use;
- 129x risk of OD death 2 weeks post-release
- Increasing deaths due to withdrawal (jails)



Rikers & Rhode Island MAT in custody models

- [LA County jail](#)
- [MAT in CA County Jails](#)
- [DOPE Project in SF jails](#)

Medicaid, MAT & Inmates

- **Federal Medicaid Inmate Exception:** Section 1905(a)(29)(A) of the Social Security Act-Medicaid cannot pay for services to inmates of public institutions (corrections)
- **Exception:** Medically necessary hospital stays of 24 hours plus in the community
- CMS guidance:
 - **Medicaid benefits:** may be suspended instead of terminated in custody;
 - **Medicaid enrollment:** pre-release, if eligible coverage effective upon re-entry
- **Reminder:** SUPPORT Act makes indefinite suspension mandatory for juveniles
- **Federal Court:** Legal state & federal precedent for continuing MAT

Medi-Cal & for Inmates

- **CA Welfare and Institutions Code:** allows Medi-Cal to reimbursement of hospital stays (24+ hours) for eligible inmates & pre-release enrollment in such circumstances
- **Assembly Bill 720:** Authorizes counties to assist jails to enroll inmates pre-release & suspends instead of terminate of coverage for up to 12 months in custody
- **Medi-Cal County Inmate Program:** participating counties enter in an Agreement with DHCS and renewed on an annual basis to allow reimbursement for allowable costs

MEDI-CAL ELIGIBILITY DATA SYSTEM CHANGES: SUSPENSION PROCESS 4/20/2020

DCHS & CA MAT Expansion: County Jails

County Touchpoints: Access to MAT for Justice-Involved Population

- Jails issues very different from prisons: training teams from 30 counties

Expanding Access to MAT in County Criminal Justice Systems

- Across the entire justice system including those entering & leaving secure facilities
 - Arrestees, probationers, pre-trial supervision, courts, community supervision
 - Ensuring continuity transitioning from correctional to community-based care
 - Continuing MAT when patients being treated in the community enter custody

Justice-Involved Women

- Jailed females: fastest growing segment of the criminal justice population.
- Majority not convicted; 40% low-level property crimes (mostly for \$ to get drugs).
- More than 80% mothers, many with sole responsibility for minor children.
- More likely than their male counterparts to:
 - ~ Have SUDs & more severe on every measure
 - ~ Use harder drugs & under the influence at time of offense;
 - ~ Unemployed, living in poverty, on welfare or other assistance;
 - ~ Have multiple co-occurring mental health disorders
- Diversion or specialty court programs are best
- Treatment must be safe & grounded in gender-responsive principles

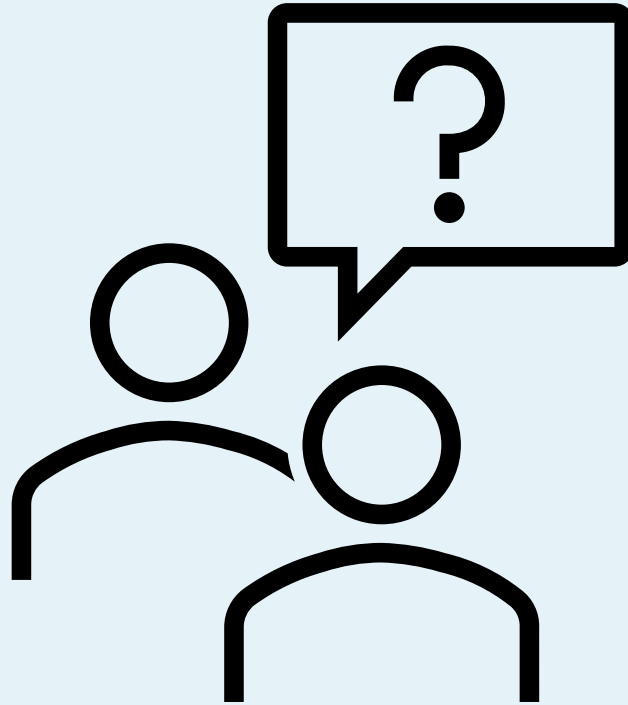
CDCR Programs

Program	Description	Contact
Offender Mentor Certification Program	Voluntary training & education to become Alcohol and Other Drug Counselor	(916) 324-7029
Female Offender Tx & Employment Program	Intensive treatment, family reunification, vocational & employment services to support re-entry	(916) 327-3352
Specialized Tx for Optimized Programming (STOP)	Evidence-based programs & services to parolees in 1 st year: View map of the STOP Program Areas	(916) 327-3352
Day Reporting Centers	Non-residential services to increase re-entry success for high-risk parolees; limited housing	(916) 327-3352

Final Poll:
At-risk & underserved concerns

- a) African Americans
- b) Lantinx
- c) Homeless
- d) LGBTQQ
- e) Other

Questions



Up Next

Deeper Dive: Office Hours

- Thursday, August 27th, from Noon – 2:00pm PDT
- To participate in Deeper Dive Office Hours, complete and submit the form (downloadable with today's slides). OR call in to the OPEN HOUR from 12:00-1:00pm PDT.
- Form will also be sent with the evaluation following this webinar.

