



UPDATE ON VIRGINIA MEDICAID ADDICTION AND RECOVERY TREATMENT SERVICES (ARTS) PROGRAM

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Virginia Department of Medical Assistance Services
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Virginia's Medicaid Program Key Facts



Virginians covered by Medicaid/CHIP



1 in 8

Virginians rely on Medicaid



2 in 3

Residents in nursing facilities supported by Medicaid - Primary payer for LTSS



50%

Medicaid beneficiaries are children



62%

Long-Term Services & Supports spending is in the community



1 in 3

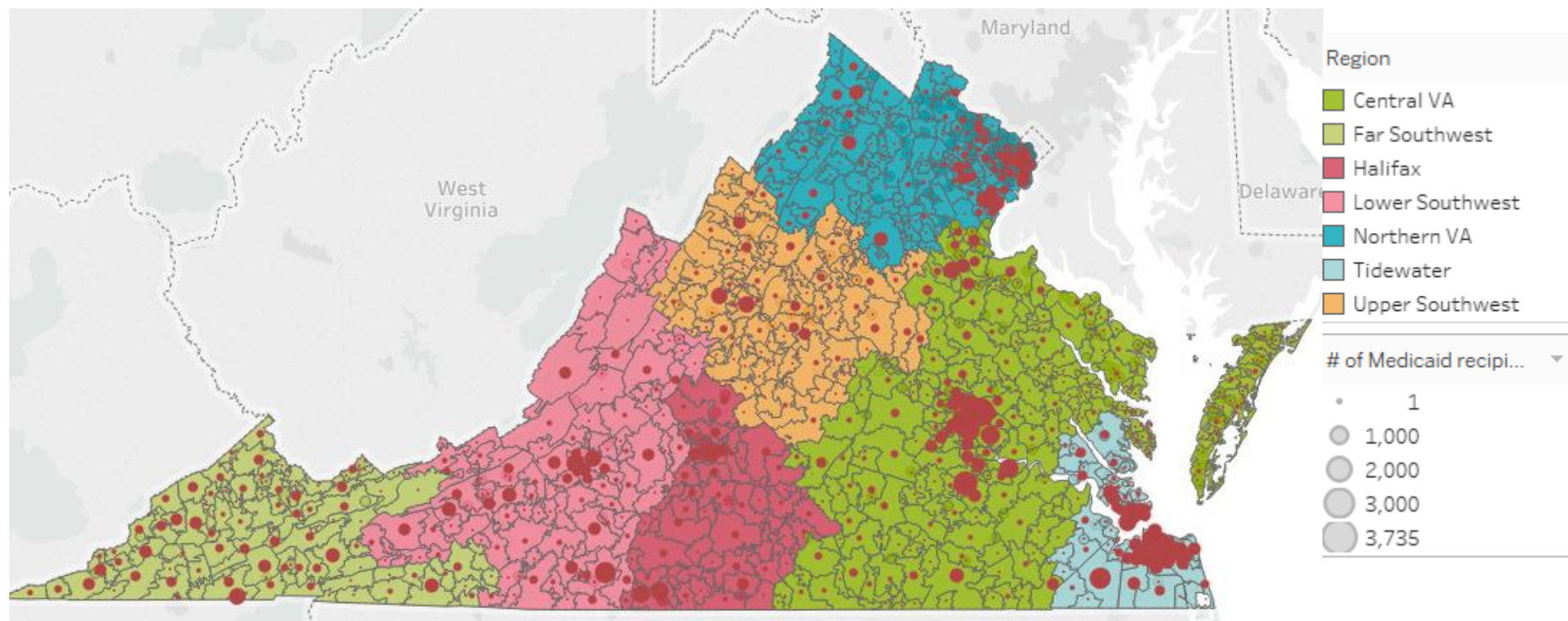
Births covered in Virginia



