Maternal Opioid Misuse (MOM) Model

Frequently Asked Questions from Overview Webinars

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Model Design

How is the MOM model designed to support state Medicaid agencies?

The MOM model is designed to help states and providers overcome barriers to adopting promising approaches to serve pregnant and postpartum Medicaid and Children's Health Insurance Program (CHIP) beneficiaries with opioid use disorder (OUD) by:

1. Offering up-front funding to help states develop the necessary infrastructure and capacity to provide ongoing coordination and integration of care for enrolled beneficiaries and their infants. For example, this funding could be used to strengthen provider coordination between different clinical specialties or to build a health information technology platform for data-sharing.
2. Giving participating states up to 12 months of funding as their state Medicaid programs transition to directly funding care delivery during the model period.
3. Rewarding states for achieving milestones tied to key quality metrics.

What is the role of the care-delivery partner in the MOM model?

Care-delivery partners may be local health systems or payers, such as Medicaid managed care plans. They will work with the state to establish relationships with clinical partners, build capacity at the service-delivery level, and implement the MOM model's coordinated and integrated care-delivery approach. Although a state can work with more than one care-delivery partner to serve multiple regions or counties, only one award will be issued per state. Care-delivery partners will also work with the state to establish relationships with clinical partners and build capacity at the service-delivery level.

Who can be a care-delivery partner under this model?

Care-delivery partners may be local health systems or payers, such as a Medicaid managed care plan. Only state Medicaid agencies are eligible to apply for MOM model funding. While other organizations may participate in the MOM model, only the state Medicaid agency can be the awardee. Medicaid agencies must demonstrate at the time of application that they have engaged at least one care-delivery partner, who will work with the agency throughout the model performance period to implement the MOM model. Although a state Medicaid agency can work with more than one care-delivery partner to serve multiple regions or counties, only one award will be issued per state.

Will model interventions include alternative payment models or value based models?

The model's payment structure allows for state flexibility in creating an appropriate payment arrangement for the care-delivery partner. The model in itself is not an Advanced Alternative Payment Model (APM). However, it is possible for a state to create a payment arrangement under the MOM model, such as a value based payment model, that could qualify as an Other Payer Advanced APM under the Quality Payment Program. The state or an eligible clinician could then request an Other Payer Advanced APM determination from CMS.

Can CMS provide additional details on the funding that will be available under the MOM model to each state awardee?

CMS will provide three types of funding to awardees during the MOM model: Implementation, Transition and Milestone Funding. Implementation Funding will address structural barriers to care transformation by building and expanding capacity and infrastructure. In its application, the

state Medicaid agency will propose how it will use Implementation Funding, including any downstream use of such funding by its care-delivery partner(s), in order to implement the MOM model. Implementation Funding will be available in Year 1 and will continue to be available through the end of the model.

Transition Funding will cover wrap-around coordination, engagement, and referral activities in Year 2 of the model, if these activities are not yet fully covered by an awardee's state plan. By Year 3 of the model, states will assume responsibility for funding these activities.

Milestone Funding will encourage positive outcomes and help sustain care transformation over the last three years of the model and beyond. An awardee will have the opportunity to access Milestone Funding based on its performance on a limited number of quality metrics central to the model's aims during Years 3-5 of the model.

Although no type of MOM model funding will be used to pay for services already fully covered by an awardee's state Medicaid program as discussed above, MOM model funding can be used for coordination, engagement and referral services that are not covered under Medicaid during Year 2 of the model. A maximum of $64.6 million will be available across up to 12 state awardees over the course of the five-year model. The amount per awardee will vary based on proposed the proposed intervention and awardee need.

Must the MOM model be available to all eligible beneficiaries in a state?

No. While an applicant may choose to make the MOM model available on a statewide basis, it can also apply to implement the model on a sub-state basis, through waiver authorities of the Innovation Center and the Center for Medicaid and CHIP Services (CMCS). Further details will be outlined in the Notice of Funding Opportunity (NOFO).

How will CMS ensure participation of minority populations and the promotion of culturally competent maternity and OUD care through the MOM model?

Awardees are expected to enroll eligible and consenting Medicaid beneficiaries in the geographic area of model implementation, and provide maternity and OUD care that is appropriate and culturally sensitive for each beneficiary, with attention to the stigma surrounding medication-assisted treatment (MAT) for pregnant women. Awardees also have the ability to tailor all proposed MOM model intervention activities to the needs of the population most at risk in the state, and therefore are also able to implement the model on a sub-state region. As part of the application process, applicants must also provide an analysis of the needs of the model population in their proposed area of model implementation, including details on how the opioid crisis impacts different segments of the community. Further details will be outlined in the NOFO.

How long after giving birth may MOM model beneficiaries receive services through the model?

Postpartum continuity of care is critical to the success of the model, both to maintain maternal and infant well-being, and to reduce the enhanced risk of relapse for women with OUD during this period. Federal statute requires states to provide Medicaid coverage of pregnancy-related and postpartum care to women for at least 60 days after giving birth. The MOM model design does not require states to adopt a specific mechanism for extending the postpartum Medicaid eligibility period; however, potential applicants must describe a clear strategy for ensuring continuity of care for women's physical and behavioral health needs beyond the immediate postpartum period.

What are the five categories of wraparound services that awardees are required to furnish for participating beneficiaries?

The model will require awardees to ensure that beneficiaries enrolled in the model can access a set of essential physical and behavioral health services. Awardees will also be required to coordinate care, engage beneficiaries, and provide referrals for services necessary to meet the model population's comprehensive needs. Awardees will have flexibility in defining the specific set of services that satisfy the following five components:

1. Comprehensive care management;
2. Care coordination;
3. Health promotion;
4. Individual and family support; and,
5. Referral to community and social services.

Are pregnant and postpartum women with OUD required to receive MAT in order to be enrolled in the MOM model?

No. While beneficiaries must engage in some type of OUD treatment, they are not required to accept a specific therapeutic approach; however, awardees must ensure that all beneficiaries participating in the model can access a set of essential services including MAT for OUD. Such MAT services must be provided consistent with current guidelines. Given the rapidly evolving opioid crisis, we recognize that guidelines may change during the course of the model.

Model Application

Will CMS accept applications from states with existing programs that support the proposed model population, or will CMS accept applications only from for states that want to establish new programs by participating in the model?

CMS will accept applications from states with existing programs that support pregnant and postpartum Medicaid beneficiaries with opioid use disorder (OUD). However, the model aims to support, not supplant, existing programs. Accordingly, CMS will consider overlap between the MOM model and an applicant's existing programs as part of its application review.

Are states permitted to apply to both the Integrated Care for Kids (InCK) and MOM) models? Or may a state apply to only one project?

Yes. There will be a separate NOFO released for each model. An entity that has applied to the InCK model as a Lead Organization may not also be listed in a MOM model application as a care-delivery partner. If a state is the InCK model applicant, however, a Lead Organization in that state (including a proposed Lead Organization if the application is still under review) may be listed on a MOM model application as a care-delivery partner. For additional details, please reference the joint Model Overlap Fact Sheet available on the MOM model website.

May states collaborate in preparing their individual applications to participate the MOM model?

Yes. The Innovation Center recognizes that applicants may wish to leverage shared resources or partnerships in their responses to the MOM model NOFO announcement. While the MOM model does not preclude such collaboration between states that are considering whether to

apply to the model: 1) each state must submit its own application; 2) CMS will separately evaluate each application based on the criteria set forth in the NOFO; and, 3) each awardee will be independently responsible for meeting all requirements set forth in its own cooperative agreement.