

Policy Recommendations on the Financing of Substance Use Care, Treatment, and Support Services in North Carolina

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Pew

State Principles for Financing Substance Use Care, Treatment, and Support Services

Consensus-Based
Process Determined
State Financing
Principles



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— What do the State Financing Principles Address?

State SUD Funding

Four key funding areas:

- Medicaid
- Substance Use Treatment, Prevention, and Recovery Services Block Grant (SUTPRS) [formerly SABG]
- State Opioid Response (SOR) grants and other agency funding (e.g. ARPA, HRSA)
- Opioid settlement funds

State Policy Needs

Key areas of state policy that impact funding and treatment access:

- Regulatory and statutory impediments to provider participation in treatment networks
- Incentives that encourage integration, new providers, or expansion of low-barrier treatment options
- Prioritizing a health response across systems (criminal-legal, child welfare etc.)
- Aligning state policy with evidence-based strategies that improve access and quality of care
- Leveraging data to improve outcomes

Discussion of Policy Recommendations to North Carolina

— Selected Principles

Use Medicaid funds strategically to expand and sustain access to evidence-based substance use prevention, treatment, and recovery support services.

Incentivize and sustain “no wrong door” approaches to substance use care, treatment, and support services.

Address substance use treatment disparities for historically marginalized groups and communities.

