Foundation *for* Opioid Response Efforts

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Medicaid and CHIP Analysis

Funding Pathways for Programs Supporting Families Affected by Substance Use Disorders

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I. Introduction

FORE is committed to expanding and sustaining access to prevention and treatment services for families and their children affected by substance use disorders (SUD), contributing to better outcomes for families with children and breaking the cycles of intergenerational trauma and substance use. In recent years, FORE has issued over $10 million in grants to support family and child-focused prevention and treatment interventions.

At the request of FORE, Manatt Health has reviewed the extent to which seven FORE-funded prevention-focused initiatives can secure federal Medicaid and/or CHIP matching funds for key elements of their work on an ongoing basis. Listed in Table 1, the seven FORE programs are overseen by health systems, universities, and community-based organizations and provide training, screening, direct treatment, and case management services across a range of settings. Along with exploring the sustainability pathways for these FORE-funded programs, the analysis may also be useful as a tool for other non-FORE funded initiatives or future FORE-funded initiatives that seek to improve care for families with children affected by SUD.

This memo summarizes the findings of Manatt's analysis detailed in a comprehensive crosswalk (summarized in the appendix) comparing the FORE grantees' program features with existing Medicaid and CHIP coverage authorities. To inform this analysis, Manatt Health conducted programmatic research, as well as interviewed FORE grantees.

Key Findings

- **Manatt's analysis reveals Medicaid sustainability pathways potentially exist for nearly all programs supported by FORE.** The activities undertaken by FORE grantees are generally covered Medicaid services and, as such, should be reimbursable by the state for Medicaid and Child Health Insurance Program (CHIP) enrollees.
- **Significant work is required to turn these potential opportunities into sustainable funding.** To secure new or additional Medicaid funding for their projects, most FORE grantees will need to work with their respective state Medicaid agencies to determine if they can be reimbursed for the services they furnish. For example, they will need to determine if they can meet participating provider requirements, deliver services in accordance with clinical guidelines, and navigate coding, documentation, and reimbursement issues (e.g., payment rates).
- **Some costs will remain uncovered by Medicaid.** Medicaid could likely cover a substantial share of the costs incurred by many of these programs. Some costs borne by FORE grantees cannot be covered by Medicaid because the client is not eligible for Medicaid, the service is not a recognized Medicaid service, and/or the particular setting is excluded from coverage. For example, at least one FORE grantee provides obstetrics/gynecology services to incarcerated individuals, but Medicaid cannot cover the cost of such services when provided in jails or prisons.[1] FORE grantees can work with their state to pursue other vehicles to supplement Medicaid reimbursement, including federal block grant funding provided by the Substance Abuse and Mental Health Services Administration (SAMHSA) and Title V Maternal and Child Health Services.

The subsequent sections of this memo detail the Medicaid and CHIP financing vehicles available to support the work of FORE grantees and similar programs; describes the FORE programs that already receive Medicaid reimbursement for selected activities; and identifies steps that FORE programs can take to secure Medicaid coverage and/or increase the extent to which Medicaid covers the cost of operating their programs.

TABLE 1.

FORE Grantees that Support Families Affected by Substance Use Disorders

Grantee	State	Project
Morgan County Partnership *Community-Based Organization*	West Virginia	Through a collaboration with policy, schools, and the community provide screening, parent education, child-parent therapy, home visitation, and family reunification and navigation services, primarily in school-based settings.
University of Washington: Northwest Center for Family Support	Washington	Provide training, consultation, and technical assistance to staff at Opioid Treatment Programs (OTPs) and other organizations supporting caregivers in recovery who deliver evidence-based, family-focused interventions designed to build nurturing, responsive, effective parenting skills.
University of California, San Francisco	California	Provide low-barrier, trauma-informed team-based-care, including enhanced care management, obstetrics and gynecological services, and medications for opioid use disorder to pregnant and postpartum people affected by SUD, SMI, and homeless.
Denver Health and Hospitals Foundation	Colorado	Identify children at risk of adverse childhood experiences and offer counseling, MOUD, and other services alongside their parents.
University of North Dakota	North Dakota	Provided culturally sensitive clinical training to health care professionals and doulas to improve access to MOUD and perinatal and postpartum recovery services for women in rural communities.
University of North Carolina (UNC) Horizons Program	North Carolina	Provides a range of outpatient services including prenatal care, postpartum individual and group counseling, and medication to treat opioid use disorder to perinatal women, including those who are incarcerated.
University of South Florida	Florida	Provides relapse prevention and parenting-skills training and home-based case management services for families with a parent who is receiving methadone treatment for opioid use disorder.

II. Medicaid's Role Supporting Children and Families Affected by Substance Use

Medicaid is the largest source of coverage and funding for SUD treatment for children and families. All states also participate in the CHIP program, providing coverage through a CHIP-funded Medicaid expansion or a separate program for uninsured children and pregnant individuals in families with incomes above historical Medicaid eligibility limits. Together, Medicaid and CHIP cover 42.1 million children, or over half of all children in the United States.[2] The federal government establishes minimum eligibility standards, but state Medicaid and eligibility limits for children and pregnant people on average exceed those requirements quite substantially.[3] Effective January 2024, states are required to provide continuous enrollment for 12 months for children aged 19 and younger enrolled in Medicaid and CHIP. States can also seek to expand continuous eligibility for children beyond the 12 months via Section 1115 waiver authority (see Table 2).[4] In addition, the American Rescue Plan Act established and the Consolidated Appropriations Act of 2023 solidified options to expand pregnancy-related coverage during the postpartum period beyond the required 60 days to 12 months.[5]

In recent years, as the mental health and substance use disorder crises have deepened across the country, CMS has publicized existing options and opened new flexibilities to allow states to finance services for affected children and families (see Table 2).[6] States also have broadened the range of behavioral health providers who can receive reimbursement for their work to include peers, community health workers, and community-based organizations.

In early 2023, CMS released a State Medicaid Director Letter to provide guidance to states on how to take advantage of the opportunity to use Section 1115 waiver authority to support community re-entry for justice-involved individuals.[7]

Covered Services for Children, Youth and Adults

To secure Medicaid funding for their work, FORE grantees will need to determine if they are providing Medicaid-covered services and, if so, if they can bill for those services. For Medicaid enrollees, states can cover the SUD and mental health services that they might require through a number of different avenues. (see Table 2). In order to bill for covered services, FORE grantees must meet Medicaid provider requirements and be able to navigate billing, documentation, and other administrative requirements.

