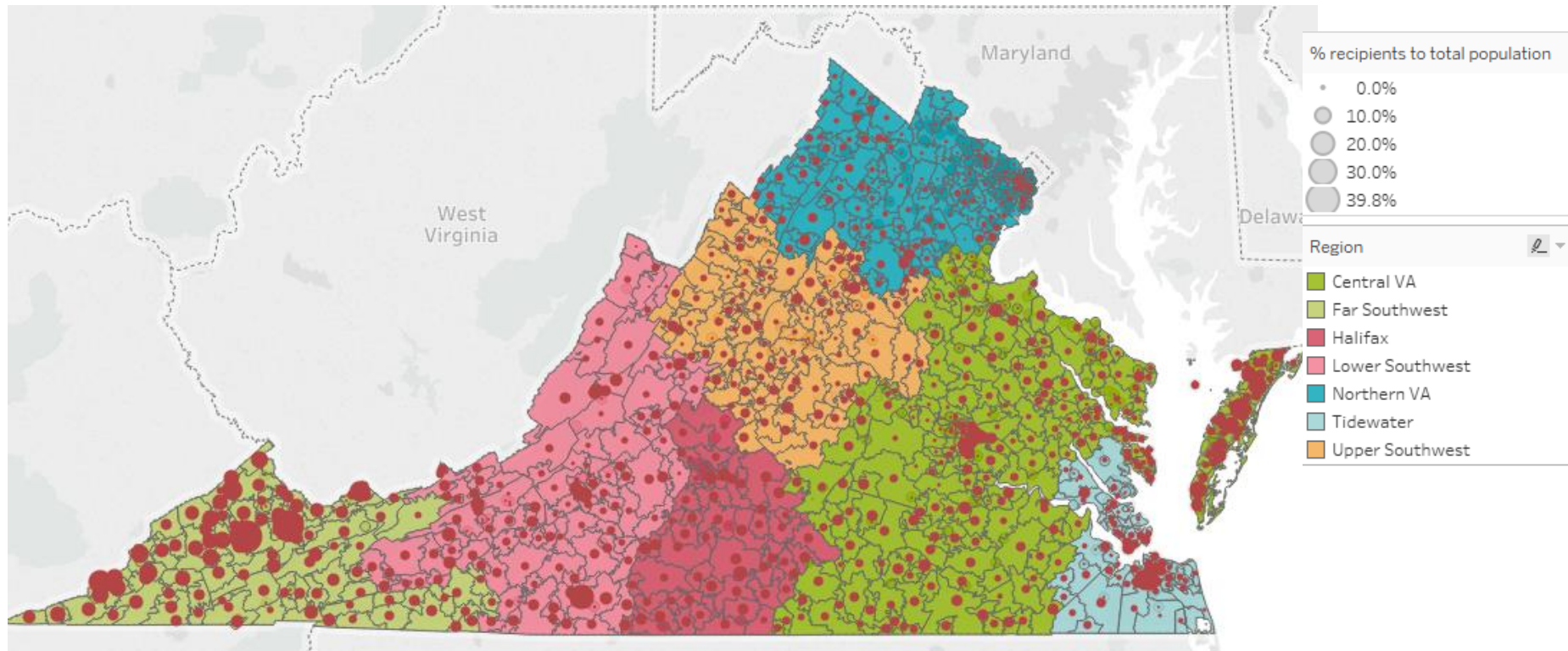




OVERVIEW OF THE MEDICAID ADDICTION AND RECOVERY TREATMENT SERVICES (ARTS) SUBSTANCE USE DISORDER BENEFIT



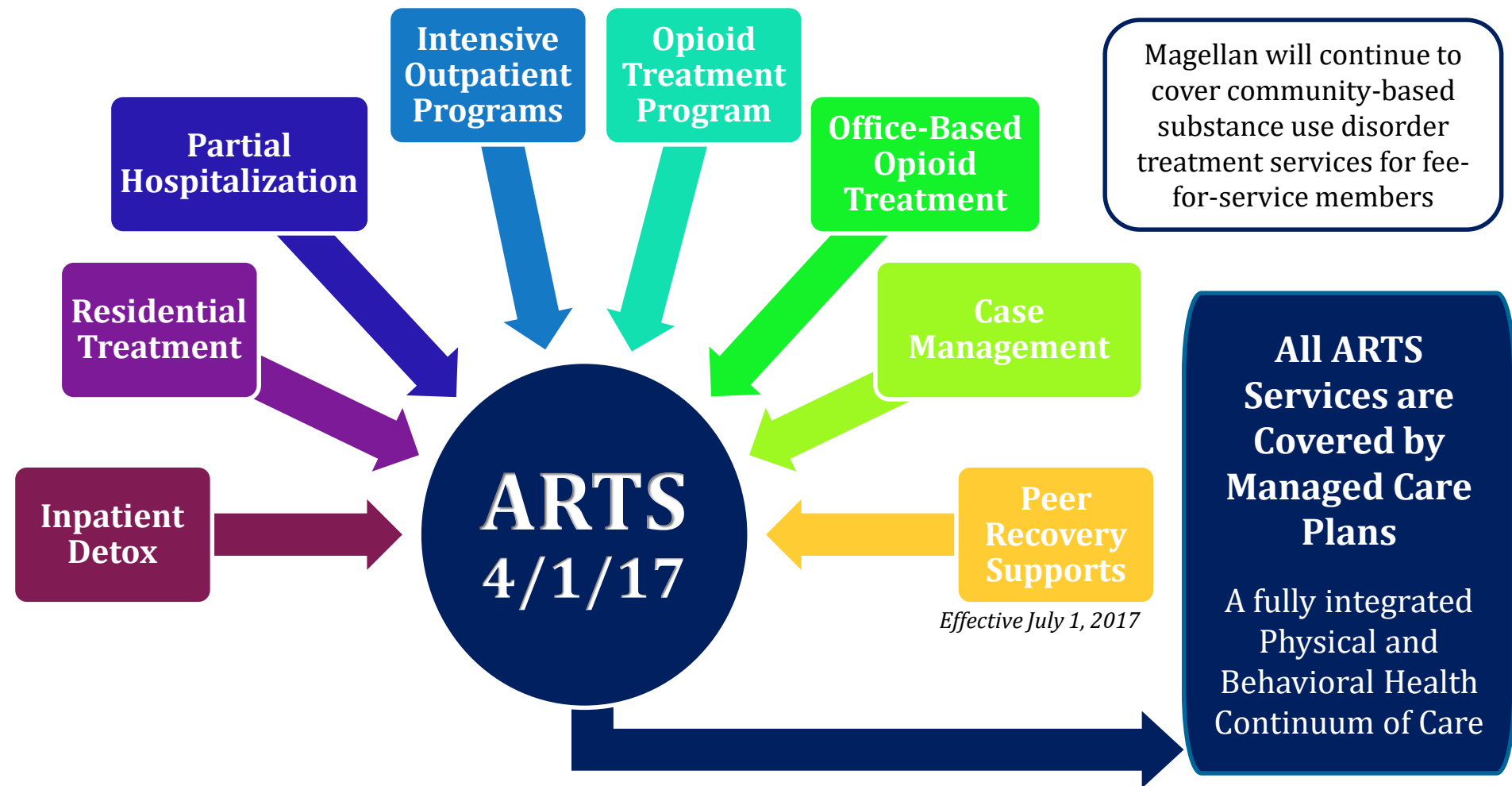
Communities Impacted by Addiction



Source: Department of Medical Assistance Services – claims/encounter data (November 3, 2016) and 2010 U.S. Census Bureau Population.