— Basis of Pew's Recommendations

More than

25

Meetings

with

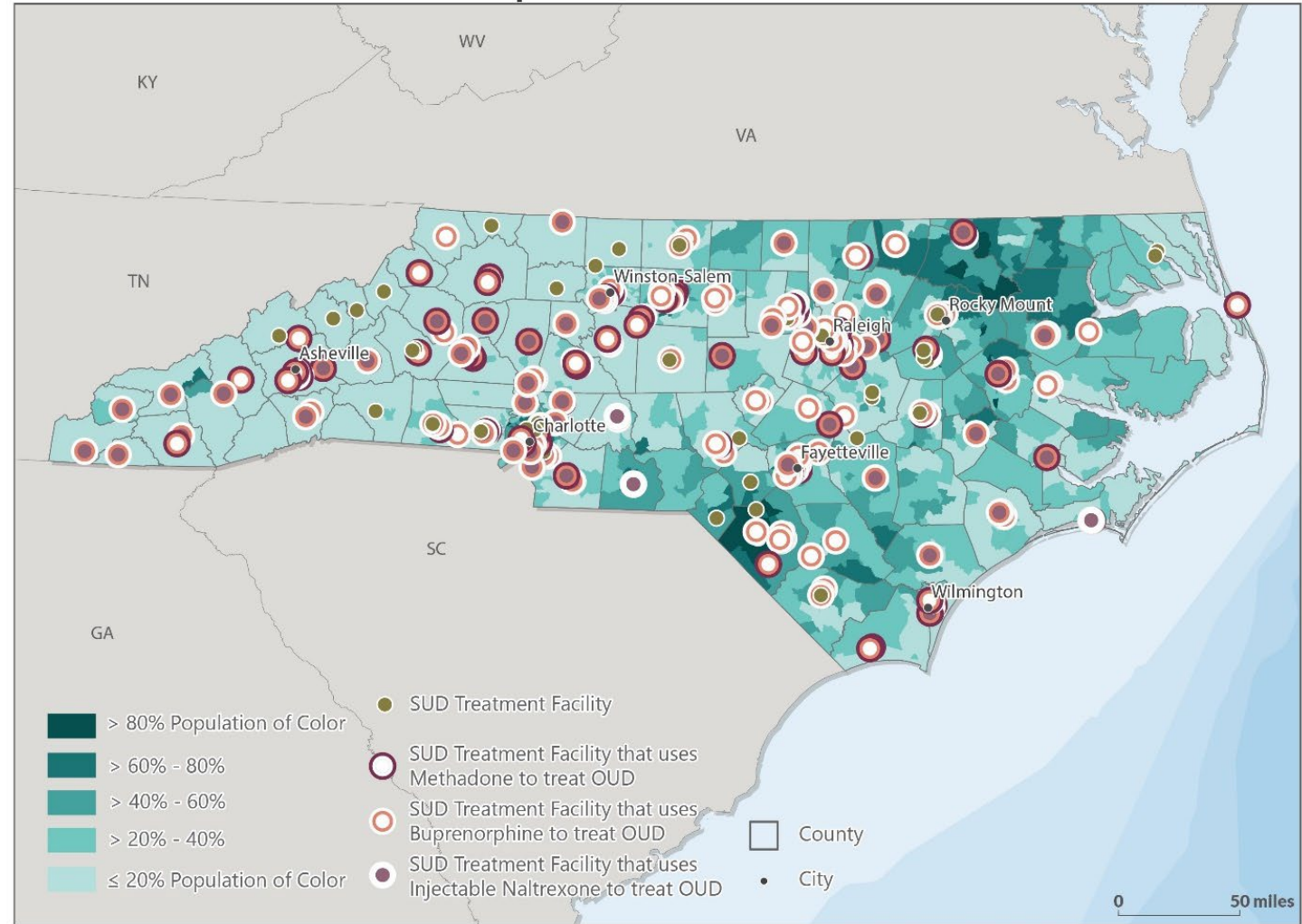
More than 60

North Carolina Stakeholders

- Pew State Financing Principles
- Pew 50-State OTP Analysis
- Research Triangle Institute (RTI) Analysis of Current North Carolina SUD State Spending
- Consultation with National and State Experts
- Pew's Staff Policy Expertise

A limited number of providers that offer gold standard care for opioid use disorder (OUD) accept Medicaid, particularly in rural counties and communities of color.

North Carolina Populations of Color and Substance Use Disorder (SUD) Treatment Facilities that Accept Medicaid



SOURCE: SAMHSA, US Census, Natural Earth

a. Expand the availability of substance use treatment providers by establishing a team-based care coordination service and addressing provider reimbursement rates.

Recommended policy options: The North Carolina General Assembly could enact legislation to establish a Medicaid working group tasked with:

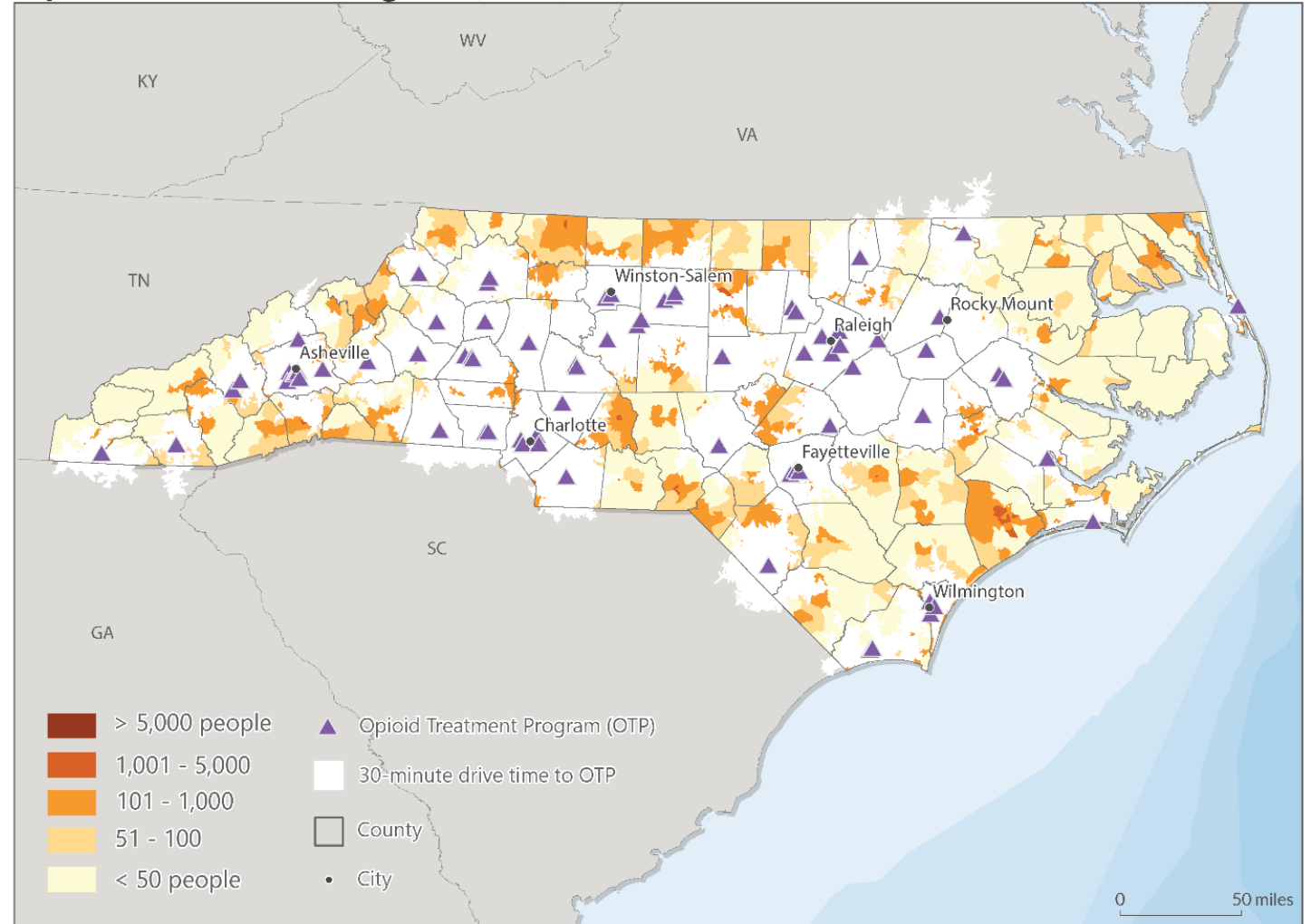
- Establishing a team-based care coordination reimbursable service that includes, at a minimum, screening, MOUD and medications for alcohol use disorder, recovery support, and case management,
- Revising current reimbursement rates for all SUD services benchmarked at 80 percent of existing Medicare rates, and
- Developing a state-wide campaign to educate providers and community leaders on changes to Medicaid, train interested providers in SUD clinical care including screening and medications for opioid and alcohol use disorders and encourage SUD provider participation in Medicaid.