Medicaid Benefits Coverage

State Medicaid agencies are required to cover a range of service categories within their Medicaid benefit package (e.g., hospital services, rural health clinic services, federally qualified health center services, medical transportation) and have the option of covering other benefits (e.g., clinic services, rehabilitative services, and targeted case management services). States also have broad flexibility in defining what they would like to cover within each benefit class, as well as to decide which services to cover and what types of providers can be reimbursed for providing them. One especially confusing aspect of Medicaid benefit rules is that some key services can be both a potential type of service and a provider type. For example, one state might cover peer support services by defining them as part of "rehabilitative services" while another state might add "peer support specialist" to

BOX 1.

School-based Services: Recent Clarification of Coverage Opportunities

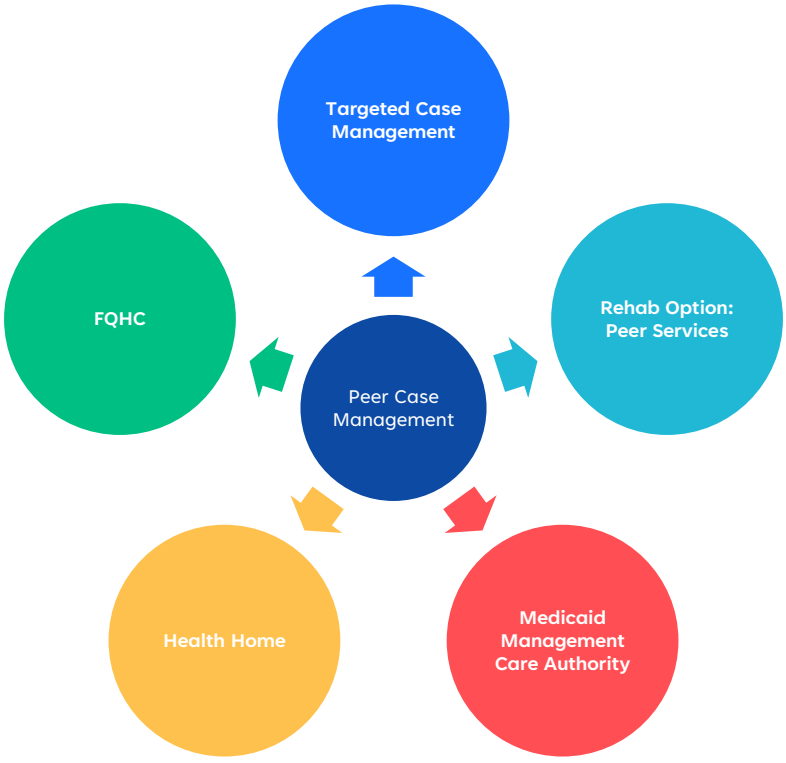
In May 2023, CMS released an updated guidance encouraging state Medicaid programs, state education agencies, and local education agencies to work together to leverage school-based settings to meet EPSDT coverage requirements. In its recent guidance, CMS emphasized that states could cover in Medicaid and CHIP nearly all services in a school setting that could otherwise be provided in another setting. Practically speaking, this means that school-based providers can receive Medicaid reimbursement to cover services authorized under the broad range of benefit categories, including, for example, FQHCs, rehab option, clinic services, and preventative services. Schools provide a wide range of Medicaid reimbursable behavioral health and other health care services, including prevention, screening, and treatment services. Morgan County Partnership, one of FORE's grantees included in this analysis, partners with behavioral health practitioners to provide school-based behavioral health services to children and youth affected by substance use.

their list of allowable providers who can offer rehabilitative services. The practical implication is that it is necessary to review closely the services covered by a state, as well as allowable providers to gain a full picture of what is available via Medicaid.

Similarly, states often have discretion as to which "benefit category" they want to use to cover any given service. For example, evidence-based treatment models such as parent child interaction therapy (PCIT) may be covered by a state under any one of the following benefit categories: federally qualified health center services, outpatient hospital services, clinic services, other licensed practitioner services, or rehabilitative services (often referred to as the "rehab option"). Most states use the rehab option for a large portion of their behavioral health services because it provides states the flexibility to deliver recovery-oriented behavioral health services. Rehabilitative services can be provided by a wide array of professionals (e.g., by paraprofessionals), in a broad range of settings (e.g., at a person's home or place of work), and may include an expansive set of services, including services that assist people in acquiring skills essential for everyday functioning (e.g., therapy, counseling, independent living skills, recovery support).

GRAPHIC.

Multiple Medicaid Coverage Pathways



While the scope of benefits covered for adults can vary significantly by state, the Medicaid statute establishes an entitlement to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) for children and youth—including parents—under 21. EPSDT requires coverage of regular screening, preventive care, and all medically necessary care needed to "correct or ameliorate" an identified condition(s) to the extent the care could be covered by a state in its Medicaid State Plan. As CMS reminded states in EPSDT guidance issued in September 2024, states are required to cover all medically necessary diagnostic and treatment services for children, and it does not matter whether the service or treatment is listed in the Medicaid State Plan or whether it is available for adults.[8,9] CMS also emphasizes in the September 2024 guidance that states must cover "an array of medically necessary behavioral health services" to correct or ameliorate a child's behavioral health need.[10]

Recognizing the importance of dyadic care to treat the parent/caregiver and child together, CMS has highlighted that state Medicaid agencies can cover maternal/caregiver screening and treatment for parents who are ineligible for Medicaid as part of a child's Medicaid coverage as long as it is for the direct benefit of the child.[11] While EPSDT is a powerful tool for securing coverage of services required by children and, to some extent their caretakers/parents, note that it does not necessarily require states to cover specific approaches to providing a covered service. For example, states must cover family therapy for children and youth under 21, but they are not obligated to provide additional reimbursement or provider training for Parent Child Interactive Therapy (PCIT), an effective form of family therapy offered by a number of FORE grantees. This means that states generally do not need to cover specific models of treatment unless it is medically necessary for a given child.

TABLE 2.

Medicaid and CHIP Sustainability Pathways for Services Provided by FORE Grantees

Medicaid Authority	Description
Selected Medicaid State Plan Coverage Authorities	
Preventive Services	State Medicaid programs can cover services to prevent disease, disability, and other health conditions or their progression to prolong life and promote physical and mental health as preventive services. Section 4106 of the Affordable Care Act established a 1% increase in the federal medical assistance percentage (FMAP) effective January 1, 2013, applied to expenditures for adult vaccines and clinical preventive services to states that cover, without cost-sharing, a full list of specified preventive services and adult vaccines. States often cover a number of pregnancy-related services within preventive services.
Federally Qualified Health Centers (FQHCs)	States are required to cover FQHC services and other ambulatory services provided by FQHCs that are included in their Medicaid State Plan in their Medicaid programs. Required FQHC services must include preventive and primary care services such as family or internal medicine, obstetrics, gynecology, and pediatric care and enabling services such as transportation and outreach. FQHCs may also provide substance use disorder and mental health services, though they must refer patients to off-site behavioral health specialists. State Medicaid programs are required to reimburse FQHCs using a prospective payment rate (PPS) set by the federal government or an alternative payment methodology that equals or exceeds the federal PPS rate.
Rehabilitative Option	States can elect to cover certain optional behavioral health services under the Rehabilitative State Plan Benefit (i.e., "the rehab option"). Most states use the rehab option for a large portion of their behavioral health services because it provides states the flexibility to deliver recovery-oriented behavioral health services. Rehabilitative services can be provided by a wide array of professionals (e.g., by paraprofessionals), in a broad range of settings (e.g., at a person's home or place of work), and may include an expansive set of services, including services that assist people in acquiring skills essential for everyday functioning (e.g., therapy, counseling, independent living skills, recovery support).
Targeted Case Management	Targeted Case Management (TCM) is defined as services furnished to assist individuals, who are eligible under the state plan, in gaining access to needed medical, social, educational, and other services. To cover TCM, a state must submit a SPA describing the target group and any subgroups; case management services furnished; and