Circles % of Medicaid recipients whose claims/encounter data included an addiction related diagnosis respective to the total population in that zip code.

Transforming the Delivery System of Medicaid SUD Services





DMAS ADDICTION AND RECOVERY TREATMENT SERVICES

Overview of ASAM Levels of Care



ASAM Assessment Criteria

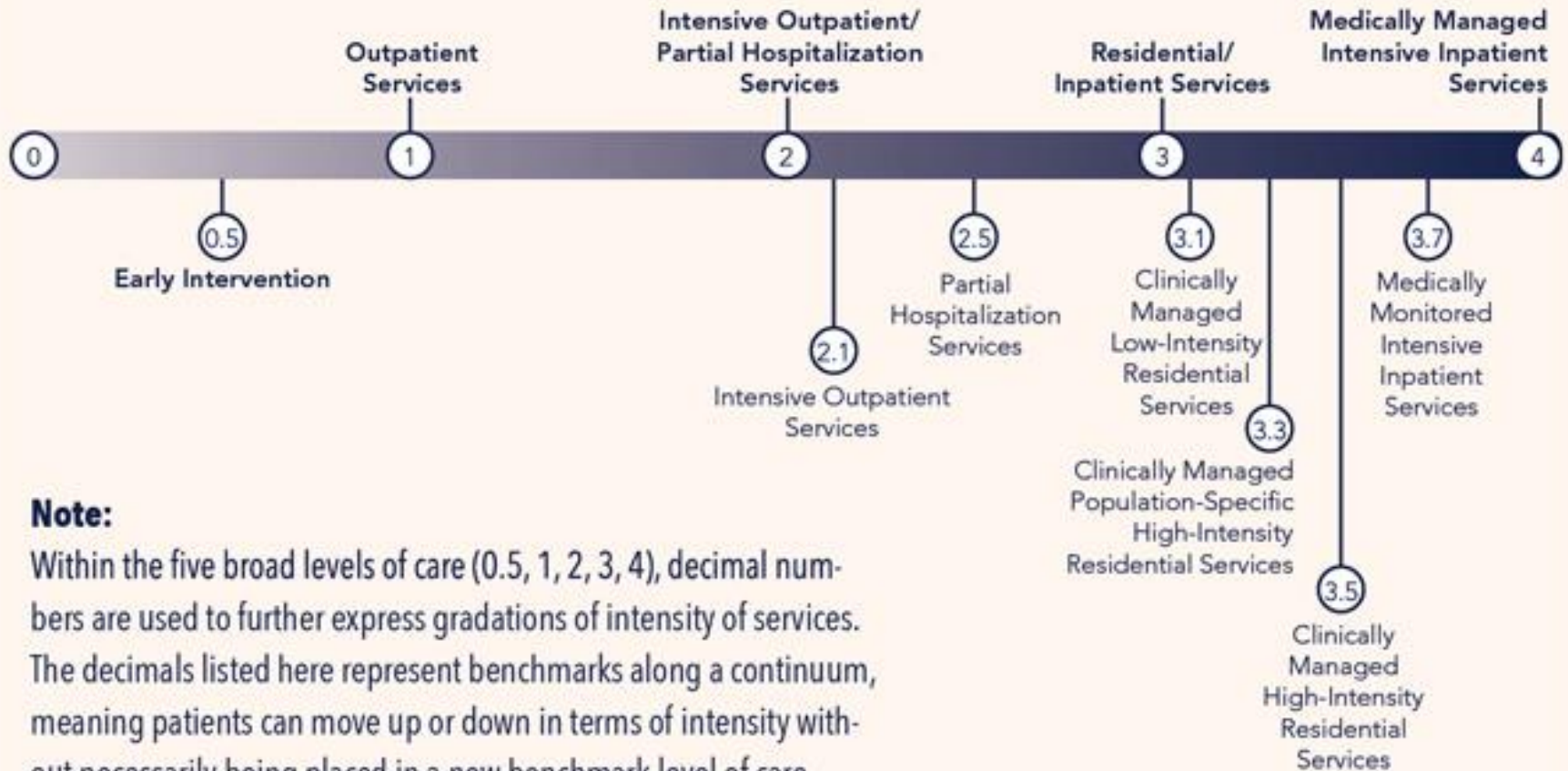
AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

