

About MOM Model Project

The Maternal Opioid Misuse (MOM) Model is a cooperative agreement awarded to the Louisiana Department of Health (LA Medicaid) by the Centers for Medicare and Medicaid Services (CMS) on January 1, 2020 as a five-year demonstration. Louisiana is one of 10 states selected for this award intended to drive improvements in healthcare delivery, quality, and outcomes for Medicaid-insured pregnant and postpartum women with opioid use disorder (OUD) and their newborns.

The MOM Model cooperative agreement boosts Louisiana Medicaid's efforts to support care coordination that bridges pregnancy to postpartum care, sustains treatment of OUD across the life course, and ensures linkages to early interventions for newborns. For more information or to participate, email: LAMOMmodel@LA.GOV

Program Phases

The program has three distinct phases: Pre-Implementation, Transition and Milestone. Each phase has specific deliverables with funding contingent upon meeting program requirements. During the Milestone Period, funding is partially tied to improving performance measures and outcomes based on beneficiary data. The overall goal is to demonstrate improvements in quality of care and identify cost savings directly attributable to better care. In addition, each state must develop a coverage and payment strategy plan to provide for program sustainability beyond the five-year period.

Project Partners

Louisiana's project is a partnership with LDH and four sub-recipients: Woman's Hospital, Louisiana Public Health Institute (LPHI), Mercer Consulting, and the Center for Healthcare Value and Equity (CHVE) of LSUHSC. Louisiana's award is to expand existing services and increase the volume of patients within Woman's Hospital GRACE program in the Baton Rouge area. The GRACE (Guiding Recovery and Creating Empowerment) program meets the needs of pregnant women misusing opioids and reduces the impact on the newborn. This aim will be achieved by broadening the referral base to increase the number enrolled and mitigating obstacles that prevent women from self-referring. Additional services are being researched to support successful treatment for pregnant mothers which will ultimately decrease fetal exposure and lessen the adverse physical and behavioral impact on the infant.

The role of Mercer, LPHI and CHVE is to support the project through a variety of activities, including the development of a learning collaborative, a health information exchange and community health worker training. As part of the cooperative agreement, CMS is evaluating the impact of the MOM Model on quality of care and costs to the federal Medicaid program.

Model of Care

The overall model of care is to provide medication-assisted treatment, with wrap-around services, during pregnancy and through delivery and the newborn period. For mothers, GRACE Care Coordination ensures that referrals are made for services and helps the mother navigate to access care. For infants, they will be monitored by a pediatric care provider for Neonatal Opioid Withdrawal Syndrome (NOWS) and have multidisciplinary, long-term, follow-up including medical, developmental and social support for earlier intervention and support.

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