	qualifications of case management providers. For example, a state might submit a SPA to allow case managers, including peers, to assist parenting people living with SUD to access needed medical services, social supports, and behavioral health services. Targeted case management services are case management services provided only to specific classes of individuals, or to individuals who reside in specified areas of the State (or both). Case management does not cover the cost of addressing the underlying medical, social, educational, and other services themselves, nor does it include activities integral to foster care programs or other non-medical programs (with a few exceptions discussed below).
Health Homes	The Health Home Medicaid State Plan Option allows states to design "health homes" to coordinate care for Medicaid beneficiaries with chronic conditions. States receive enhanced federal funding during the first eight quarters of implementation. States can establish SUD focused health homes and ask to receive two additional quarters of enhanced federal match. CMS expects state Health Home providers to operate under a "whole person" philosophy as they integrate and coordinate all primary, behavioral health, and long-term services supports. Health homes and must provide: comprehensive care management; care coordination and health promotion; comprehensive transitional care from inpatient to other settings, including appropriate follow-up; individual and family support, which includes authorized representatives; referral to community and social support services, if relevant; and the use of health information technology to link services, as feasible and appropriate.
Medication-Assisted Treatment	The Consolidated Appropriations Act, 2024 made permanent the requirement in section 1006(b) of the SUPPORT Act to require states to provide Medicaid coverage of medications for opioid use disorder approved by the Food and Drug Administration (FDA) and related counseling under their Medicaid State Plan.
Other Medicaid and CHIP Funding Authorities	
Section 1115 Waivers	Section 1115 waivers give authority for State Medicaid experimental/pilot/demonstration projects, which provide states with additional flexibility to design and improve their Medicaid programs. Section 1115 waivers are intended to demonstrate and evaluate policy approaches not typically allowed under Medicaid program rules. For example, providing services that are not typically covered by Medicaid or expanding eligibility to populations not otherwise eligible for Medicaid. Demonstrations must be "budget neutral" to the Federal government. Generally, Section 1115 demonstrations are approved for an initial five-year period and can be extended for up to an additional three to five years, depending on the populations served.

Administrative Claiming	Federal administrative match is available when the state or its designee performs an allowable administrative activity. Most eligible Medicaid administrative costs receive a 50% federal match rate. Administrative costs must be directly related to Medicaid state plan or waiver services; associated with the percentage of time or resources spent attributable to Medicaid eligible individuals; and supported by adequate documentation and an allocation methodology that appears in the state's approved Public Assistance Cost Allocation Plan.
Medicaid Managed Care Authority for case management/care coordination, in-lieu of and value-added services	States can establish Medicaid managed care programs using waiver authority through Section 1915(a), Section 1915(b), Section 1115 or 1932(a) of the Medicaid State Plan. Medicaid managed care authorities provide additional flexibilities, including coverage of case management/care coordination, in lieu of or valued added services in the absence of an underlying Medicaid State Plan covered service. In lieu of services (ILOS) authority per 42 CFR § 438.3(e)(2) allows Medicaid-managed care plans to cover services or settings that are substitutes for services or settings covered under the state plan. ILOS must advance the objectives of the Medicaid Program, be cost-effective, medically appropriate, provided in a manner that preserves enrollees rights and protections, and subject to oversight and monitoring. Managed care plans are also allowed to pay for non-medical services as "value-added services" that are extra to covered contract services.
CHIP Health Services Initiatives (HSIs)	CHIP allows states to use limited CHIP funding to implement health services initiatives focused on improving the health of children—through direct services or public health initiatives —under age 19 who are eligible for Medicaid and/or CHIP though they can serve children of all incomes. States can use a portion of their CHIP administrative dollars—capped at 10% of all CHIP spending—to fund HSI programs with the federal share of the HSI cost equaling the state's CHIP match rate. States implementing HSIs have the flexibility to determine the type and scope of HSIs. Some HSIs address a general ongoing community need (e.g., support for poison control centers) while others are focused on particular populations and/or addressing of acute public health issues (e.g., the opioid crisis).[12]

III. Analysis of Medicaid Sustainability Pathways for FORE-Supported Programs

Sustainable Medicaid and CHIP coverage pathways—across state plan, waivers, and other authorities—exist for nearly all of the screening, treatment, re-entry, and case management services as well as training provided by FORE grantees. Because most FORE grantees provide a mix of services, they may need to utilize a combination of Medicaid authorities and benefits to finance a substantial share of their programs. In this section, the memo identifies the component parts of FORE grantees' services and the vehicles available for securing funding for them.

To supplement Medicaid financing of their provider training and/or direct provision of services, FORE grantees can seek to obtain grant funding from their state's Substance Use and Mental Health Block Grants administered by SAMHSA, opioid settlement funding, or other sources of state and local revenue.

These programs may also lose the flexibilities offered under a grant-funded program to provide a Medicaid reimbursable service in accordance with state and/or Medicaid managed care requirements. These programs may need to ensure their therapeutical model aligns with the state's clinical coverage policy and are being delivered in allowable settings.[13]

Box 2.

Considerations for Programs Seeking to Obtain Medicaid Funding

As part of the effort to obtain Medicaid/CHIP coverage for their services, FORE grantees will need to ensure that their practitioners meet the qualified and willing provider requirements for the covered services. Select FORE grantees, particularly the health systems, are already billing Medicaid for a subset of the services that they provide. Unlike FORE grantees affiliated with large health systems that are already Medicaid-enrolled providers, other FORE grantees noted that the process of enrolling as a provider and billing Medicaid is so complex and burdensome that they would need to divert funding from direct services to hiring staff to handle the administrative requirements associated with these activities. For example, these programs would need to ensure they meet the qualified provider and staffing requirements, which may include certification and education requirements.