ASAM's criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:

1	DIMENSION 1	Acute Intoxication and/or Withdrawal Potential Exploring an individual's past and current experiences of substance use and withdrawal
2	DIMENSION 2	Biomedical Conditions and Complications Exploring an individual's health history and current physical condition
3	DIMENSION 3	Emotional, Behavioral, or Cognitive Conditions and Complications Exploring an individual's thoughts, emotions, and mental health issues
4	DIMENSION 4	Readiness to Change Exploring an individual's readiness and interest in changing
5	DIMENSION 5	Relapse, Continued Use, or Continued Problem Potential Exploring an individual's unique relationship with relapse or continued use or problems
6	DIMENSION 6	Recovery/Living Environment Exploring an individual's recovery or living situation, and the surrounding people, places, and things

ASAM Continuum of Care

REFLECTING A CONTINUUM OF CARE



Note:

Within the five broad levels of care (0.5, 1, 2, 3, 4), decimal numbers are used to further express gradations of intensity of services. The decimals listed here represent benchmarks along a continuum, meaning patients can move up or down in terms of intensity without necessarily being placed in a new benchmark level of care.

ASAM LOC Placement	Setting
4 Medically Managed Intensive Inpatient	<ul style="list-style-type: none"> Acute Care General Hospital - Inpatient Detox in Medical Beds
3.7 Medically Monitored Intensive Inpatient Services (Adult) Medically Monitored High-Intensity Inpatient Services (Adolescent)	<ul style="list-style-type: none"> Inpatient Psychiatric Unit Freestanding Psychiatric Hospital Community-Based Facility
3.5 Clinically Managed High-Intensity Residential Services (Adults) / Medium Intensity (Adolescent) 3.3 Clinically Managed Population-Specific High-Intensity Residential Services (Adults)	<ul style="list-style-type: none"> Community-Based Facility Licensed for SA Residential Treatment Services Specialty Unit in a Health Care Facility
3.1 Clinically Managed Low-Intensity Residential Services	<ul style="list-style-type: none"> Mental Health and Substance Abuse Group Home Supervised Living Services for Adults
2.5 Partial Hospitalization Services 2.1 Intensive Outpatient Services	<ul style="list-style-type: none"> Licensed Program at a Health Care Facility or Community Provider
1 Outpatient Services	<ul style="list-style-type: none"> Outpatient Services
0.5 Early Intervention	<ul style="list-style-type: none"> Emergency Departments, Primary Care Clinics, FQHCs, CSBs, Health Departments, Pharmacies, etc.
Opioid Treatment Program (OTP)	<ul style="list-style-type: none"> Public and Private Methadone Clinics
Office-Based Opioid Treatment (OBOT)	<ul style="list-style-type: none"> CSBs, FQHCs, Outpatient Clinics, Physician’s Offices

Provider Qualifications for ARTS Covered Services

“Addiction Credential Physicians” have achieved professional recognition in the treatment of addiction and have been certified for their expertise in treating addiction by one of the following three pathways:

- any physician who has completed an addiction medicine fellowship or met other eligibility criteria and then by examination, received certification and diplomate status from the American Board of Addiction Medicine; or
- a psychiatrist who completed a fellowship in addiction psychiatry and then by examination, became certified by the American Board of Psychiatry and Neurology; or
- a doctor of osteopathy (DO) who received certification in addiction medicine through examination and certification by the American Osteopathic Association.
- In situations where a certified addiction physician is not available, **physicians treating addiction should have some specialty training and/or experience in addiction medicine or addiction psychiatry.** If treating adolescents, they should have experience with adolescent medicine.

“Physician Extenders” are licensed nurse practitioners and physician assistants.

Provider Qualifications for ARTS Covered Services

Credentialed Addiction Treatment Professionals

- Addiction-credentialed physicians or physicians with experience in addiction medicine
- Licensed psychiatrists
- Licensed clinical psychologists
- Licensed clinical social workers
- Licensed professional counselors
- Licensed psychiatric clinical nurse specialists
- Licensed psychiatric nurse practitioner
- Licensed marriage and family therapist
- Licensed substance abuse treatment practitioner

Provider Qualifications for ARTS Covered Services

Credentialed Addiction Treatment Professionals cont.

