



# National Academy for State Health Policy

## State Substance Use Disorders (SUD) Policy Institute: Leveraging FQHCs to Address SUD

### Frequently Asked Questions

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#### *Technical Support*

1. **How many hours of technical support can a state receive?**

The amount of technical support each state receives will vary according to state need and state engagement in the project, and will be described and agreed upon based on the state's action plan. Each team will have ongoing access to NASHP staff who can provide technical support or connect teams with leading states and national experts in response to identified needs.

2. **How will technical support be provided to state teams?**

Over the 18 months, selected state teams will have regular access to NASHP staff and national experts through state-specific and Institute-wide technical support. NASHP is planning for a mix of in-person and virtual technical support opportunities, including an in-person Kick-off Meeting, an in-person site visit to each state, virtual webinars, and ongoing individual support, including an individualized assessment of state policy, regulatory, and administrative barriers.

3. **How will experts be identified to provide technical assistance?**

In addition to NASHP's extensive policy expertise and understanding of states' needs, NASHP has partnered and/or worked with a broad range of state and national experts on diverse issues, including Medicaid, FQHC, and SUD state and federal policy. Based on the needs of selected states, NASHP will draw from these extensive contacts to create a list of project faculty who can be available for state technical assistance needs on a limited basis. This faculty will complement NASHP's own knowledge base and enhance the capacity of the team to address and anticipate state issues.

4. **What is an example of a similar project NASHP has undertaken? How did that project turn out?**

States accomplish meaningful policy change through long-term, sustained effort. Throughout its thirty-year history, similar NASHP projects have helped states achieve concrete and meaningful milestones on the path to policy change, such as:

- Passage of state legislation related to health policy;
- State plan amendment and waiver approval;
- Implementation of Medicaid strategies to support policy goals;
- Improved use of data for state policy decision-making; and
- Identification and removal of administrative and regulatory barriers.

**5. Is there an evaluation component to this Institute? Will there be a public report out after completion of the institute?**

While state outcomes will not be evaluated, NASHP will develop public reports and issue briefs to share best practices and promising policy strategies learned from states participating in the Institute.

*Eligibility*

**6. If my state is already receiving resources through and/or participating in a related federal initiative, are we still eligible to apply for this Institute?**

NASHP's Institute is open to all states that are committed to developing and/or implementing innovative solutions to increase access to and improve quality of SUD treatment, recovery, and preventive services for Medicaid beneficiaries through FQHCs. States participating in federal initiatives or receiving federal funding to support payment and delivery system reforms, such as the Innovation Accelerator Program, the State Innovation Model Initiative, or Certified Community Behavioral Health Clinics, are eligible to apply for the State SUD Policy Institute.

**7. Is NASHP looking for a specific type of project in a state's application?**

NASHP is not looking for a specific type of project (although states may be selected based on common themes that emerge across state applications). This Institute aims to support states in defining their goals related to increasing access to and quality of SUD treatment, recovery, and preventive services for Medicaid beneficiaries through FQHCs, and then to provide assistance to states to achieve those goals over the 18 months of technical support. NASHP will provide individual and group technical support, guided by an analysis of state policy and regulatory barriers and a state-specific action plan. From our work with states, we anticipate a range of projects related to improving or expanding SUD services within FQHCs. Project focus areas may include the use of 1115 waivers, Medicaid managed care contracting, use of Medicaid authorities or state regulatory levers to implement specific evidence-based practices within FQHCs, and/or the use of value-based purchasing tools to improve care. While projects may differ, we do anticipate commonalities, such as addressing workforce/provider capacity, care coordination and linkages, data sharing and confidentiality, payment and regulatory hurdles, billing and reimbursement, and determining value and cost-effectiveness.

**8. In my state, we are at the beginning stage of thinking about increasing access to SUD treatment, recovery, and preventive services for Medicaid beneficiaries. Can we still apply?**

Strong candidate states will demonstrate foundational planning for Medicaid policy changes to address SUD. Activities demonstrating planning may include, but are not limited to, the creation of a governor's taskforce, planning meetings, legislation, concept paper development, and/or a pending or approved SPA or waiver. States are not required to

demonstrate specific engagement of FQHCs in foundational planning for Medicaid policy changes to address SUD. Additionally, successful applicants will demonstrate some history of multi-sector partnerships in their applications, and describe how their proposed work in this Institute will improve access to SUD services within FQHCs, can be achieved within the 18-month period, and sustained thereafter.

#### *Team Composition*

**9. If a Medicaid or behavioral health agency representative is unable to participate in the Institute, can another non-state professional participate on their behalf?**

No, participation from senior Medicaid and behavioral health agency and/or division officials with decision-making authority is critical to represent state views and provide connection to those agencies needed to facilitate policy and programmatic change.

**10. Are you requiring the Medicaid and/ or behavioral health division or agency Director to participate?**

No; however, NASHP is looking for participation from state officials in a leadership position, with decision-making authority, who can represent the views of these agencies.

**11. Does the team lead need to be a Medicaid or behavioral health agency or division official? What are the responsibilities of the state team lead?**

While participation from senior leadership is required, the team lead does not need to be the senior leadership member from Medicaid or the behavioral health agency or division. The team lead may be another state official represented on the team. The team leader will serve as the primary point of contact between NASHP staff and your state team. This person will coordinate team requests and responses, and should be someone who is familiar with and active in the state project and goals.

#### *Application*

**12. Does the application have a page or word limit?**

The application does not have a page or word limit; however, NASHP encourages interested state teams to answer the questions briefly, but with sufficient information to assess your state's initiative against the criteria listed on pages 3-4 of the [Request for Applications](#).

#### *Other*

**13. Will the presentation be available for download?**

Yes. To view the slide deck, follow the link provided [here](#). To view the presentation, follow the link provided [here](#), then click the blue "download" button at the top of your screen. These resources can also be accessed on the State SUD Policy Institute's [landing page](#) located on NASHP's website.