Behavioral Health

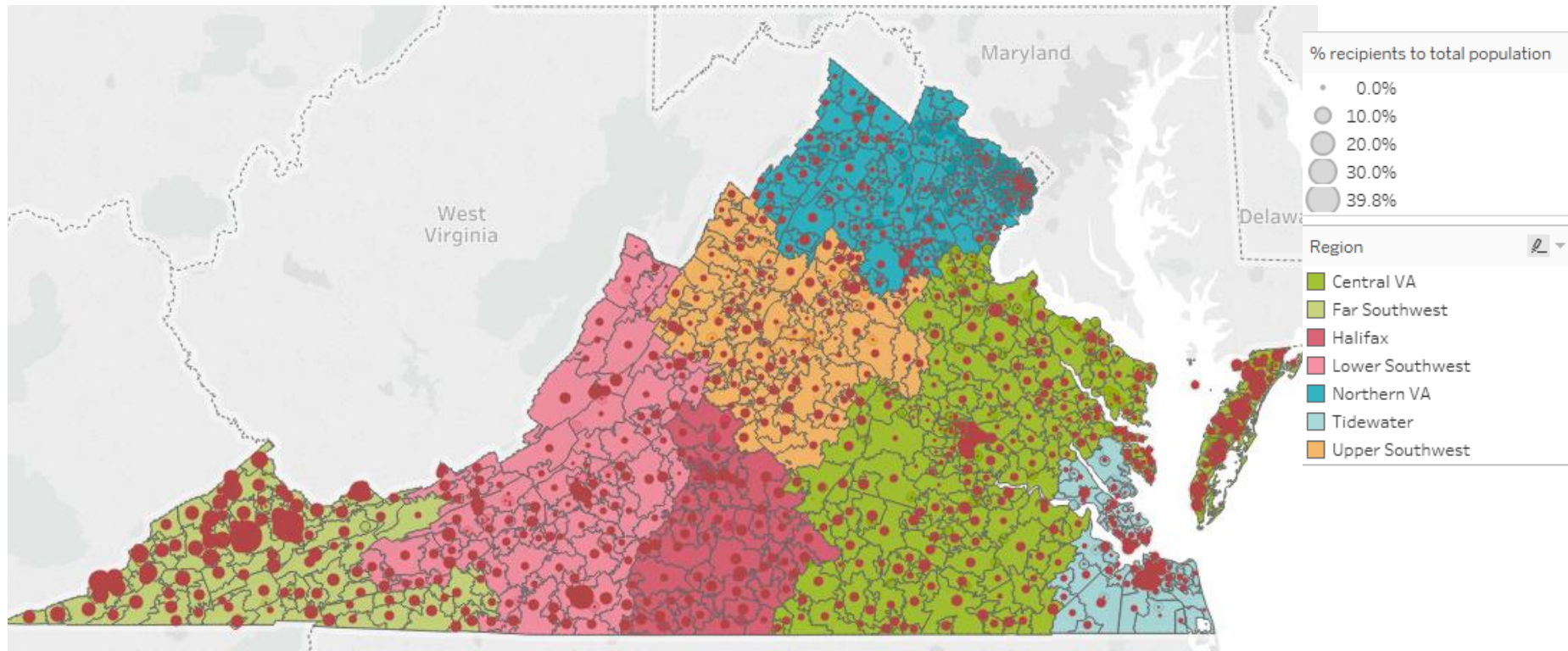
Medicaid is primary payer for services

Medicaid Members with Substance Use Disorder Diagnosis



Source: Department of Medical Assistance Services – claims/encounter data (November 3, 2016).
Circles # of Medicaid recipients whose claims/encounter data included an addiction related diagnosis.

Communities Impacted by Addiction



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

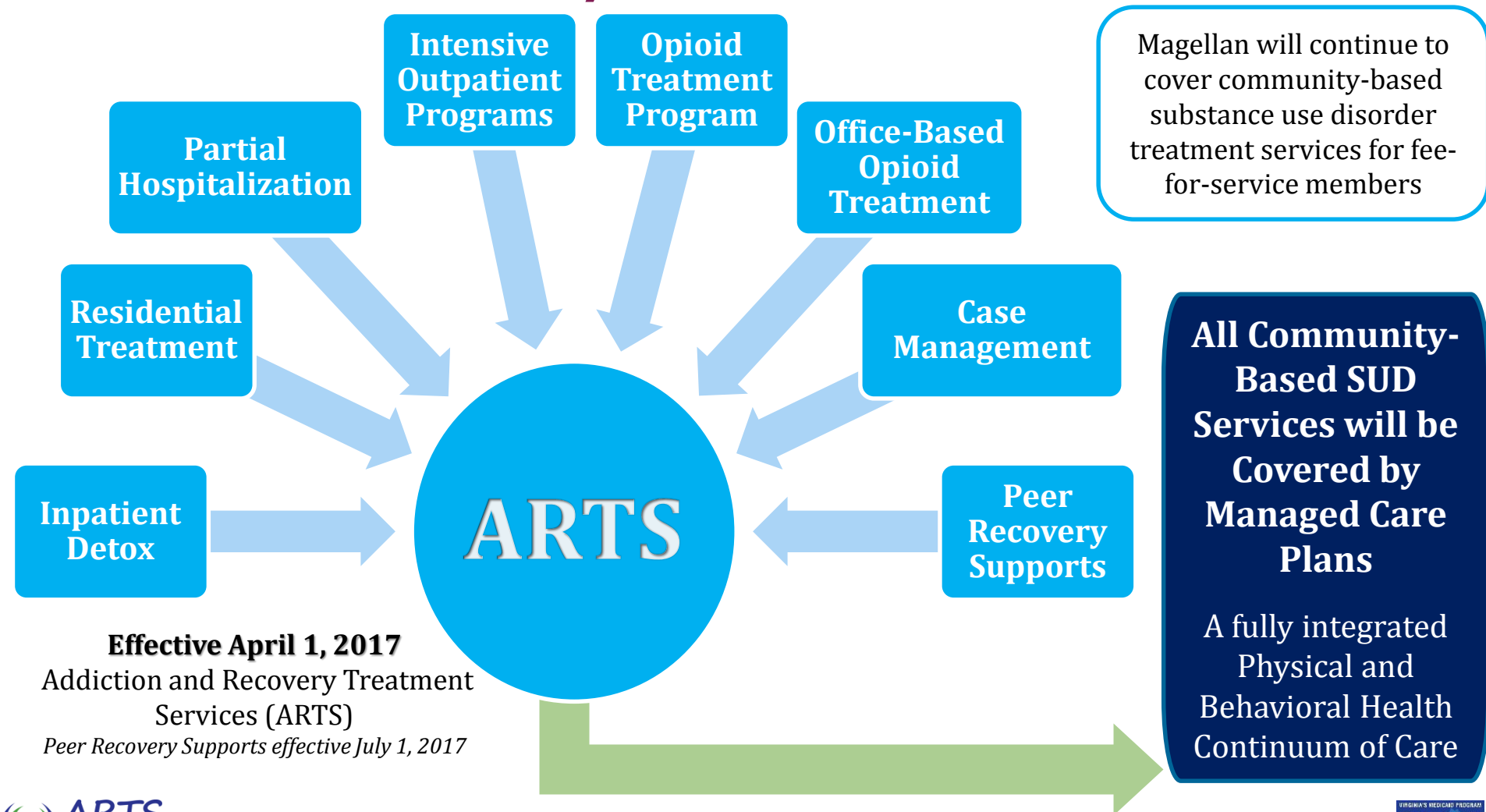
Circles % of Medicaid recipients whose claims/encounter data included an addiction related diagnosis respective to the total population in that zip code.