- “Residents” under supervision of licensed professional counselor, licensed marriage and family therapist or licensed substance abuse treatment practitioner approved by the Virginia Board of Counseling
- “Residents in psychology” under supervision of a licensed clinical psychologist approved by the Virginia Board of Psychology
- “Supervisees in social work” under the supervision of a licensed clinical social worker approved by the Virginia Board of Social Work
- An individual with certification as a substance abuse counselor (CSAC) or certified substance abuse counselor-assistant (CSAC-A) under supervision of licensed provider and within scope of practice



DMAS ADDICTION AND RECOVERY TREATMENT SERVICES

**Medication Assisted Treatment
(MAT): Covered Medications, Rate
Structure, and Preferred Provider
Network**

Medication Assisted Treatment

Definition and Evidence

- The use of medications in combination with counseling and behavioral therapies for the treatment of substance use disorders.
- Use of MAT for opioid use disorder leads to successful recovery rates of 40-60%, compared to 5-20% with abstinence-only models
- MAT can be provided by:
 - Opioid Treatment Providers (OTPs) – CSBs and private providers licensed by DBHDS
 - Office-Based Opioid Treatment (OBOT) providers – primary care clinics, FQHCs, outpatient psychiatry clinics, other physician offices, etc.
- Length of treatment is based on patient's changing multidimensional risk profile. Limits are individualized.

ARTS Benefit Supports Comprehensive MAT

- Increases rates by 400% for opioid treatment - the counseling component of MAT
- Allows OTPs and OBOT providers to bill for care coordination and peer supports
- Allows providers to bill separately for opioid treatment when members are receiving treatment in community based ASAM levels 1, 2.1, 2.5, 3.1, 3.3, 3.5, 3.7.

“Preferred” OBOT Providers Recognized by DMAS and Credentialed by Health Plans

Care Team Requirements

- Buprenorphine-waivered practitioner may practice in variety of settings such as CSBs, FQHCs, primary care clinics, outpatient clinics, psychiatry practices
- On site credentialed addiction treatment professional providing counseling to patients receiving MAT

MAT Requirements

- Buprenorphine monoprodukt tablets prescribed only to pregnant women..
- Maximum daily buprenorphine/naloxone dose 16 mg unless documentation of ongoing compelling clinical rationale for higher dose up to maximum of 24 mg.
- No tolerance to other opioids, soma, sedative hypnotics, or benzodiazepines except for patients already on benzos for 3 months during a tapering plan

“Preferred” OBOT Providers Recognized by DMAS and Credentialed by Health Plans

Risk Management and Adherence Monitoring Requirements

- Random urine drug screens, a minimum of 8 times per year for all patients.
- Virginia Prescription Monitoring Program checked at least quarterly for all patients.
- Opioid overdose prevention education including the prescribing of naloxone.
- Patients seen at least weekly by buprenorphine-waivered practitioner or credentialed addiction treatment professional when initiating treatment. Patient must have been seen for at least 3 months with documented clinical stability before spacing out to a minimum of monthly visits.
- Periodic utilization of unused medication and opened medication wrapper counts when indicated.

Benefits

- No Prior Authorizations required for buprenorphine products within Preferred Drug List.
- Buprenorphine-waivered practitioner in the OBOT can bill all Medicaid health plans for substance use care coordination code (monthly per member payment) for members with moderate to severe opioid use disorder receiving MAT.
- Can bill for Certified Peer Recovery Support specialists.
- Can bill higher rates for individual and group opioid counseling.

OBOT: Possible Models for Waivered Practitioner + Integrated Behavioral Health

Waivered Practitioner + Behavioral Health Professional Employed by Same Site

- FQHC, CSB, or outpatient clinic employs both the buprenorphine-waivered practitioner AND behavioral health professional to offer MAT for opioid use disorder
- Services would be billed through the physician

Waivered Practitioner On-site at Behavioral Health Clinic

- Waivered physician goes on-site to private or public behavioral health provider 2-3x per week to provide MAT
- Services would be billed through the physician

Behavioral Health Professional On-Site at Physician's Office

- Behavioral health professional (LCSW, LPC, etc.) goes on-site to psychiatrist's office or primary care clinic 2-3x per week to provide MAT
- Services would be billed through the physician

Preferred OTPs and OBOTs Rates

Code	Service	Description	Unit	Rate/ Unit
H0014	Medication Assisted Treatment (MAT) induction	Alcohol and/or drug services; ambulatory detoxification Withdrawal Management-Induction	Per encounter	\$140
H0020	Medication Administration (OTP only)	RN / LPN medication dosage	Per encounter	\$8
H0004	Opioid Treatment Services	Opioid Treatment – individual and family therapy	1 unit= 15 min	\$24.00
H0005	Opioid Treatment Services	Opioid Treatment – group therapy	1 unit = 15 min (per patient)	\$7.25
G9012	Substance Use Care Coordination	Substance Use Care Coordination	1 unit = 1 month	\$243

Buprenorphine Prior Authorization Requirements

Uniform Requirements Adopted by FFS and Health Plans that Align with the Board of Medicine Buprenorphine Regulations

- Diagnosis of Opioid Use Disorder, and
- > 16 years of age; and
- Prescriber's personal DEA and XDEA numbers are required; and
- Individual is participating in psychosocial counseling
- Maximum of 16 mg per day
- Initial authorization for 3 months; subsequent authorizations for 6 months
- No set time limit or duration of treatment
- Buprenorphine only products for pregnant women
- Patient is locked-in to prescribing physician and dispensing pharmacy
- No concurrent use with benzodiazepines, tramadol, carisoprodol, other opiates or sedative hypnotics
- Urine drug testing at least quarterly

ASAM Level 0.5 - Screening, Brief Intervention and Referral to Treatment

Services Description

- The purpose of SBIRT is to identify individuals who may have alcohol and/or other substance use problems. Following screening, a brief intervention is provided to educate individuals about their use, alert them to possible consequences and, if needed, begin to motivate them to take steps to change their behavior.

