## Thursday, October 31

**Social:** If you’re tuning in for MACPAC’s October meeting, please find all of the presentations live on our site! LINK

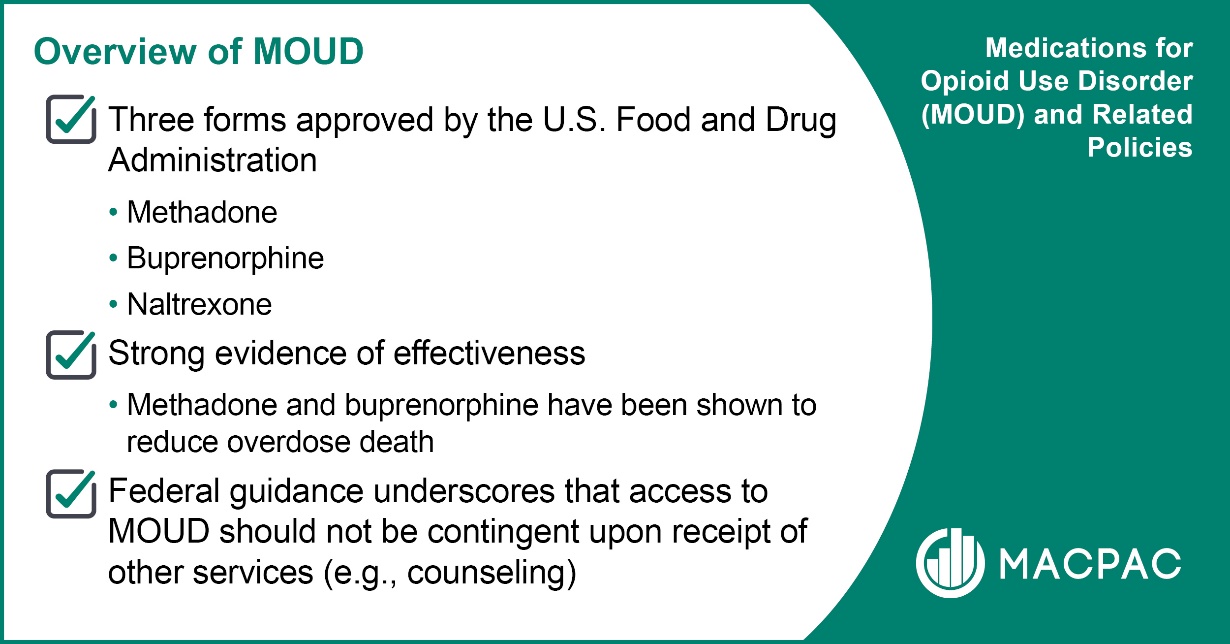
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**Medications for Opioid Use Disorder and Related Policies**

The COVID-19 pandemic and continued increase in overdose-related deaths have prompted a number of federal policy changes intended to increase access to medications for opioid use disorder (MOUD). There are three types of MOUD approved by the U.S. Food and Drug Administration: methadone, buprenorphine, and extended-release injectable naltrexone. These medications are the standard of treatment for opioid use disorder, yet they remain underused.

This session provided an overview of MOUD, as well as federal policies and other factors that affect access to these medications. Staff discussed next steps for the Commission’s work in this area, including future presentations on MOUD coverage and utilization based on an analysis of Medicaid claims data. Staff will also return to present findings from stakeholder interviews on the effects of recent policy changes and barriers to accessing MOUD.