Addiction and Recovery Treatment Services (ARTS) Benefit

Changes to DMAS's Substance Use Disorder (SUD) Services for Medicaid and FAMIS Members

- 1 Expand short-term SUD inpatient detox to all Medicaid /FAMIS members
- 2 Expand short-term SUD residential treatment to all Medicaid members
- 3 Increase rates for existing Medicaid/FAMIS SUD treatment services
- 4 Add Peer Support services for individuals with SUD and/or mental health conditions
- 5 Require SUD Care Coordinators at DMAS contracted Managed Care Plans
- 6 Organize Provider Education, Training, and Recruitment Activities

Transforming the Delivery System for Community-Based SUD Services



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"> Substance Abuse Group Home Substance Abuse Halfway House
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

“Gold Card” Office-Based Opioid Treatment

Settings and Care Model

- CSBs, FQHCs, outpatient clinics psychiatry practices, primary care clinics
- Provide Medication Assisted Treatment (MAT) - use of medications in combination with counseling and behavioral therapies that results in successful recovery rates of 40-60% for opioid use disorder compared to 5-20% with abstinence-only models
- Supports integrated behavioral health - buprenorphine waived practitioner with on site credentialed addiction treatment professional (e.g., licensed clinical psychologist, LCSW, LPC, licensed psychiatric NP, etc.) providing counseling to patients receiving MAT

Payment Incentives

- Buprenorphine-waivered practitioner in the OBOT can bill all Medicaid health plans for **substance use care coordination code** (\$243 PMPM) for members with moderate to severe opioid use disorder receiving MAT
- Can bill **higher rates for individual and group opioid counseling**
- Can bill for Certified Peer Recovery Support specialists

Workforce

ARTS Provider Training, Recruitment, and Education

- DMAS ARTS 101 for Providers educational sessions and ARTS Provider Manual trainings each attended by **over 1,000 providers**
- VDH Addiction Disease Management courses attended by **over 750 MDs, NPs, PAs, behavioral health clinicians, clinic administrators**
- DBHDS ASAM trainings trained **over 500 providers and MCO care coordinators**
- Secretary's ARTS Summit attended by over 100 health system, CSB, FQHC, and health plan leaders

