CARE MANAGEMENT FOR SUBSTANCE-DEPENDENT TANF WOMEN: IMPACT ON HEALTHCARE UTILIZATION AND COSTS

Charles Neighbors, MBA, PhD1; Jon Morgenstern, PhD1,2; Don Shepard, PhD3; Chris Dasaro, MA1; Wu Zeng, MD, MS3

1 The National Center on Addiction and Substance Abuse (CASA) at Columbia University; 2 Department of Psychiatry, Columbia University Medical Center; 3 Brandeis University

INTRODUCTION

Objective: We compare Medicaid expenditures between Intensive Case Management (ICM) for substance-dependent female TANF (Temporary Assistance for Needy Families) recipients with usual care (UC, screening and referral to treatment).

TANF-mothers dependent on substances were screened in welfare offices and then randomly assigned to referral to UC or ICM.

Background: UC represented the standard of care in NJ (and many other states) and consisted of assessment, intake, and referral to AOD program (screen and refer).

ICM consisted of the same assessment, intake, and referral, but added case management services.

The New Jersey Substance Abuse Research Demonstration (NJ-SARD) is a welfare demonstration project CASA at Columbia University conducted in close collaboration with the New Jersey Department of Human Services.

Prior reports showed ICM reduced substance use and increased collaboration with the New Jersey University conducted in close project CASA at Columbia SARD) is a welfare demonstration Research Demonstration (NJ-AOD program (screen and refer).

Method: UC represented the standard of care in NJ (and many other states) and consisted of assessment, triage, and referral to AOD program for the first 12 months. UC had greater initial AOD treatment but less than UC over time.

RESULTS

PART 1

Participants: 302 TANF women randomized: 161 ICM, 141 UC.

Eligibility criteria:
- DSM-IV SUD diagnosis
- TANF-eligibility
- Entry into New Jersey’s welfare-to-work program without medical denial
- English fluency sufficient to complete research interviews

Exclusion criteria:
- Psychosis diagnosis
- Enrollment in methadone or any other SUD treatment
- Seeking enrollment in methadone or long-term residential treatment

ICM services were provided for the 24-month study period, with a tapering of contact after the first 12 months.

ICM-assigned participants received vouchers as incentives for services and held weekly meetings with participants.

All ICM services were supervised by a doctoral-level psychologist with extensive experience in behavioral interventions.

Study Interventions: ICM
- Manual-guided: addressed barriers to treatment entry & provided needed services.
- After treatment entry. ICM case managers coordinated needed services and held weekly meetings with participants.
- ICM-assigned participants received vouchers as incentives for attending treatment.
- ICM services were provided for the 24-month study period, with a tapering of contact after the first 12 months.
- All ICM services were supervised by a doctoral-level psychologist with extensive experience in behavioral interventions.

Study Interventions: UC
- Those randomly assigned to usual care met with a clinical care coordinator (CC).
- CC reviewed participant needs for substance use treatment and made appropriate referrals as indicated.
- If participants failed to attend a first session of treatment, outreach by the CC was limited to several phone calls and letters.
- In practice, the burden for engaging in treatment as well as for seeking access to additional services and referrals fell to the participants.

Results were available throughout the 24-month study period.

Medicaid Data:
- NJ Claims and Eligibility Data for years 1991 – June 2009 were available.
- Data included:
  - Dates of Medical Service
  - Procedure Codes (CPT and HCPCS)
  - ICD-9 Diagnosis Codes
  - CMS 1450 Revenue Codes
  - All Patient Diagnostic Related Groups (DRGs)
  - Payments Made
  - National Drug Codes (NDC) for pharmacy claims
- Baseline data limited to the year prior to study entry.
- Analyses were conducted on claims data for the six years after study entry.
- Days of medical utilization and Payments for that utilization were analyzed.

Analyses were conducted on claims data for the six years after study entry.

Eligibility criteria:
- DSM-IV SUD diagnosis
- TANF-eligibility
- Entry into New Jersey’s welfare-to-work program without medical denial
- English fluency sufficient to complete research interviews

Exclusion criteria:
- Psychosis diagnosis
- Enrollment in methadone or any other SUD treatment
- Seeking enrollment in methadone or long-term residential treatment

ICM has higher initial utilization and costs that are offset by greater reductions over time.

ICM has greater initial AOD treatment but less than UC over time.

ICM has greater initial mental health treatment but less than UC over time.

DISCUSSION

ICM has greater initial utilization of healthcare services relative to usual care but utilization and costs reductions are greater for ICM over time.

The study found that interventions had a significant long-term impact on healthcare utilization and costs.

Caveat: Medicaid records do not capture all healthcare utilization.

CONTACT

Charles Neighbors, MBA, Ph.D
The National Center on Addiction and Substance Abuse (CASA) at Columbia University
Email: cneighbors@casa.columbia.edu

Funding: NIDA, MacArthur Foundation