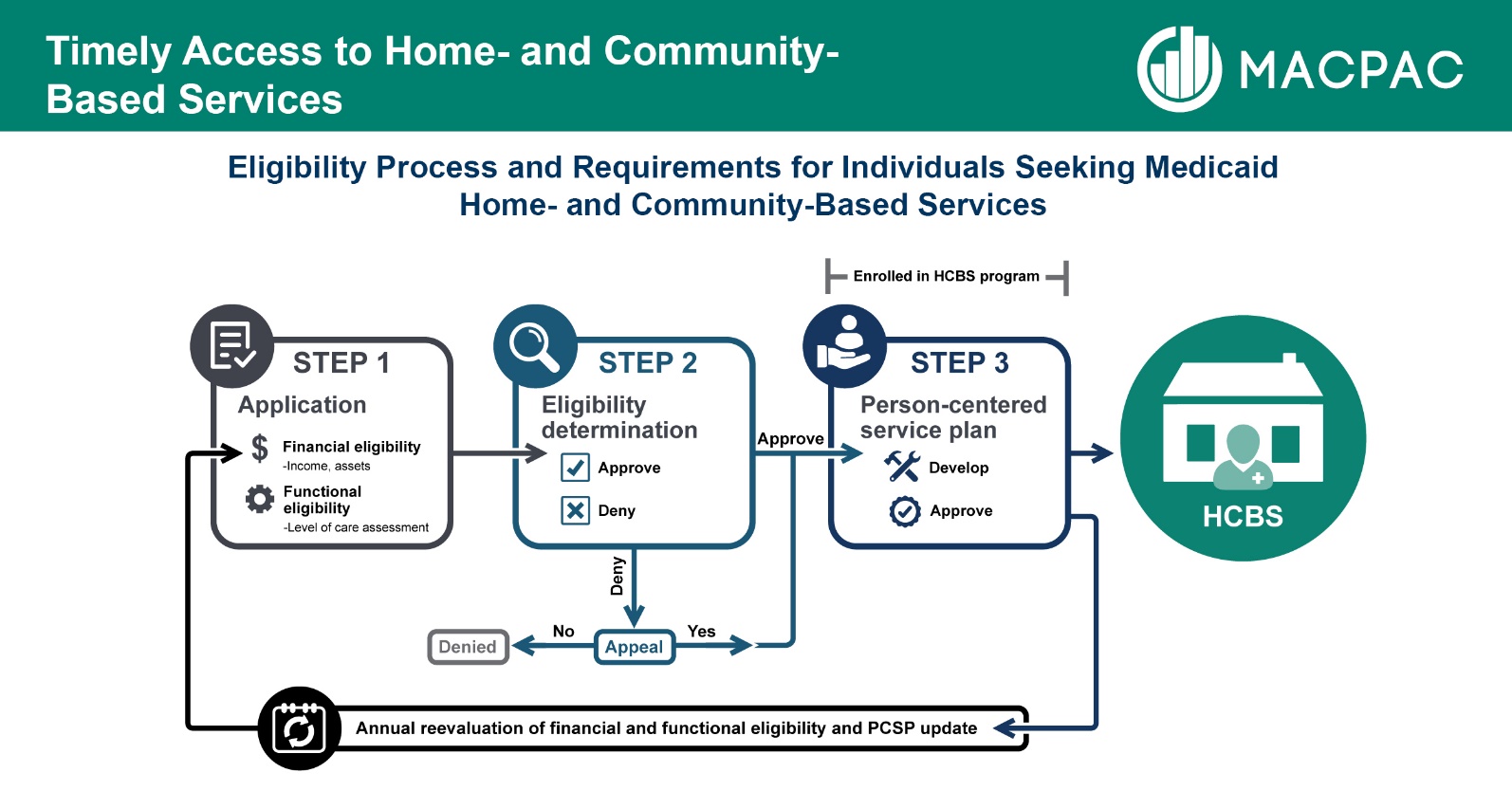
**Social:** (Alert Emoji) The meeting begins with an overview of medications for opioid use disorder and the federal policies affecting access to these meds. Tune in as staff discuss next steps for the Commission’s work in this area, insights from stakeholder interviews, and more. #Medicaid LINK



**Timely Access to Home- and Community-Based Services: Provisional Plans of Care**

States have a number of ways in which they can expedite Medicaid eligibility determinations and enrollment for individuals in need of home- and community-based services (HCBS). This session focused specifically on the use of provisional plans of care in Section 1915(c) waivers, which are service plans that can be used in a person’s first 60 days of waiver eligibility while a complete person-centered service plan is being developed. MACPAC staff presented on the findings from a review of waivers containing language on provisional plans of care, as well as findings from interviews with state and federal officials, and other national experts. Interviews indicated that provisional plans of care are rarely used, but when they are, it is most often for emergency situations.