Screenings

Three FORE grantees—**Denver Health and Hospitals Foundation, Morgan County Partnership, and the University of North Carolina's Horizons Program**—provide preventive screenings for adverse childhood experiences (ACES) and the social determinants of health (SDOH) for children and their families. States can choose to cover these screenings under the preventive services category, though are not required to cover these screenings under EPSDT. EPSDT requires states to cover well-child screenings for mental health and substance use disorder (SUD) and develop or adopt a schedule of recommending screenings like the American Academy of Pediatrics' Bright Futures Periodicity Schedule which does not recommend these specific screenings.

Preventive Screenings – Coverage Route: Medicaid State Plan Preventive Service Benefit

States commonly use the Preventive Service benefit under their Medicaid state plans to cover routine screenings often as part of well-child and adult visits. States interested in covering ACEs and SDOH screenings as part of dyadic treatment can provide an enhanced payment on top of their routine rate for well visits to encourage providers to conduct these screenings.[14]

States also can also elect to include screenings for ACEs and SDOH in their prospective payment system (PPS) rate for FQHCs.

BOX 3.

FQHC PPS Requirements

Federal law requires Medicaid programs to reimburse FQHCs according to a prospective payment system for FQHCs, a fixed, per-visit rate that is unique to each FQHC based on its costs incurred to provide services. In the case of services provided by an FQHC to Medicaid managed care enrollees, federal law requires state Medicaid programs to ensure that FQHCs are reimbursed at least as much as they would have received under the PPS methodology. Finally, federal law allows state Medicaid programs to reimburse FQHCs for services to Medicaid enrollees under an alternative payment methodology (APM) provided that the FQHC agrees to the APM and that the APM pays the FQHC at least as much as the FQHC would have received under the PPS methodology. Nothing in federal law prohibits State Medicaid programs from paying FQHCs more than they would have received under the PPS methodology.

Screening and Referrals by Social Services Agencies – Coverage Route: CHIP Health Services Initiative

As part of its Don't Quit the Quit Program, the **University of North Dakota** provided training to Women, Infants, and Children agencies to screen families seeking Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) services for OUD using SBIRT and provide referrals for ongoing SUD treatment services. To sidestep the complexity of securing direct Medicaid support to reimburse WIC or similar social services agencies for SUD-related screening and referrals, North Dakota and other interested states may be able a CHIP HSI to cover such costs.

CHIP allows states to use a portion of their administrative funding—up to 10% of their CHIP block grant funding—to implement HSIs focused on improving the health of children. States can use HSI to fund direct services or public health initiatives like opioid treatment-related initiatives for children and youth under age 19 who are eligible for Medicaid and/or CHIP though they can serve children of all incomes.[15]

State Examples

Starting in March 2024, North Carolina received CMS approval to fund **University of North Carolina's Horizons Program** to provide Circle of Security Parenting (COSP) SUD training to the North Carolina Perinatal and Maternal Substance Use and CASAWORKS for Families Initiatives (Initiatives) and the Eastern Band of Cherokee Indians Women's Residential program staff to address the social and health challenges faced by families affected by SUD.[16] New York and Oklahoma have also used HSIs to fund naloxone training for school-based educators and distribute naloxone to youth.[17] Florida, North Dakota, North Carolina, and Washington appear to have room under their HSI cap to support this screening and FORE projects, though further discussion would be needed with these states to determine whether room and interest exist.[18]

Training and Provision of SUD Treatment

More than half of the FORE grantees—**Denver Health, University of North Dakota, University of Washington, and University of California, San Francisco**—provide training to health care providers and directly provide treatment in accordance with evidence-based practices (EBPs) for children and families affected by SUD (see Table 3). Most of the SUD treatment, including EBPs supported by FORE grantees, provide family focused intervention as part of psychosocial rehabilitation to caregivers affected by SUD. EPSDT requires states to cover "community-based services at varying levels of intensity" which can include the outpatient therapies provided by FORE grantees to treat a wide range of behavioral health conditions.[19]

FORE grantees and programs supporting similar services can work with their states to leverage Medicaid administrative claiming pathways and the rehabilitative coverage pathways to support the training and the provision of these EBPs, respectively.

Provider Training – Coverage Route: Medicaid Administrative Match

University of North Dakota, University of Washington, and University of South Florida have provided trainings to health care providers, including opioid treatment programs and prescribers, to encourage the uptake of EBPs and supportive services to children and families impacted by SUD that may be reimbursable using Medicaid administrative match. As noted above in Table 2, states can use administrative match—typically 50%—to support training for providers delivered by state or contracted staff. If the state staff conducting the training are medical personnel, state Medicaid agencies may be able to receive 75% federal matching rate to conduct the training. In order to be eligible for the enhanced match, the state staff must be *skilled professional medical personnel* defined as licensed professionals such as physicians and behavioral health professionals, including those with master level or higher degrees in social work, psychology or a similar field.[20] State Medicaid agencies can use administrative match to contract with vendors like University of North Dakota, University of Washington, and University of South Florida to conduct provider training that improves the delivery of a Medicaid service covered within its Medicaid program. States would need to "cost allocate" or determine the percentage of time and resources associated with training providers to treat Medicaid and/or CHIP enrolled members as opposed to commercially insured, uninsured, or those with other sources of coverage. This means that Medicaid programs may not be able to cover the full costs of the FORE grantees' provider training programs, but they could potentially cover a substantial share.

Relatedly, state Medicaid programs can include health care provider costs (e.g., staff time) for obtaining training (e.g., orientation, Medicaid-specific training) in the reimbursement rate they pay to a qualified Medicaid-enrolled provider for a covered service. A state can also reimburse providers who attend advanced training sessions at a higher rate than other providers for the same service.[21]

Illustrative FORE grantee examples:

- North Dakota's Health and Human Services (HHS)—the state's Medicaid agency—could contract with the University of North Dakota to provide MOUD training to obstetricians and gynecologists as MOUD is covered by Medicaid. HHS and University of North Dakota could work together to determine the percentage of training cost attributable to Medicaid and CHIP-enrolled perinatal women to inform the size of the contract.
- The Florida Agency for Health Care Administration—the state's Medicaid agency—could contract with the University of South Florida to train SUD practitioners to provide Families Facing the Future to the extent that the service is a covered benefit in Medicaid.

Direct Service Provision – Coverage Route: Medicaid State Plan Rehab Option

FORE grantees including **Morgan County Partnership, University of South Florida**, and other programs that provide behavioral health therapy, including the family-focused interventions described in Table 3, below may be able to secure Medicaid coverage using the Medicaid "rehab option." A flexible benefit, the rehab option allows states to cover a broad set of mental health and SUD direct treatment services, including a range of therapy, psychosocial rehabilitation services, relationship skills, and parenting skills. State Medicaid agencies commonly cover individual, group, and/or family therapy under the rehab option and may use language that is sufficiently broad to include the family-focused interventions included in Table 3. States can call out specific evidence-based interventions like those specified in Table 3 in their provider manual or guidance. For example, group and family-based therapies provided by Morgan County Partnership including CBT, mindfulness, and play therapy may be covered under West Virginia's outpatient behavioral health benefit.