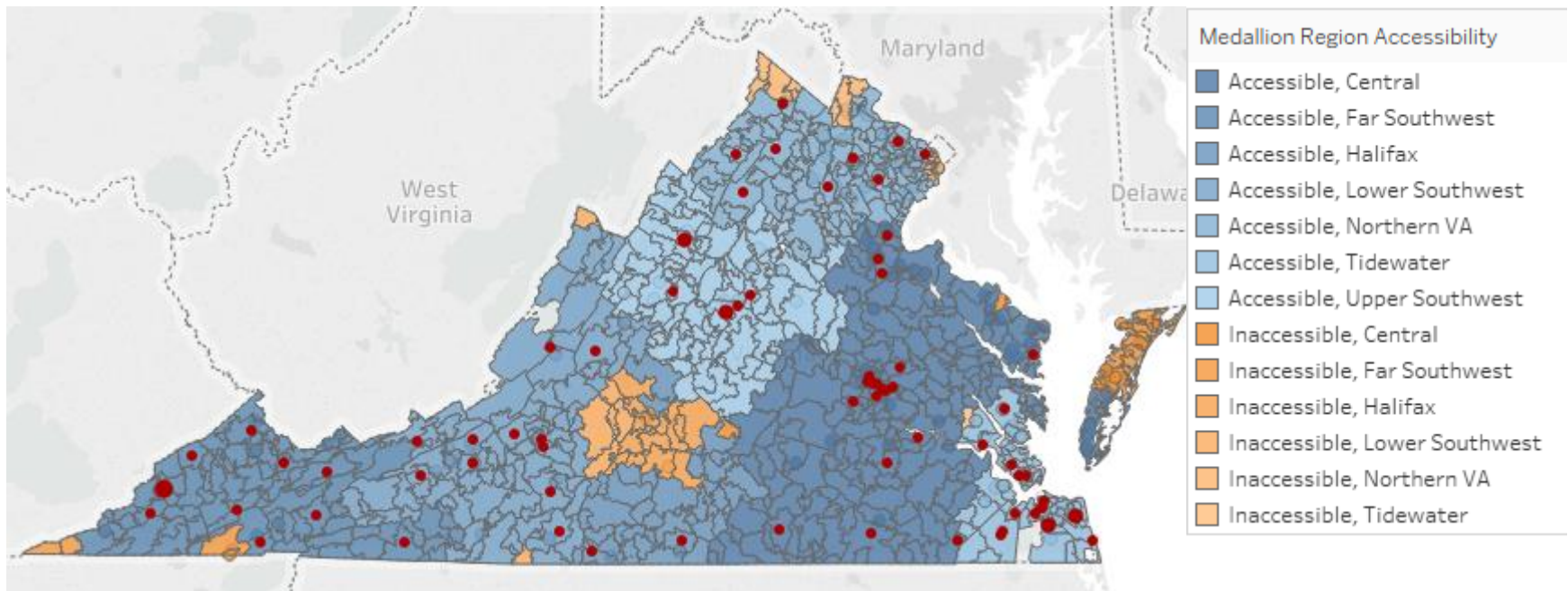
Ongoing Support for ARTS Providers

- DBHDS ASAM trainings continue for providers, plans, executives with special training on use of ASAM for pregnant women
- VDH and DBHDS Project ECHO will provide ongoing support to waived practitioners via telemedicine
- DMAS OBOT Quality Collaboratives integrated into Project ECHO

Increases in Medicaid Addiction Providers Due to ARTS

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	56	NEW

***NEW* ARTS Medicaid Provider Network Adequacy ASAM 4 Inpatient Detox**



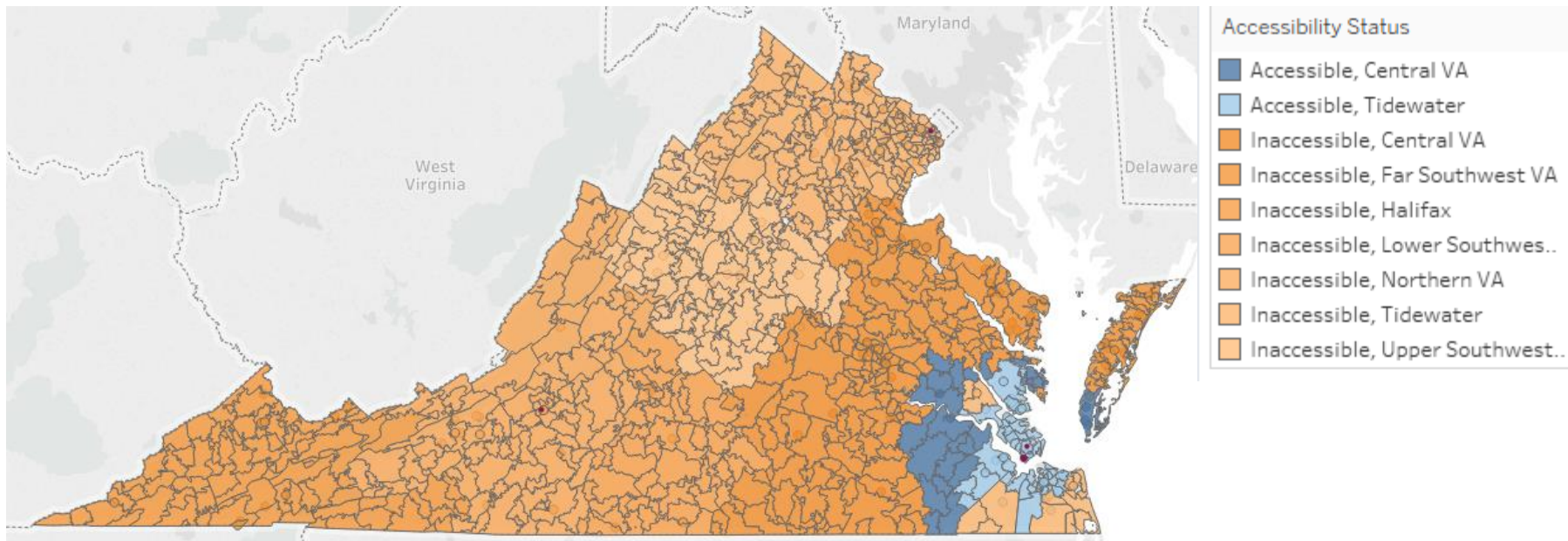
Source: Department of Medical Assistance Services - Provider Network data (July 15 2017).

Circles # of Medicaid providers included in network adequacy access calculation.

For a zip code to be considered accessible, there must be at least two providers within 30 miles (urban) or 60 miles (rural) driving distance.

Driving distance is calculated by Google services based on the centroid of each zip code.