Staff Requirements and Settings

- Physician, Pharmacist, and other Credentialed Addiction Treatment Professionals
- Variety of health care encounter setting including but not limited to: Health Departments, Federally Qualified Health Centers, Rural Health Clinics, Community Services Boards, Health Systems, Emergency Departments, Pharmacies, Physician Offices, and Outpatient Clinics
- Licensed providers, as allowed by their scope of practice, may delegate administration of the tool to other staff (for example physicians to registered nurses). CSACs are qualified to perform, under appropriate supervision or direction, the administration of substance abuse assessment instruments. Billing must occur through credentialed and licensed agency or provider.

Approved Screening Tools

- The Department of Behavioral Health and Developmental Services (DBHDS) has a list of approved Screening Tools posted on the website: <http://www.dbhds.virginia.gov>

Free SBIRT Training and CME/CEU/CE

- Join SAMHSA and receive 1.75 CME/CEU credits for free! www.samhsa.gov/SBIRT
- NAADAC - The Association for Addiction Professionals Free On Demand Webinars - www.naadac.org/webinars



Rate Structure for ASAM Levels 0.5

ASAM Level	Code	Description	Unit	Rate/Unit
0.5	99408	Alcohol and/or substance abuse structured screening and brief intervention services	15 to 30min	Age <21 =\$25.82 Age >20 = \$23.73
0.5	99409	Alcohol and/or substance abuse structured screening and brief intervention services	greater than 30min	Age <21 =\$50.34 Age >20 = \$46.26



ARTS

WHAT'S HAPPENING POST IMPLEMENTATION?

Increases in Addiction Providers Due to ARTS

Over **350 new addiction treatment** provider organizations in Medicaid.
Over a **two fold increase** in workforce capacity!

Addiction Provider Type	# of Providers before ARTS	# of Providers after ARTS	% Increase in Providers
Inpatient Detox (ASAM 4.0)	Unknown	103	NEW
Residential Treatment (ASAM 3.1, 3.3, 3.5, 3.7)	4	78	↑ 1850%
Partial Hospitalization Program (ASAM 2.5)	0	13	NEW
Intensive Outpatient Program (ASAM 2.1)	49	72	↑ 47%
Opioid Treatment Program	6	29	↑ 383%
Office-Based Opioid Treatment Provider	0	55	NEW

Key Findings

First Quarter of ARTS Implementation

- **Treatment rates** among Medicaid members with substance use disorders (SUD) **increased by 50%**
- The **number of practitioners providing outpatient psychotherapy or counseling to Medicaid members more than doubled:**
 - Treating Opioid Use Disorder (OUD) - **300 to 691 practitioners**
 - Treating SUD - **667 to 1,603 practitioners**

The findings and conclusions in this report are those of the authors, and no official endorsement by the VCU School of Medicine or the Virginia Department of Medical Assistance Services is intended or should be inferred.

ARTS Narrows the Treatment GAP

Members receiving treatment for any substance use disorder (SUD)

Each person represents 1,000 members



Prevalence of members with SUD is likely higher than the estimates in this report because they include only those who have been diagnosed or treated for SUD.