**Social:** This next session focuses on the use of provisional plans of care in Section 1915(c) waivers. Staff present findings from state and federal officials, as well as other national experts. Learn more! #Medicaid LINK



**Panel: Multi-Year Continuous Eligibility for Children**

During this session, an expert panel discussed policies and considerations for state Medicaid and CHIP multi-year continuous eligibility (CE) approaches, which are designed to mitigate churn. Churn occurs when individuals disenroll and re-enroll in health coverage within a short period of time, leading to disruptions in coverage. With the end of the COVID-19 public health emergency continuous coverage requirement, states are resuming work on other priority areas, including how to prevent churn on a more routine basis. A few states have received Centers for Medicare & Medicaid Services approval to implement section 1115 demonstration programs to provide multi-year CE for children age 0 to 6 years, and several others have demonstration requests pending approval. Panelists described lessons learned about CE during the public health emergency, policy and programmatic considerations for designing and implementing multi-year CE policies, and factors that will be important in monitoring and evaluating the demonstrations.

Panelists included:

* Cindy Mann, JD, partner at Manatt Health
* Emma Sandoe, PhD, MPH, Medicaid director with the Oregon Health Authority
* Laura Barrie Smith, PhD, senior research associate in the Health Policy Center at the Urban Institute

**Social:** HAPPENING NOW! (point emoji) Tune in for a special panel discussion on multi-year continuous eligibility for children. Hear insights from experts at [@ManattHealth](https://x.com/ManattHealth), [@OHAOregon](https://x.com/OHAOregon), and [@urbaninstitute](https://x.com/urbaninstitute). LINK #Medicaid #CHIP



**Youth Use of Residential Treatment Services: Federal and State Findings**

Medicaid supports a wide range of behavioral health services for children including residential treatment programs. Given ongoing concerns regarding access to behavioral health services, MACPAC is examining how Medicaid ensures that children and youth with serious behavioral health conditions appropriately access intensive services in residential settings if needed.

This session provided additional context for the Commission’s work on appropriate access to residential treatment services. Staff reviewed a convenience sample of publicly available state and federal reports that describe common barriers to appropriate access to residential services for youth with behavioral health needs. These reports note common challenges in serving youth with certain demographic, clinical, and functional characteristics, as well as difficulty accessing pre- and post-admission home- and community-based services. This work on appropriate access to children’s residential services is the first part of our ongoing focus on children’s behavioral health in this and future analytic cycles.

**Social:** The Commission reviews reports that describe common barriers to appropriate access to residential services for youth with behavioral health needs. LINK