Before ARTS Medicaid Provider Network Adequacy Residential Treatment



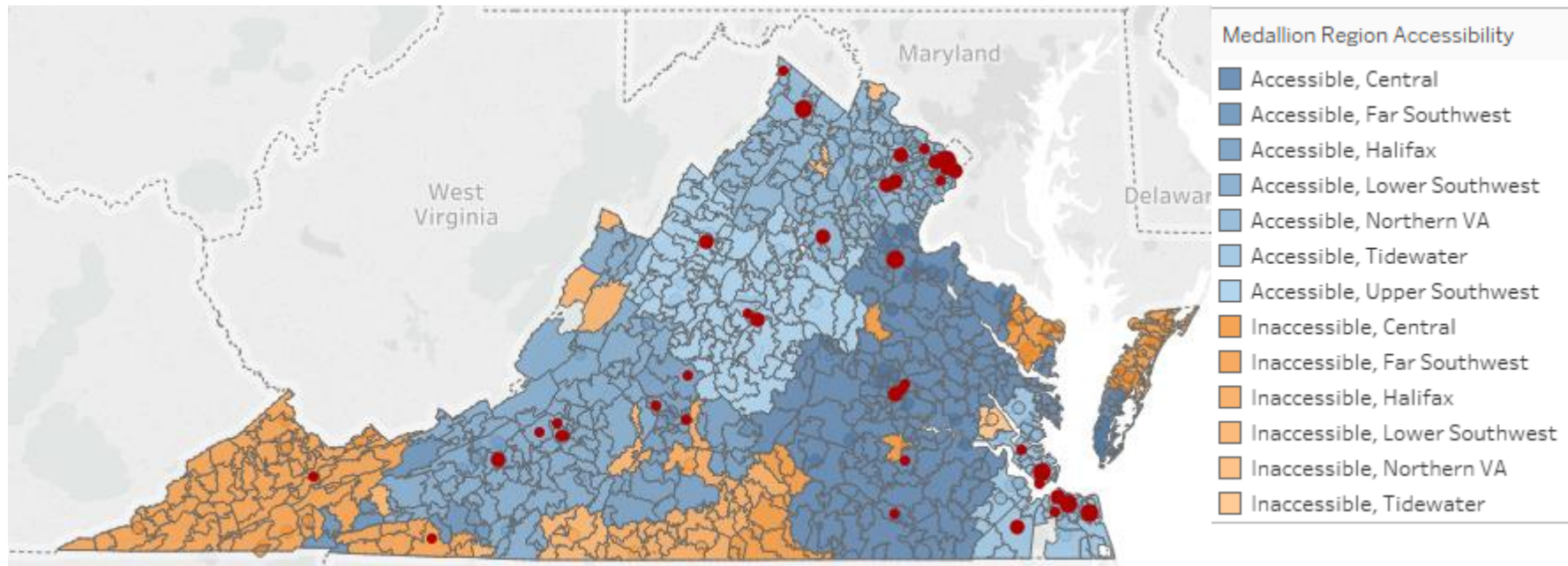
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After ARTS Medicaid Provider Network Adequacy ASAM 3.1/3.3/3.5/3.7 Residential Treatment



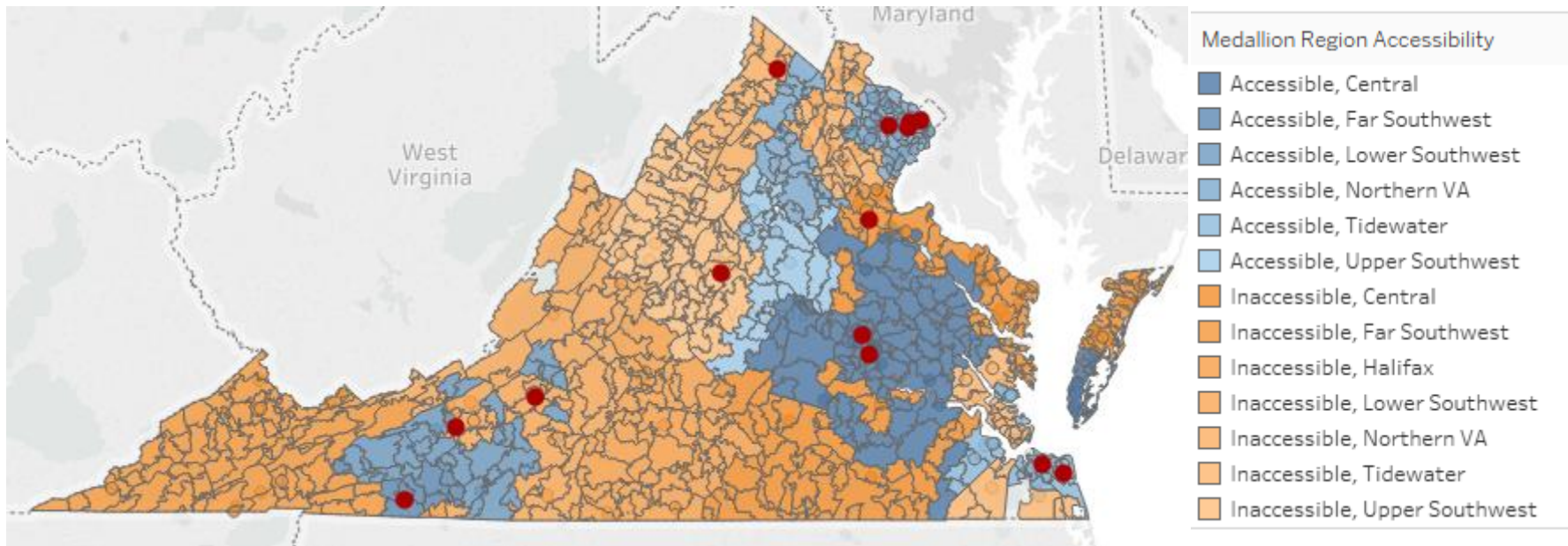
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***NEW* ARTS Medicaid Provider Network Adequacy ASAM 2.5 Partial Hospitalization**