Relatedly, states are required under the federal SUPPORT Act and the Consolidated Appropriations Act of 2024 to cover medications for opioid use disorder (MOUD) and related counseling and behavioral health services on a permanent basis.[22,23] CMS gave states the flexibility to determine the range of counseling and behavioral health services to be included in this MOUD benefit. State Medicaid agencies could also bundle coverage for a family-focused intervention like Families Facing the Future under their coverage of methadone provided by opioid treatment programs (OTPs) which commonly includes a bundle of medication administration, accompanying counseling/therapy, and case management.

TABLE 3.

Evidence-Based Practice/Intervention Provided by FORE Grantees

EBP/Intervention	Description	Impacted FORE Grantees
Family-Focused Interventions		
Alternatives for Families- Cognitive-Behavioral Therapy (AF-CBT)[24]	AF-CBT addresses contributors to conflict and abuse, such as harsh parenting practices, coercive family interactions, and heightened stressful life events. AF-CBT also addresses consequences of conflict and abuse, such as aggression or behavioral dysfunction and trauma-related emotional symptoms.	Denver Health and Hospitals Foundation and trains and provides AF-CBT
Families Facing the Future (FFF)	FFF teaches parenting and relapse prevention skills to parents and caregivers with opioid use disorder (OUD). It aims to protect their at-risk children from adverse outcomes, including drug use. Case managers work with families to identify positive activities, connect them with available services and identify ways to reinforce use of new skills. Program components include group retreat, individual in-home case management for families, and family-based "group parent training sessions" intervention.	University of South Florida and University of Washington: Northwest Center for Family Support trains and provides FFF

Guiding Good Choices (GGC)	GGC is a parent training program for caregivers of youth ages 9-14. The primary goal is to create strong family bonds that motivate youth to follow family guidelines to increase the chance of better health and educational outcomes. Most sessions are for parents only, but session four involves both children and parents. The series includes skills for promoting health and wellbeing for teens, setting and using clear guidelines for behavior, managing conflict and expressing anger constructively, helping children avoid trouble, and involving children in the family to strengthen family bonds.	University of Washington: Northwest Center for Family Support trains and supports GGC
Parent Child Interaction Therapy (PCIT)	PCIT is usually delivered in playroom settings where therapists can observe behaviors through a one-way mirror. By using the one-way mirror, therapists can provide verbal direction and support to the parent using a wireless earphone. Video technology can also be used to deliver the program in other environments such as the home.	Denver Health and Hospitals Foundation trains and provides PCIT UNC Horizons provides PCIT to families through trained maternal-child therapists
Promoting First Relationships (PFR)[25]	PFR includes a home-visiting program and parent training sessions based upon reflective processes to help caregivers understand their own feelings and needs of their children to promote socio-economic development.	University of Washington: Northwest Center for Family Support trains and supports PFR
Strengthening Families Program (SFP)[26]	SFP is a group parenting skills training program to help parents increase their youth's protective factors, such as pro-social peer relationships, and reduce their risk factors for behavioral, substance use, and academic problems.	University of Washington: Northwest Center for Family Support trains and supports SFP
Other EBPs		
Medications for Opioid Use Disorder (MOUD)	MOUD is widely considered the gold standard for OUD treatment and includes buprenorphine, methadone, and naltrexone—medications approved by the Food and Drug Administration (FDA).	University of California, San Francisco provides MOUD University of North Dakota has trained healthcare providers to promote MOUD for perinatal women with OUD

Case Management

As outlined in the September 2024 EPSDT guidance, states are required to cover case management for children—which can include perinatal women with SUD up to age 21—with varying levels of behavioral health care needs.[27] Multiple coverage pathways for case management exist within Medicaid to potentially support the University of California, San Francisco's Team Lily and University of North Carolina's Horizons Program to provide comprehensive case management programs for perinatal women with SUD, as well as Morgan County Partnership to provide family-centered case management.

a. Comprehensive Case Management – Coverage Route: Managed Care Authority, State Plan: Health Home and HRSN

University of California, San Francisco's Team Lily contracts with Medi-Cal managed care plans to provide enhanced care management (ECM) to pregnant people and those who are up two years postpartum affected by SUD, serious mental illness, and homelessness. California's ECM benefit is authorized under a managed care authority that pays Medicaid managed care plans to provide comprehensive care management to members with complex needs.

As part of their FORE grant, **University of North Carolina's Horizons Program** uses peer support specialists and/or case managers to provide prerelease care management as part of their suite of services to incarcerated perinatal people, as well as comprehensive care management to perinatal people living with SUD for six months post release. State Medicaid programs must obtain Section 1115 waiver authority to support community re-entry and provide case management during the pre-release period. Unlike its pre-release case management service, University of North Carolina's Horizons Program's comprehensive case management service for post-release individuals – which provides linkages to treatment services, housing, and other social supports – can be covered in North Carolina under multiple coverage pathways, including:

- **Health Home:** North Carolina authorizes its tailored care management or integrated care management program for Medicaid enrollees with significant substance use disorder and mental health needs under a health home SPA. Tailored care management providers must meet provider organization requirements and become certified in accordance with state requirements. Tailored care management providers must provide the six core health home services including comprehensive care management, care coordination, health promotion; comprehensive transitional care/follow-up, individual and family

support, and referral to community and social support services. As part of their requirements, tailored care managers must identify, assess, and coordinate a participant's enrollment in the state's Healthy Opportunities Pilot (HOP), which provides HRSN for qualifying high needs Medicaid members, including those with SUD who are facing housing insecurity. North Carolina's tailored care management program also allows peer support specialists to serve as care manager extenders.[28]

- **Peer Support Services:** Like a growing number of states, North Carolina covers peer support services as a distinct recovery-oriented service, as well as includes peers in their list of qualified providers who can provide covered behavioral health services, including case management.[29]
- **HRSN Demonstration:** North Carolina's HOP program began in 2022 and is currently up for renewal with CMS. This program provides housing and transportation supports to enrolled participants. As part of its renewal request, North Carolina is asking to cover six months of rent under HOP. Pregnant and parenting women with justice involvement and SUD needs who have housing and/or nutritional insecurity would be eligible for HOP.[30]

In addition to the authorities utilized in California and North Carolina to provide comprehensive case management to Medicaid members with SUD needs, State Medicaid agencies can also authorize case management using targeted case management state plan authority (a more flexible route than a health home SPA) or embed "lighter touch" case management—referrals to services—into preventive screening services or treatment services authorized under the rehab option.

b. Case Management for Caregivers Involved with Child Welfare who are Impacted by OUD – Coverage Route: Targeted Case Management State Plan Benefit