## Friday, November 1, 2024

**Managed Care External Quality Review Policy Options**

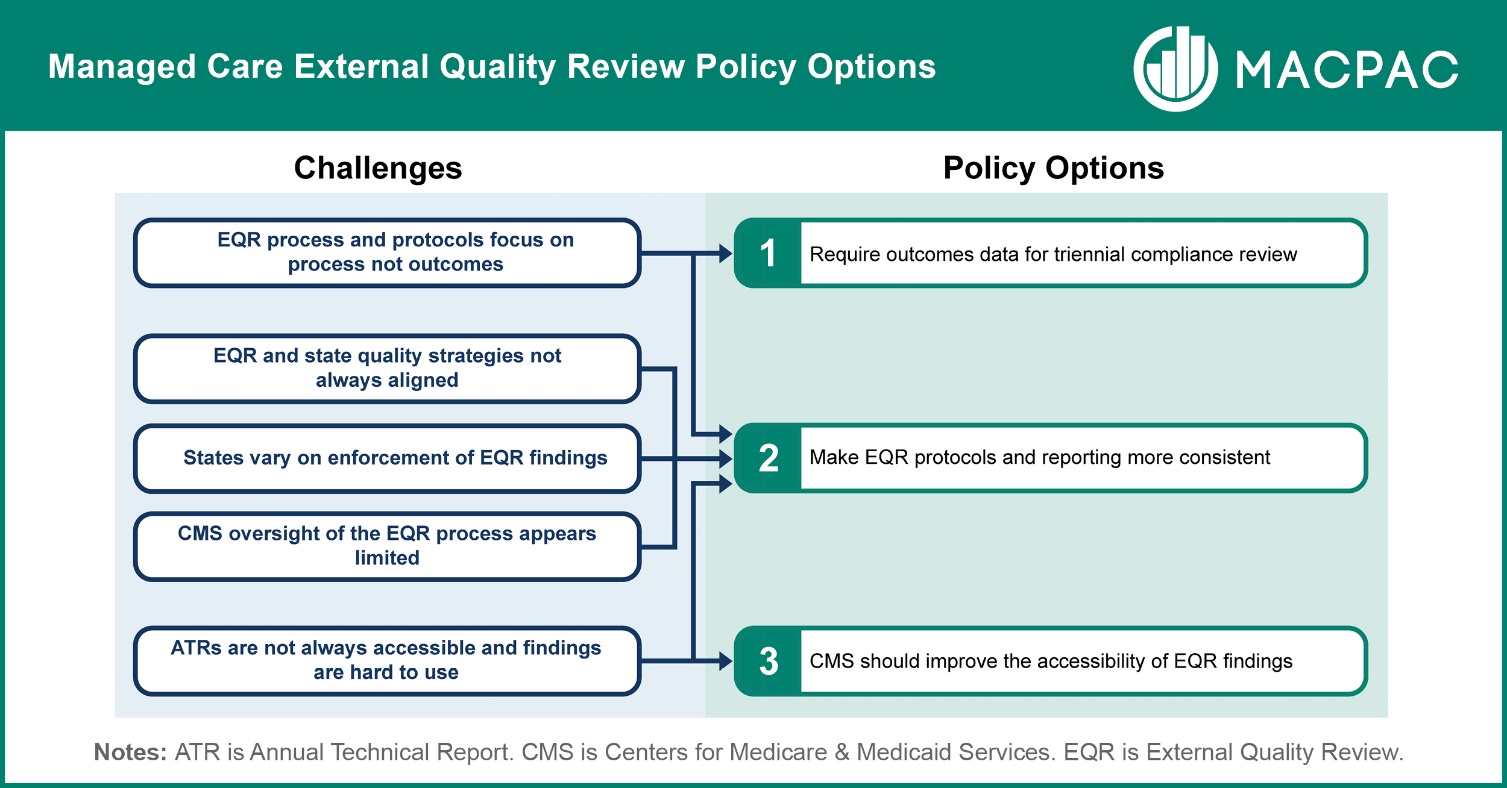
During this meeting session, staff presented policy options for the external quality review (EQR) process as part of MACPAC’s work on strengthening managed care oversight and accountability.

The 2024 Medicaid managed care rule requires the EQR annual technical report include any outcomes data and results from quantitative assessments of performance improvement plans, performance measures, and network adequacy. The requirement does not apply to the triennial compliance review. Also, the Centers for Medicare & Medicaid Services (CMS) protocol for the annual technical report does not include mandatory templates or requirements for standardized content that could improve the usability of EQR findings summarized in the reports.

The Commission discussed the findings from the prior work in light of the 2024 Medicaid managed care rule. Specifically, the Commission examined whether there were additional areas for improvement not addressed by the rule regarding how EQR could be structured to use outcomes data and improve the usability of EQR findings by CMS, states, and other stakeholders.

This session described key challenges with the current requirements for the EQR process, and explored policy options to address these challenges. Staff also solicited Commissioner feedback on these policy options.

**Social:** Tune in as staff describe key challenges with the current requirements for the external quality review process in Medicaid managed care, while the Commission explores policy options to address these challenges. #Medicaid LINK



**Transitions of Care for Children and Youth with Special Health Care Needs: Interview and Focus Group Findings**

Medicaid plays a large role in covering health care services for children and youth with special health care needs (CYSHCN). As CYSHCN reach adulthood, they need to transition from child to adult coverage and health care, which can be challenging for beneficiaries and their families. Our work examined state transitions of care policy and beneficiary experiences when transitioning from pediatric to adult care. During our [previous session in March](https://www.macpac.gov/publication/transitions-of-coverage-and-care-for-children-and-youth-with-special-health-care-needs/), we presented findings from our federal and state policy scan and literature review.