b. Advance the successful reentry of people with SUD from jail by suspending – rather than terminating -- Medicaid.

Recommended policy options: The North Carolina General Assembly could enact legislation to revise current Medicaid policy that terminates coverage upon entry to allow suspension of coverage for people entering jails in the state.

There is significant travel time to OTPs, with certain regions facing daily trips 1 hour or more one-way.

North Carolina Population Density Outside 30 Minutes Driving of Opioid Treatment Program (OTP) Locations



SOURCE: SAMHSA, US Census, drive time created with Esri, Natural Earth

c. Improve access to comprehensive treatment by revising state OTP regulatory requirements that impose additional restrictions on patients beyond federal guidelines.

Recommended policy options: The North Carolina General Assembly could enact legislation to direct the Department of Health and Human Services to revise the state regulatory requirements for OTPs to be no more restrictive than current federal guidelines. This could include revisions such as:

- Explicitly prohibiting administrative discharge from treatment due to continued substance use, missed doses, and nonparticipation in ancillary services such as counseling, and
- Removing the set counseling schedule to align with federal regulations and provide patient centered care.

d. Ensure all residential treatment providers are operating according to current best practices and offering evidence-based treatment.

Recommended policy options: The North Carolina General Assembly could enact legislation that requires all organizations that offer residential treatment services, as defined by the American Society of Addiction Medicine, to:

- Receive licensure by the state [by repealing North Carolina General Statute §122C-22(a)(11)] ,
- Receive accreditation from at least one nationally recognized healthcare accreditation entity, and
- Offer at least one agonist medication for OUD on-site at their facility.

e. Engage people with SUD with low-barrier services.

Recommended policy options: The North Carolina General Assembly could enact legislation that allows providers to bill Medicaid for off-site services, including prescribing and dispensing of medications for OUD to eligible providers that include, at a minimum, Medicaid-enrolled physicians, federally qualified health centers, rural health clinics, certified community behavioral health centers, nurse practitioners, and physician assistants.

f. Allow for provider flexibility to meet the needs of all people with SUD by establishing permanent telehealth rules that permit audio-only services and ensure payment parity with in-person services.

Recommended policy options: The North Carolina General Assembly could enact legislation that permanently requires coverage of telehealth, including audio-only, for SUD treatment services and requires payment parity with similar in-person services in all public and private health plans.

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