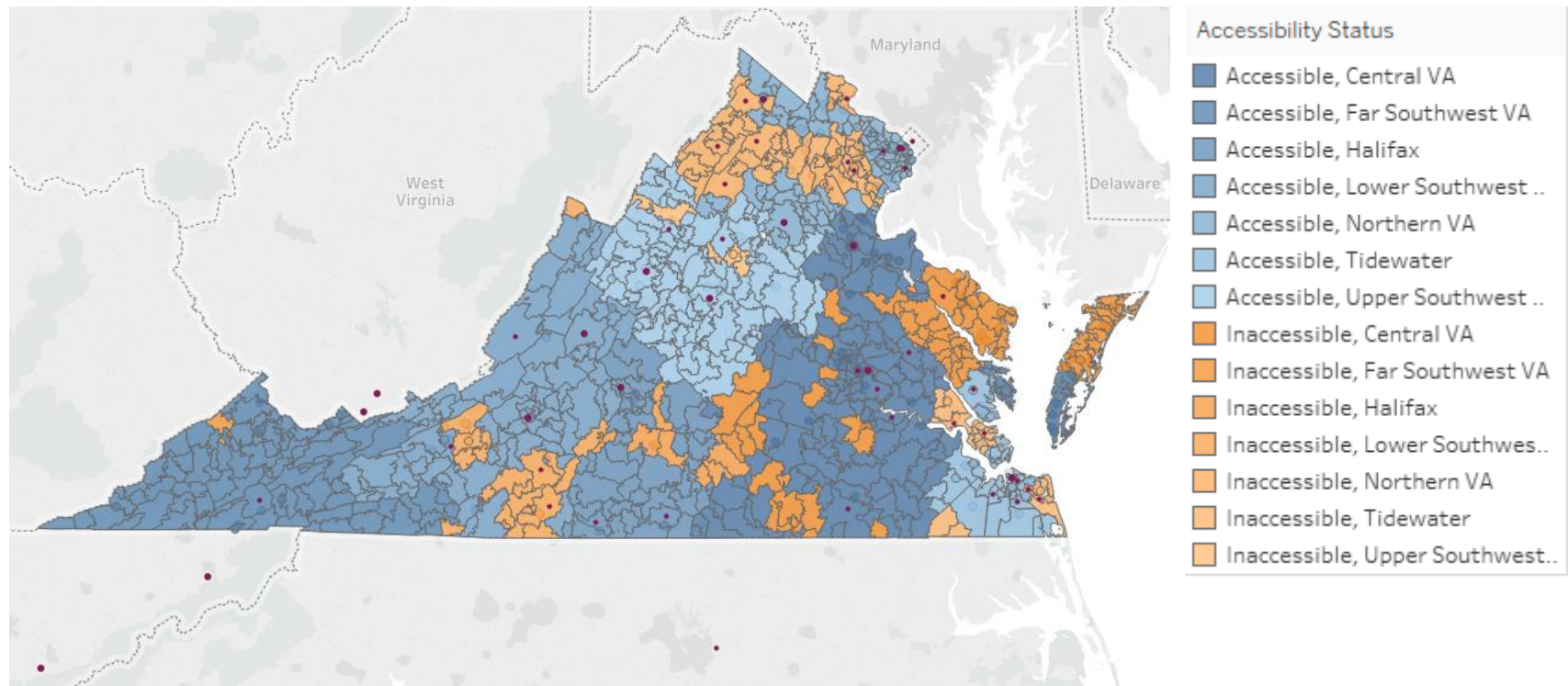
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Before ARTS Medicaid Provider Network Adequacy Intensive Outpatient