ARTS Narrows the Treatment GAP

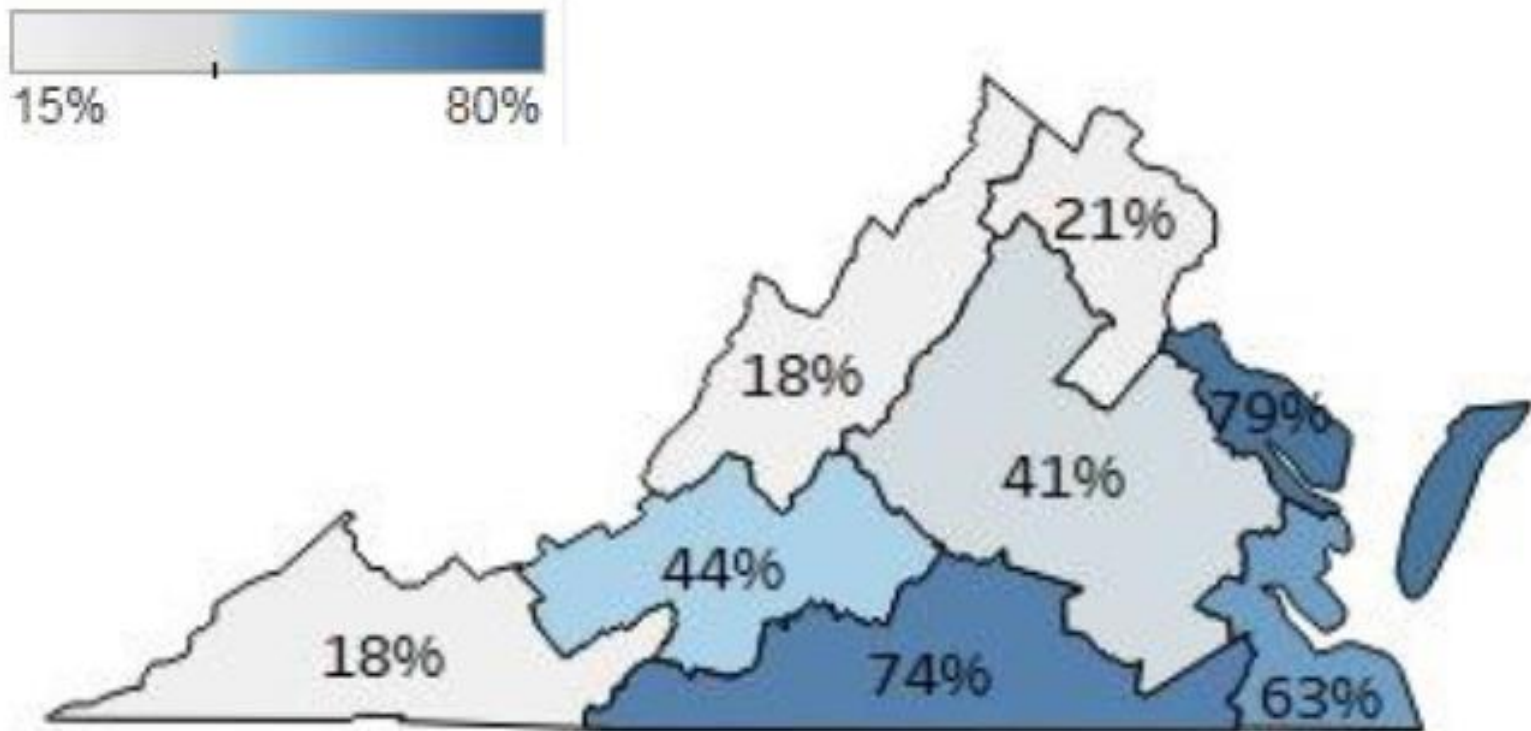
Members receiving pharmacotherapy for opioid use disorder (OUD)

Each person represents 1,000 members



Pharmacotherapy for OUD Increasing

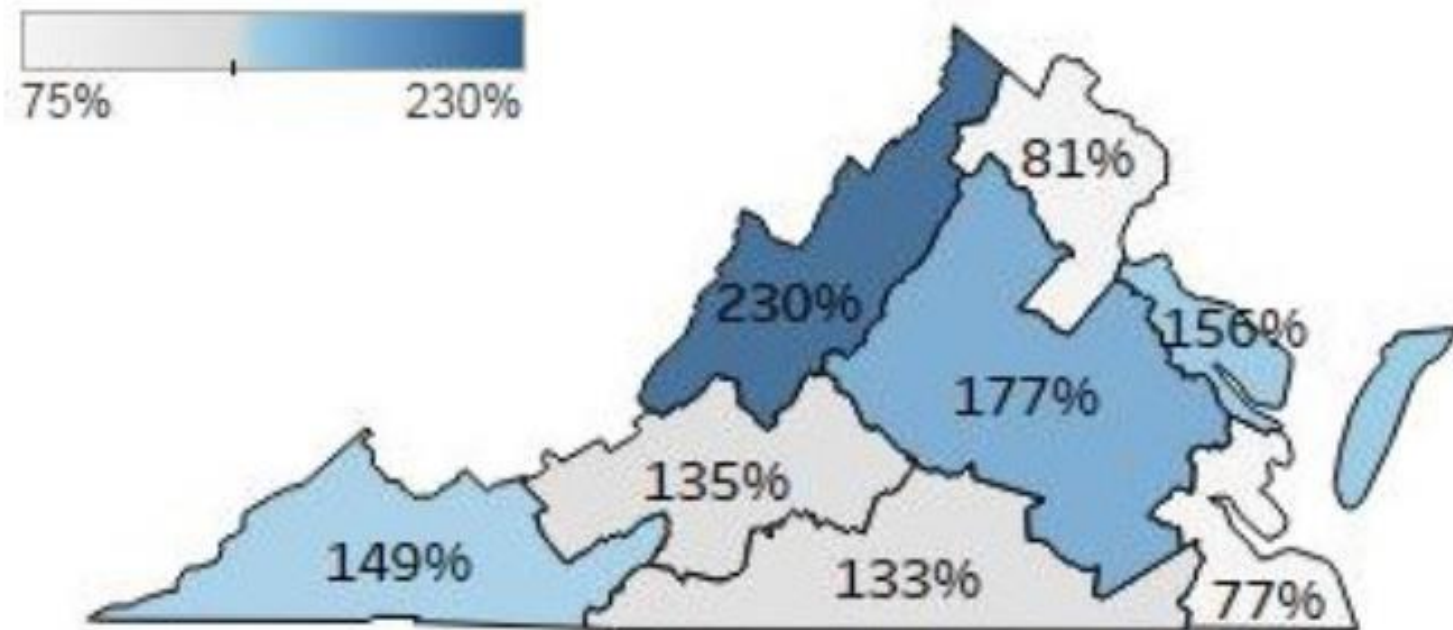
Percent increase in pharmacotherapy for OUD treatment after ARTS



ARTS **significantly increased** the number of Medicaid members receiving **pharmacotherapy for OUD** in all regions in Virginia.