NEXT MONTH: *Getting Paid: Management of Medi-Cal Reimbursable Recovery Support Services*

- September 17th from 12:00-1:00pm PDT



DEEPER DIVE OFFICE HOURS
Appointment Scheduling
August 27, 2020 noon – 2pm PDT
Appointments available from 12-12:20; 12:25-12:45; 12:50-1:10; 1:15-1:35; 1:40-2:00.
More will be scheduled as needed.

Name:
Title/Job:
Agency:
County:
Email:
Phone:
Preferred time (see above options):

QUESTIONS to be addressed with consultant:

In addition to scheduled individual consultations, we will also host **OPEN DOOR Office Hours from 12:00-1:00pm PDT** with one of our experts. This discussion is open to all, *no appointment necessary*. However, please be mindful that the number of participants may limit our ability to fully address all questions.
The Open Door Call-in number is (877) 746-4263 and Dial-in Code: 2042891#

Please submit this form to Natalie Lawson at nlawson@ahpnet.com



MAT WAIVERED PRESCRIBER SUPPORT INITIATIVE



Could you benefit from physician consultation to provide Medications for Addiction Treatment (MAT)?

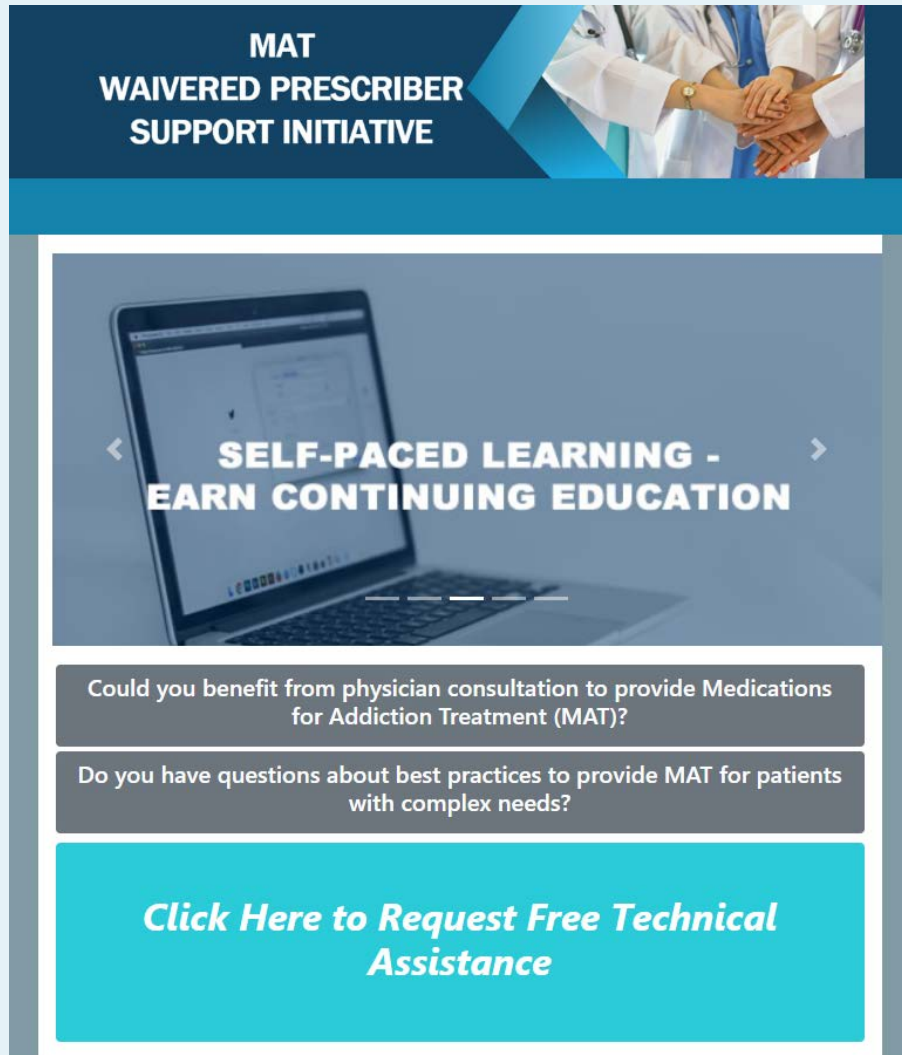
Are you seeking additional resources to help patients struggling with opioid use?

Do you have questions about best practices to provide MAT for patients with complex needs?

***Request Free
Technical Assistance
TODAY***

Make a request at www.uclaisap.org/MATPrescriberSupport/

Additional Learning Opportunities



**MAT
WAIVERED PRESCRIBER
SUPPORT INITIATIVE**

**SELF-PACED LEARNING -
EARN CONTINUING EDUCATION**

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PSATTC Post-Event Feedback

[Post Event GPRA](#)

If the link above does not work, copy this the text below and paste into your browser's address bar, or scan the QR code with a smart device

https://www.isapdmc.org/attc?MeetingType=X&supass=51JG*J*aT&EventCode=4222082020&FU=0