Morgan County Partnership provides family-centered case management services to parents struggling to navigate court order improvement terms or access MOUD treatment and recovery services. This navigational and linkage assistance may be reimbursable under the state's targeted case management benefit. West Virginia has a targeted case management SPA for pregnant and postpartum individuals who are enrolled in the state's Drug Free Mom and Babies Program.[31]

Perinatal Care: Obstetrics/Gynecology and Doula Services

Three FORE grantees, **University of California, San Francisco, University of North Carolina, and University of North Dakota** support perinatal care for women with SUD; their Medicaid sustainability pathways differ. As detailed below, the University of California, San Francisco is the only grantee currently receiving Medicaid reimbursement for its perinatal services.

a. Obstetrics and Gynecology – Coverage Route: Medicaid State Plan & Section 1115 Re-entry Waiver

The University of California, San Francisco's Team Lily currently draws down Medicaid funding to support its pregnancy and postpartum care delivered in community-based settings to women with SUD. Medicaid programs are required to cover prenatal care, labor, and delivery, as well as to extend Medicaid coverage for 60 days in the postpartum period. California has taken up a state option to extend postpartum coverage for 12 months.[32]

Unlike the University of California, San Francisco's Team Lily's Medicaid coverage pathway, Medicaid coverage of the University of North Carolina's Horizons Program to support justice-involved perinatal women upon re-entry is more complex. University of North Carolina's Horizons Program provides integrated obstetric/gynecological care and access to MOUD to perinatal people with SUD who are incarcerated. Federal law generally does not allow for the use of federal Medicaid funds to pay for the health care of an incarcerated person in jail or prison, though will cover community-based deliveries in hospitals. In 2023, CMS released guidance encouraging states to apply for a new Section 1115 demonstration to provide targeted Medicaid services to incarcerated people prior to their release. States must provide at least case management, MOUD, and medications upon release and can opt to provide additional services such as family planning, rehabilitative, or preventive services.[33]

North Carolina has applied for a Section 1115 re-entry waiver that is currently pending. It remains unlikely that a Section 1115 re-entry waiver will allow state Medicaid programs to cover the perinatal care throughout the carceral period. However, all states are covering case management, and some states are covering Medication Assisted Treatment (MAT) for OUD under their Section 1115 Re-Entry Demonstrations within the 90-day prerelease period.

b. Doula Services

As part of their Don't Quit the Quit Program, University of North Dakota trained providers to offer doula services to pregnant and postpartum people with SUD. A growing number of states are covering doula services under the Preventive Service benefit predominantly during the pregnancy period with some states allowing doula services to be provided in the immediate postpartum phase.[34] North Dakota does not currently cover doula services, but it could pursue a State Plan Amendment to do so.

IV. Spotlight on Programs Receiving Medicaid Coverage for Specific FORE Services

Three of the seven FORE grantees included in this analysis are receiving Medicaid reimbursement to cover a substantial share of their grant projects. In this section, we provide a description of where FORE grantees already are successfully using Medicaid reimbursement to cover at least some of the cost of their programs.

University of California, San Francisco's Team Lily, University of North Carolina's Horizons Program and Denver Health and Hospitals Foundation—whose programs are part of established health systems— have identified existing Medicaid sustainability pathways through managed care organizations to cover a substantial portion of their services that the FORE grant helped stand up.

- Denver Health and Hospitals Foundation currently receives Medicaid reimbursement for nearly all of its FORE grant components, including screening and behavioral health therapies for specific therapeutic modalities (e.g., AF-CBT and PCIT). It does not receive Medicaid reimbursement to cover the costs of provider trainings in these modalities, nor the incentives that it deploys to encourage families to continue in PCIT, AF-CBT, and/or OUD treatment.[35]
- University of North Carolina's Horizons Program currently receives Medicaid reimbursement for most of the FORE grant components it provides with the exclusion of the integrated perinatal and MOUD treatment it provides to incarcerated people, as well as its comprehensive weekday hotline to identify alternatives to incarceration for pregnant and parenting women and help refer them to care. The Horizons Program may be able to receive Medicaid reimbursement through the state's pending Medicaid re-entry demonstration to cover the cost of the peer that assists women as they are leaving incarceration.
- University of California, San Francisco's Team Lily currently receives Medicaid reimbursement for many of the components of its FORE grant, including ECM, substance use disorder treatment, pregnancy and postpartum care, and mental health treatment.

V. Key Steps for FORE Grantees to Secure Medicaid Coverage

As the discussion above highlights, it is likely possible for most FORE grantees to identify pathways to Medicaid coverage for at least some of their activities. In fact, three grantees already have begun to receive at least some Medicaid reimbursement. At the same time, it is important to acknowledge that it can take considerable work and effort to secure Medicaid reimbursement. In this section, the memo outlines some of the key steps that FORE grantees may need to take to secure or expand Medicaid funding. Obtaining Medicaid financing for the prevention, treatment services, and social supports funded through FORE will require programs to work with state Medicaid agencies and Medicaid managed care plans (as applicable).

Recommended Steps for Securing Medicaid Funding

1. Review existing Medicaid services covered by the state Medicaid program to determine whether a coverage pathway already exists. FORE grantees can examine original materials such as a state's Medicaid State Plan or the special terms and conditions of its Medicaid demonstration, but these documents are often dense and highly technical. It may be better to start by reaching out to the behavioral health staff within their Medicaid agencies to ask for details or identifying an expert within their state, such as a staff person at the state association that represents behavioral health providers.
2. Review clinical coverage policies to determine whether they currently can or will be able to provide the service in a manner that is consistent with service standards, e.g., meet setting standards, prior authorization requirements, service limitations, allowable setting. Clinical coverage policies are available online and are written for providers, which means they are more accessible than some other sources of information on Medicaid coverage.
3. Determine whether reimbursement is sufficient to cover the staffing and training expectations to deliver screenings, case management, and other specialized therapeutic services for families affected by SUD. States typically publish their fee schedules for behavioral health (and other) services online. If a state relies on managed care plans, it is possible that each plan uses its own rates, but the state's published fee schedule often is a good guide as to what plans will pay.