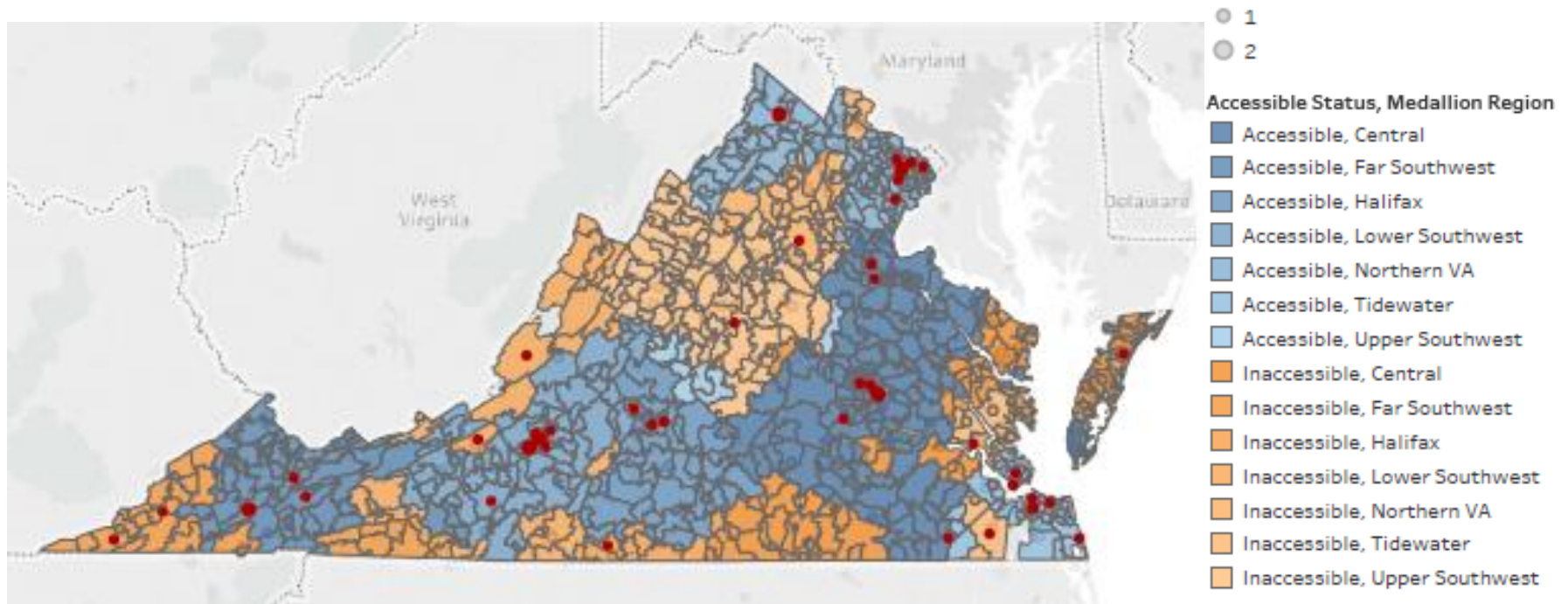
Number of Outpatient Providers Treating OUD More than Doubled

Percent increase in practitioners treating OUD after ARTS



During the first three months, **ARTS** has reduced the treatment gap for SUD by **increasing the number of practitioners** providing services for SUD **across all regions in Virginia!**

ARTS Medicaid Provider Network Adequacy Office Based Opioid Treatment



Source: Department of Medical Assistance Services - ARTS provider network data (August 15, 2017). Circles are locations of Medicaid providers used in the network adequacy calculation. For a zip code to be deemed accessible, there must be at least two providers within 60 miles driving distance as calculated as the distance between the centroids of the zip code of the member and the zip code of the provider.



PEER SUPPORT SERVICES

EFFECTIVE JULY 1, 2017

Peer Support Services

Effective July 1, 2017

- A Peer Recovery Specialist (PRS) is a self-identified individual with lived experience with mental health or substance use disorders, or co-occurring mental health and substance use disorders who is trained to offer support and assistance in helping others in the recovery and community-integration process.
- Available to individuals who have mental health conditions and/or substance use disorders

Supported by The Centers for Medicare & Medicaid Services (CMS) as “...an important component in the State’s delivery of effective treatment.”