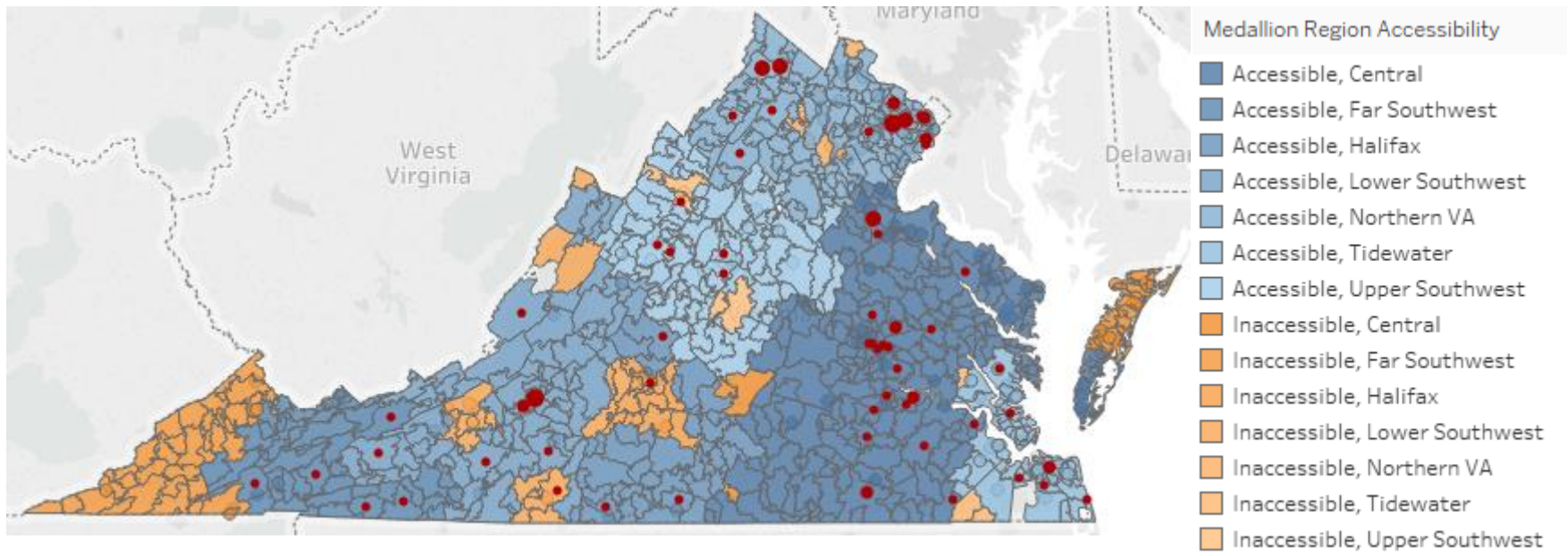
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After ARTS Medicaid Provider Network Adequacy ASAM 2.1 Intensive Outpatient



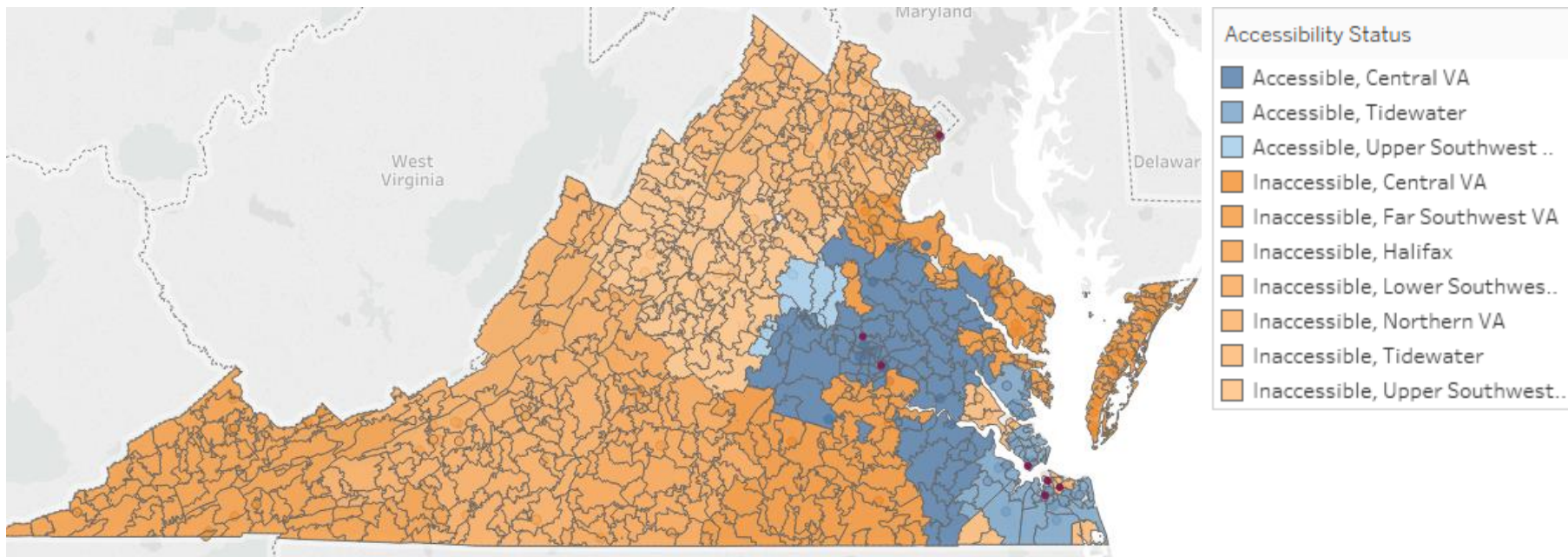
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Before ARTS Medicaid Provider Network Adequacy Opioid Treatment Program