4. Advocate and engage with state Medicaid agency and/or Medicaid managed care organization to:
    a. Slot specific services through an existing Medicaid pathway (e.g., rehab option for family therapy). For example, Morgan County Partnership could work with the West Virginia Bureau of Medical Services to fold coverage of play and mindfulness therapy into its outpatient behavioral health benefit.
    b. If existing pathway does not exist, work to secure a new Medicaid coverage pathway for service. For example, North Dakota could advocate for a new prevention benefit to cover doula services for pregnant and postpartum people. This likely would require a series of discussions with the state Medicaid agency staff and, possibly, work with other policymakers such as state legislators who might be interested in pushing for coverage of the FORE grantee's initiative.
    c. Work with Medicaid managed care plans to pilot coverage of program via contracts using in lieu of services as substitutes for covered Medicaid services or value-added models as extra services as detailed in Table 2 with Medicaid managed care organizations (e.g., housing supports as a service in lieu of hospitalization).
    d. Right-size reimbursement for the intervention:
        i. Secure enhanced reimbursement for specialized services. Similar to California's approach for an add-on rate for ACEs screening reflecting the required specialized training, FORE grantees could work to secure enhanced rates to reflect the extra complexity and training associated with providing services to pregnant and parenting individuals with SUD.
        ii. Bundle payment rates for interventions that reflect the unique constellation of the services provided together—therapy, parenting skill interventions, case management—and the training and specialization needed to deliver this intervention.
5. Sign a contract with the state Medicaid agency and/or Medicaid managed care plan that reflects the cost of providing services and meeting Medicaid enrollment requirements
6. Enroll in Medicaid as a qualified provider. The FORE grantee will need to enroll in Medicaid and determine whether they meet the willing and qualified practitioner requirements established by the state.

Appendix: Summary of Medicaid Sustainability Pathways for FORE grantees

Program	Category	Description	Provider	Medicaid Coverable	Allowable Medicaid Authority	Currently Covered by Medicaid in this State
Denver Health and Hospitals Foundation (DHHF)	Screening	Screenings (e.g., Adverse Childhood Experiences [ACEs], Social Determinants of Health [SDOH])	FQHC; Pediatric Emergency Department and Urgent Care Clinic; Adult Emergency Department	Yes	State Plan Amendment: Preventive Services	Yes
	Provider/Staff Training	Trainings on specific therapeutic modalities (e.g., Alternatives for Families: Cognitive Behavioral Therapy [AF-CBT], Parent-Child Interaction Therapy [PCIT])	DHHF	Yes	Medicaid Administrative Claiming	No
	Therapy	PCIT AF-CBT	FQHCs; Pediatric Emergency Department and Urgent Care Clinic providers delivering the therapeutic modalities.	Yes	State Plan Amendment: Rehabilitative Option, FQHC	Yes
	Other	"Contingency Management;" Denver Health provides gifts/rewards as an engagement strategy to encourage families to continue in PCIT, AF-CBT, and/or OUD treatment.	DHHF	Conditional	State Plan Amendment: Rehabilitative Option; Medicaid Managed Care Authority[36]	TBD
	Psychoeducation	Psychoeducational groups in community settings (under design)	DHHF	TBD	School-Based Medicaid Services[37]	TBD

Morgan County Partnership	Screenings	Screenings	Martinsburg Initiative	Yes	State Plan Amendment: Preventive Services	TBD[38]
	Case Management	Case management and intervention (following positive ACE screenings)		Yes	State Plan Amendment: Preventive Services	TBD
	Training	Trauma Sensitive Educator		Yes	CHIP HSI	No
	Psychoeducation	Specialized skill building activities		Yes	State Plan Amendment: Rehabilitative Option; FQHC; School-Based Medicaid Services	No
	Therapy	Therapeutic group services Intensive individual therapy Student crisis support CBT Parent-child psychotherapy Mindfulness therapy Play therapy		Yes	State Plan Amendment: Rehabilitative Option; FQHC; School-Based Medicaid Services	Yes
	Case management	Wraparound services to opioid affected youth Family-centered case management to parents struggling to navigate court order improvement terms or having difficulties connecting to MOUD treatment and recovery services	CASA	Yes	State Plan Amendment: Targeted Case Management	Yes
	Other	Walk-in recovery and case management services Weekly recovery support groups	CBO (Life or Drugs); certified recovery coaches and/or peer support specialists	Yes	State Plan Amendment: Rehabilitative Option; FQHC; State Plan Amendment: Targeted Case Management	No
	Other	Overdose awareness training and naloxone kits		Yes	CHIP HSI; Section 1115 Demonstration	No
	Other	On-call transportation		Yes	Section 1115 Demonstration: (Health Related Social Needs)	No

University of California, San Francisco: Team Lily	Case management	Enhanced Care Management (ECM)/ wrap-around services (e.g., navigation and case management to access housing and other resources) including child reunification	FQHC	Yes	Sec. 1915 (b) Waiver; Medicaid Managed Care Authority	Yes
	SUD Treatment	Substance Use Treatment (including buprenorphine/suboxone treatment)	Narcotic treatment program	Yes	Stat State Plan Amendment: Rehabilitative Option Plan Amendment: Rehabilitative Option	Yes
	Pregnancy and postpartum care`	Pregnancy and postpartum care	OB-GYNs	Yes	Required Medicaid service	Yes
	Therapy	Mental health services	Licensed clinicians	Yes	State Plan Amendment: Rehabilitative Option	Yes
University of North Carolina: Horizon's Program	Pregnancy and postpartum care	Prison-based obstetrics/perinatal care	OB/GYNs	Limited[39]	1905(a)(29)(A) of the Social Security Act	No
	SUD treatment	Integrated SUD treatment	OB/GYNs	Limited[40]	Section 1115: Re-Entry Demonstration	Pending request
	Pre-release case management	Pre-release engagement	Peer support specialists and/or case managers	Yes		
	Case management	Comprehensive case management for six months post release, e.g., transportation to safe housing; identification of safe housing		Yes	State Plan Amendment: Targeted Case Management; State Plan Amendment: Rehabilitative Option; State Plan Amendment: Health Home; Section 1115: Health Related Social Needs Demonstration	Yes
	Other	Comprehensive weekday hotline and 24-hour voicemail line	UNC	No	N/A	No

University of North Dakota (UND)	Provider training	Training for healthcare providers to promote prescription of medications for women struggling with OUD who are pregnant/postpartum, as well as postpartum doulas	UND	Yes	Medicaid Administrative Claiming	No
	Other	Community education for awareness of pregnant/postpartum people with OUD and issues which impact them	UND	No	N/A	No
	Pregnancy and postpartum care	Postpartum doula services	Doulas	Yes	State Plan Amendment: Preventive Services	No
	Screening	Screen families seeking Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) services from WIC agencies for OUD using SBIRT and provide referrals for ongoing treatment SUD treatment services	WIC Agencies	Yes	CHIP HSI	No
University of South Florida	Provider training	Training and Technical Assistance on Families Facing the Future (FFF)	USF	Yes	Medicaid Administrative Claiming	No
	Psychosocial rehabilitation	Families Facing the Future (FFF)	Opioid treatment programs	Yes	State Plan Amendment: Rehabilitative Option	No
University of Washington	Provider training	Evidence-Based Intervention (EBI) training and certification of facilitators/providers; ongoing collaborative consultation and technical assistance to providers and implementing sites.	UW, WSU	Yes	Medicaid Administrative Claiming	No
	Psychosocial rehabilitation	Guiding Good Choices (GGC) Promoting First Relationships (PFR) Strengthening Families Program (SFP) Families Facing the Future (FFF)	Organizations providing OUD treatment, recovery support and prevention services	Yes	State Plan Amendment: Targeted Case Management; State Plan Amendment: Rehabilitative Option	No