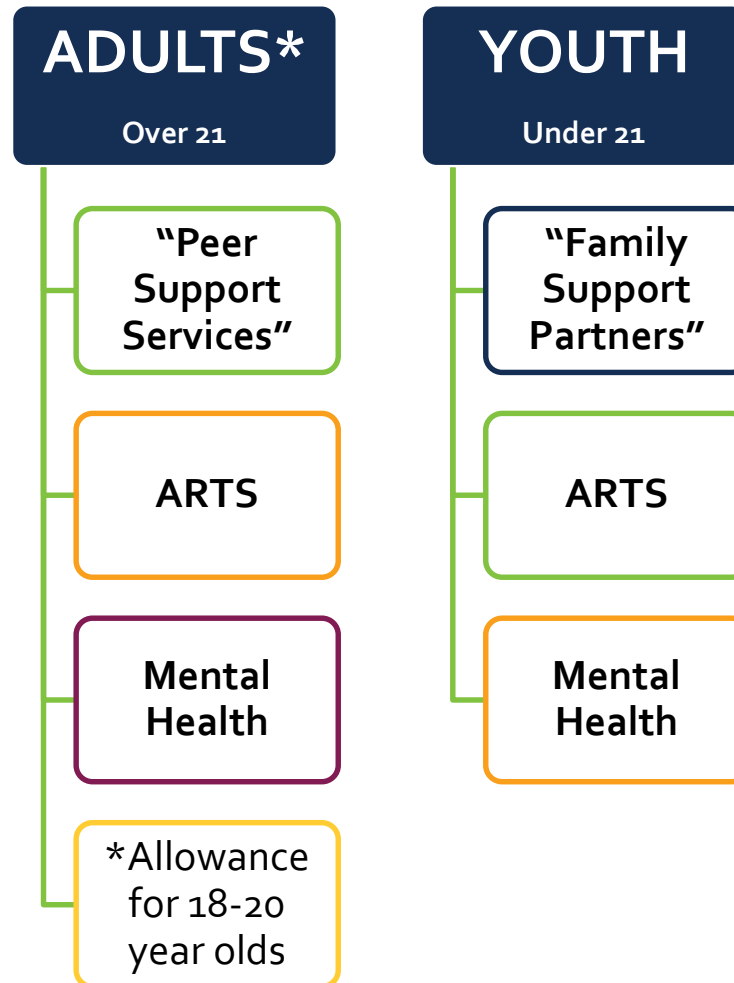


Supported by the Governor’s Task Force on Prescription Drug and Heroin Addiction



Established in response to a legislative mandate

Peer Support: Targeted Populations



*Individuals 18-20 years old who meet the eligibility criteria for Peer Support Services in ARTS or MH, who would benefit from receiving peer supports directly, and who choose to receive Peer Support Services directly instead of through their family are permitted to receive Peer Support Services by an appropriate Peer Recovery Specialist.

TARGETED SETTINGS

ARTS

- Acute Care General Hospital ASAM 4.0 licensed by Virginia Department of Health.
- Freestanding Psychiatric Hospital or Inpatient Psychiatric Unit ASAM Levels 3.7 and 3.5 licensed by Department of Behavioral Health and Developmental Services
- Residential Placements ASAM Levels 3.7, 3.5, 3.3, and 3.1 licensed by Department of Behavioral Health and Developmental Services
- Partial Hospitalization and Intensive Outpatient ASAM Levels 2.5 & 2.1
- Outpatient Services ASAM Level 1
- Opioid Treatment Program (OTP)
- Office Based Opioid Treatment (OBOT)
- Hospital Emergency Department Services licensed by Virginia Department of Health.
- Pharmacy Services licensed by Virginia Department of Health.

MENTAL HEALTH

- Acute Care General and Emergency Department Hospital Services licensed by Virginia Department of Health.
- Freestanding Psychiatric Hospital and Inpatient Psychiatric Unit licensed by Department of Behavioral Health and Developmental Services.
- Psychiatric Residential Treatment Facility licensed by Department of Behavioral Health and Developmental Services.
- Therapeutic Group Home licensed by Department of Behavioral Health and Developmental Services.
- Outpatient mental health clinic services licensed by Department of Behavioral Health and Developmental Services.
- Outpatient psychiatric services provider
- CMHRS provider licensed by the Department of Behavioral Health and Developmental Services



GOVERNOR'S ACCESS PLAN FOR THE SERIOUSLY MENTAL ILL (GAP)



Bridging the Mental Health Coverage GAP

Eligibility & Enrollment

Requirements

Ages 21 through 64

U.S. Citizen or lawfully residing immigrant

Not eligible for any existing entitlement program

Resident of VA

Income below 80%* of Federal Poverty Level (FPL) (*80% + 5% disregard)

Effective 10/1/2017, Income below 100%* of FPL (*100% + 5% disregard)

Uninsured

Does not reside in long term care facility, mental health facility or penal institution

Screened and meet GAP SMI criteria

GAP application is a two step process:

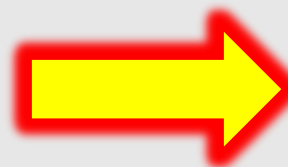
- Financial/non-financial determination with Cover Virginia
- GAP SMI determination with Magellan

Bridging the Mental Health Coverage GAP

GAP Benefits

Integrating care coordination, primary care, specialty care, pharmacy and behavioral health services

Outpatient Medical	Outpatient Behavioral Health	Magellan Only Services	Substance Abuse Services
Primary & Specialty Care	GAP Case Management	Care Coordination; Community Wellness/Community Connection	<ul style="list-style-type: none"> Screening Brief Intervention and Referral to Treatment Intensive Outpatient Outpatient
Laboratory	Psychiatric Evaluation, Management and Treatment	Crisis Line available 24/7	Opioid Treatment Programs
Pharmacy	Crisis Intervention and Stabilization	Recovery Navigation	Office Based Opioid Treatment
Diagnostic Services <ul style="list-style-type: none"> Physician's office Outpatient hospital coverage limited to: diagnostic ultrasound, diagnostic radiology (including MRI and CAT) and EKG including stress 	Psychosocial Rehabilitation		Effective 7/1/2017 MH and ARTS Peer Supports
			Effective 10/1/2017 Partial Hospitalization, Residential and Inpatient Psychiatric Services
Diabetic Supplies	Outpatient Psych		





QUESTIONS

For more information, please contact:

SUD@dmass.virginia.gov

http://www.dmass.virginia.gov/Content_pgs/bh-sud.aspx