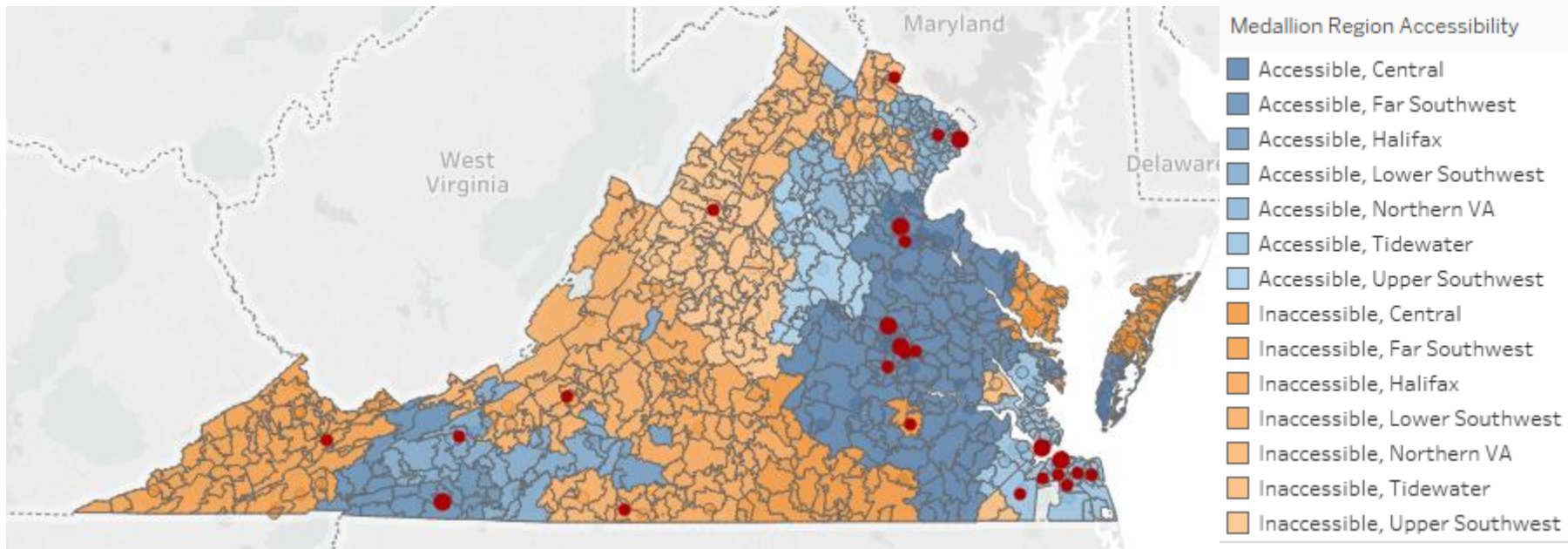
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After ARTS Medicaid Provider Network Adequacy Opioid Treatment Program



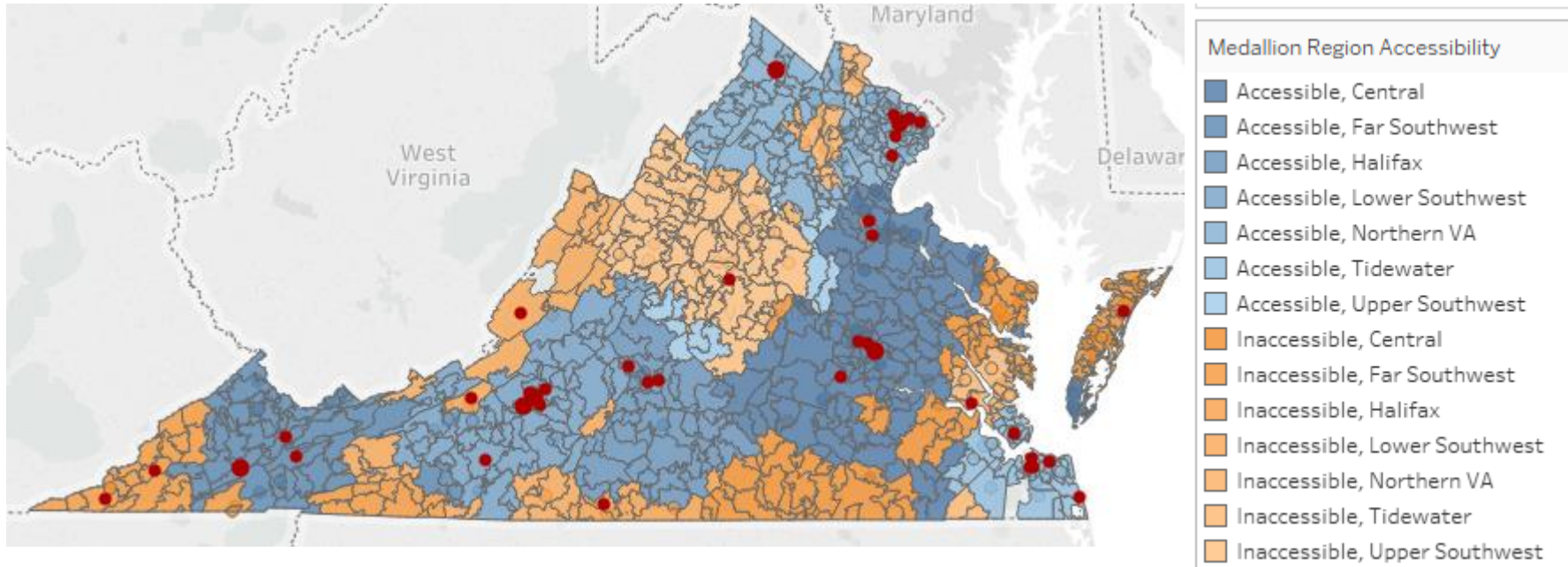
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***NEW* Medicaid Provider Network Adequacy Office Based Opioid Treatment**



Source: Department of Medical Assistance Services - Provider Network data (July 15 2017).

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QUESTIONS

For more information, please contact:

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