[1] The federal "inmate exclusion" limited Medicaid reimbursement to inpatient hospital for individuals considered "inmates of a public institution." The Consolidated Appropriations Act of 2023 allows states to provide full scope Medicaid and CHIP services to eligible children and youth who are incarcerated and predisposition (e.g., children and youth who are incarcerated prior to conviction). shvs.org/new-cms-guidance-on-the-provision-of-medicaid-and-chip-services-to-incarcerated-children-and-youth-requirements-and-considerations-for-states/

[2] https://www.medicaid.gov/resources-for-states/downloads/medicaid-unwinding-child-data-snapshot.pdf

[3] https://ccf.georgetown.edu/wp-content/uploads/2020/11/Pregnancy-primary-v6.pdf

[4] https://www.medicaid.gov/federal-policy-guidance/downloads/sho23004.pdf

[5] https://www.macpac.gov/subtopic/pregnant-women/#:~:text=For%20more%20on%20Medicaid%20eligibility,Requirements%20and%20State%20Options%3A%20Eligibility.&text=Pregnant%20women%20must%20be%20covered%20at%20least%20up%20to%20133%20percent%20FPL.&text=States%20must%20extend%20coverage%20for,coverage%20period%20for%2012%20months.

[6] In September 2024, CMS released a comprehensive guidance to states that builds upon CMS's 2014 and 2022 Early and Periodic Screening, Diagnostics, and Treatment (EPSDT) Informational Bulletins for States to reinforce and clarify federal EPSDT Medicaid requirements with a particular focus on children with behavioral health needs.[6]

[7] https://www.medicaid.gov/federal-policy-guidance/downloads/smd23003.pdf

[8] https://www.medicaid.gov/federal-policy-guidance/downloads/bhccib08182022.pdf

[9] States who operate CHIP programs as part of their Medicaid programs must comply with EPSDT requirements. States who operate separate CHIP programs do not need to comply with EPSDT requirements,

[10] https://www.medicaid.gov/federal-policy-guidance/downloads/sho24005.pdf

[11] https://www.medicaid.gov/federal-policy-guidance/downloads/cib051116.pdf

[12]

[13] For example, Morgan County Partnership and its contracted behavioral health practitioners provide most of their service components in school-based settings. In order to secure Medicaid reimbursement for their covered services, Morgan County Partnership may need to work with its Medicaid agency and educational agency to obtain approval, determine the cost of providing those services to Medicaid and CHIP enrolled children, develop a payment methodology, update the state's school-based services SPA—which currently covers services to children and youth who receive an individualized education plan, among other steps.

[14] For example, California provides an add-on rate for Medi-Cal providers including FQHCs and rural health clinics when they conduct ACE screenings for adults and children. following the completion of an ACES Aware Core Training. Eligible providers are instructed to bill using Healthcare Common Procedure Coding System (HCPCS) based upon screening results differentiated by whether individual is at high risk (score of 4 or above) and lower risk (score 0–3) for toxic stress. https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-017.pdf

[15] https://www.macpac.gov/publication/chip-health-services-initiatives-what-they-are-and-how-states-use-them/

[16] https://www.medicaid.gov/CHIP/Downloads/NC-23-0017.pdf

[17] https://nashp.org/states-use-chip-health-services-initiatives-to-support-home-visiting-programs/

[18] https://www.macpac.gov/wp-content/uploads/2023/12/MACSTATS_Dec2023_WEB-508.pdf

[19] https://www.medicaid.gov/federal-policy-guidance/downloads/sho24005.pdf

[20] https://www.medicaid.gov/federal-policy-guidance/downloads/smd24001.pdf

[21] https://www.medicaid.gov/medicaid/downloads/qa-training-registry-costs.pdf
[22] https://www.medicaid.gov/federal-policy-guidance/downloads/sho20005.pdf
[23] https://www.medicaid.gov/federal-policy-guidance/downloads/smd24004.pdf
[24] https://preventionservices.acf.hhs.gov/programs/617/show
[25] Title IV-E Clearinghouse: PCI Therapy (hhs.gov)
[26] https://preventionservices.acf.hhs.gov/programs/593/show
[27] https://www.medicaid.gov/federal-policy-guidance/downloads/sho24005.pdf
[28] https://medicaid.ncdhhs.gov/tailored-care-management-provider-manual/download?attachment
[29] https://medicaid.ncdhhs.gov/8g-peer-support-services/open
[30] Ibid
[31] https://www.medicaid.gov/medicaid/spa/downloads/WV-22-0003.pdf
[32] https://mcweb.apps.prd.cammis.medi-cal.ca.gov/news/32244#:~:text=Medi-Cal%20and%20Medi-Cal,days%20after%20the%20pregnancy%2
[33] https://www.shvs.org/cms-issues-guidance-on-section-1115-demonstration-opportunity-to-support-reentry-for-justice-involved-populations/
[34] https://medicaid.ncdhhs.gov/nc-medicaid-reform-section-1115-demonstration-renewal-application/download?attachment
[35] The cost of the gifts for families who continue in treatment can be included in the reimbursement rates established by Colorado Medicaid and/or the Regional Accountable Entity (RAE) for the underlying treatment service. It may be challenging for the state Medicaid agency to require providers to spend a portion of the rate on rewards for participating Medicaid beneficiaries. If Denver Health uniquely offers contingency management to reward treatment participants compared to providers of the same family focused treatment services, they may be better positioned to negotiate an approach with their RAEs. Denver Health could provide detailed information Denver Health provides on the cost of rewards and negotiate a reimbursement rate.
[36] See 36
[37] In 2023, CMS released new guidance to support delivery of Medicaid and CHIP covered school-based services. Health education services provided in school-based settings would be included.
[38] West Virginia has an SPA to provide Early Periodic Screening and Diagnostic EPSDT services to people under the age of 21, which may include these screenings.
[39] Federal Medicaid statute generally does not allow for the use of federal Medicaid funds to pay for the health care of an incarcerated person in jail or prison. However, Medicaid does cover community-based deliveries in hospitals where people stay for 24+ hours.
[40] Federal Medicaid statute generally does not allow for the use of federal Medicaid funds to pay for the health care of an incarcerated person in jail or prison. In 2023, CMS released guidance encouraging states to apply for a new Section 1115 demonstration to support community re-entry for people who are incarcerated. North Carolina has applied for a Section 1115 waiver, and it is currently pending.