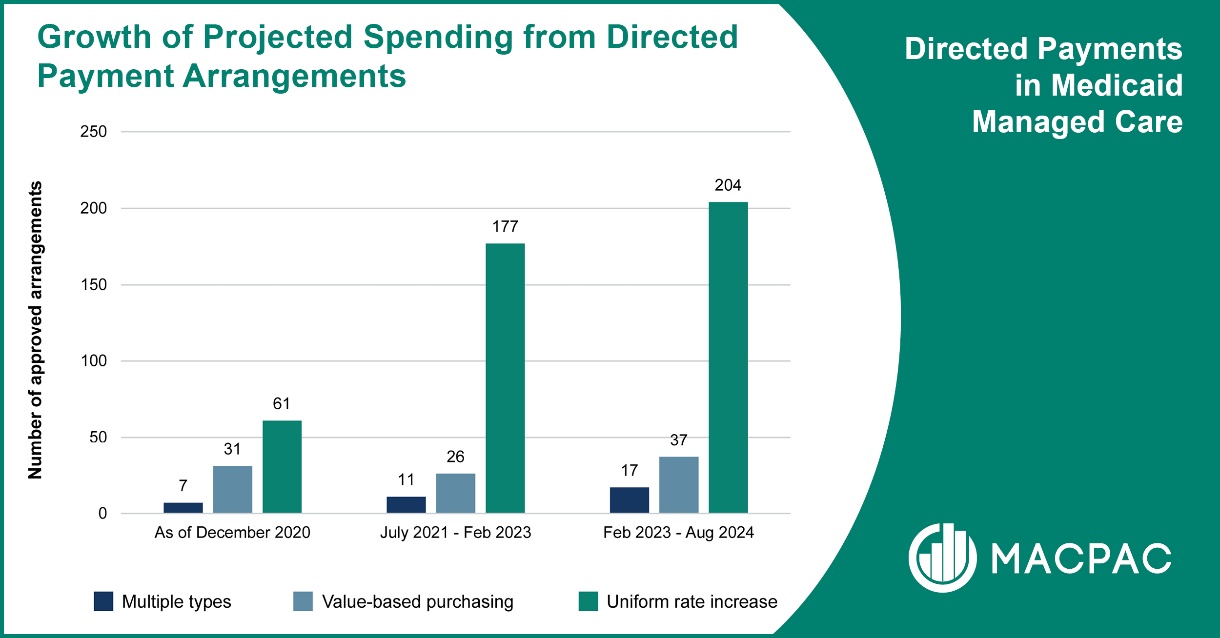
This session provided background information about CYSHCN and their transitions of care, including survey data findings from MACPAC’s recently-published [Access in Brief](https://www.macpac.gov/publication/access-in-brief-children-and-youth-with-special-health-care-needs-2/) on CYSHCN, and findings from stakeholder interviews and beneficiary focus groups. We found that there is variation in how states operationalize their transition of care policies for CYSHCN, and in how beneficiaries and their families experience the transition process.

**Social:** This session provides background information on children and youth with special health care needs and their transitions of care, including survey data findings from MACPAC’s recently-published Access in Brief on #CYSHCN. https://www.macpac.gov/publication/access-in-brief-children-and-youth-with-special-health-care-needs-2/

**Directed Payments in Medicaid Managed Care**

In 2016, the Centers for Medicare & Medicaid Services (CMS) updated the regulations for Medicaid managed care and created a new option called directed payments for states, allowing them to direct managed care organizations (MCOs) to pay providers according to specific rates or methods. Since their initial implementation, directed payment arrangements have grown rapidly in both utilization and spending amounts. In our prior work, MACPAC reviewed directed payment arrangements approved up to February 2023 and made recommendations for improving the transparency and oversight of directed payments in Chapter 2 of MACPAC’s June 2022 [*Report to Congress on Medicaid and CHIP*](https://www.macpac.gov/publication/june-2022-report-to-congress-on-medicaid-and-chip/). To build off our prior work, we updated an [issue brief](https://www.macpac.gov/publication/directed-payments-in-medicaid-managed-care/) that discusses the history of directed payment policy, highlights changes made in the 2024 managed care rule, and examines the use of directed payments based on MACPAC’s review of directed payments approved between February 1, 2023 and August 1, 2024. In this session, staff presented key findings from our updated analysis of directed payments and recent regulatory updates to the directed payment policy framework.

**Social:** Staff present key findings from our updated analysis of directed payments and recent regulatory updates to the directed payment policy framework. #Medicaid <https://www.macpac.gov/publication/directed-payments-in-medicaid-managed-care/>



**Social:** Missed our meeting? No worries! You can find all of the presentations here on our site: LINK



**Week of the 11th Social:** Missed our meeting? We’ve got the transcript here! LINK