

ADDICTION AND RECOVERY TREATMENT SERVICES (ARTS) MANUAL UPDATES MARCH 2022



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**Virginia Department of Medical
Assistance Services**

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Townhall Posting

Chapters that were reviewed

- Chapter 2
- Chapter 4
- Chapter 5
- Chapter 6



Public comments

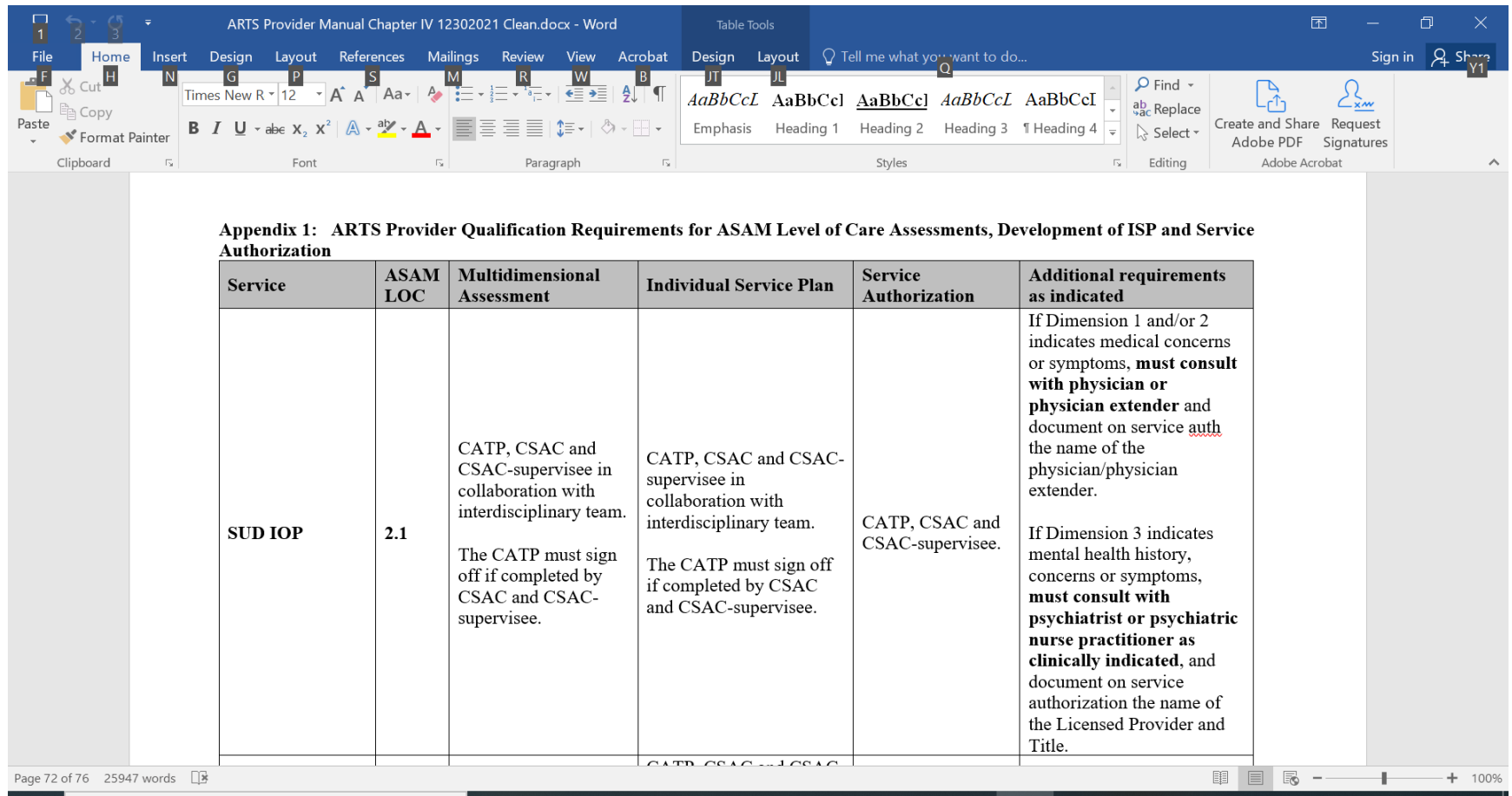
Scope of practice for CSAC and CSAC-Supervisees

- The manual clarifies the scope of practice based on the regulation and authority given by the Board of Counseling.
- Allows CSACs and CSAC-Supervisees to complete:
 - The multidimensional assessment for all ASAM levels except ASAM Level 1.0 and 4.0;
 - The comprehensive ISP
 - Under the supervision of a CATP who must sign off on the assessment and ISP within **three** business days.
- CSACs and CSAC-Supervisees are not included in the definition of a CATP, but within individual services are able to provide care to members.



Public comments

ARTS Provider Qualification Requirements



The screenshot shows a Microsoft Word document titled "ARTS Provider Manual Chapter IV 12302021 Clean.docx". The document content is titled "Appendix 1: ARTS Provider Qualification Requirements for ASAM Level of Care Assessments, Development of ISP and Service Authorization". It contains a table with the following data:

Service	ASAM LOC	Multidimensional Assessment	Individual Service Plan	Service Authorization	Additional requirements as indicated
SUD IOP	2.1	CATP, CSAC and CSAC-supervisee in collaboration with interdisciplinary team. The CATP must sign off if completed by CSAC and CSAC-supervisee.	CATP, CSAC and CSAC-supervisee in collaboration with interdisciplinary team. The CATP must sign off if completed by CSAC and CSAC-supervisee.	CATP, CSAC and CSAC-supervisee.	If Dimension 1 and/or 2 indicates medical concerns or symptoms, must consult with physician or physician extender and document on service auth the name of the physician/physician extender. If Dimension 3 indicates mental health history, concerns or symptoms, must consult with psychiatrist or psychiatric nurse practitioner as clinically indicated , and document on service authorization the name of the Licensed Provider and Title.

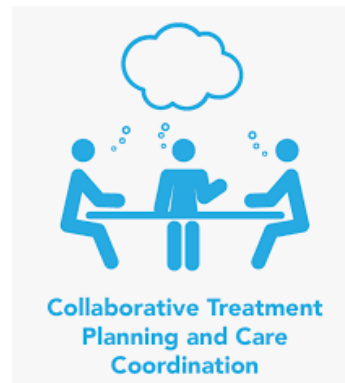
Page 72 of 76 25947 words

<https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderManual>

Public comments

ISP Requirements/Reviews

- The initial and Comprehensive ISP can be developed by the CSAC or CSAC-Supervisees in all ASAM levels with the exception of 1.0 and 4.0.
- Reviews of the ISP can be done by CSAC or CSAC-Supervisees if the CATP signs off within **one** business day.
- *Comment: Not require physician/psychiatrist consult for ISPs or Service Authorizations*
 - DMAS Response: Higher medically/clinically focused settings require consultation per ASAM.



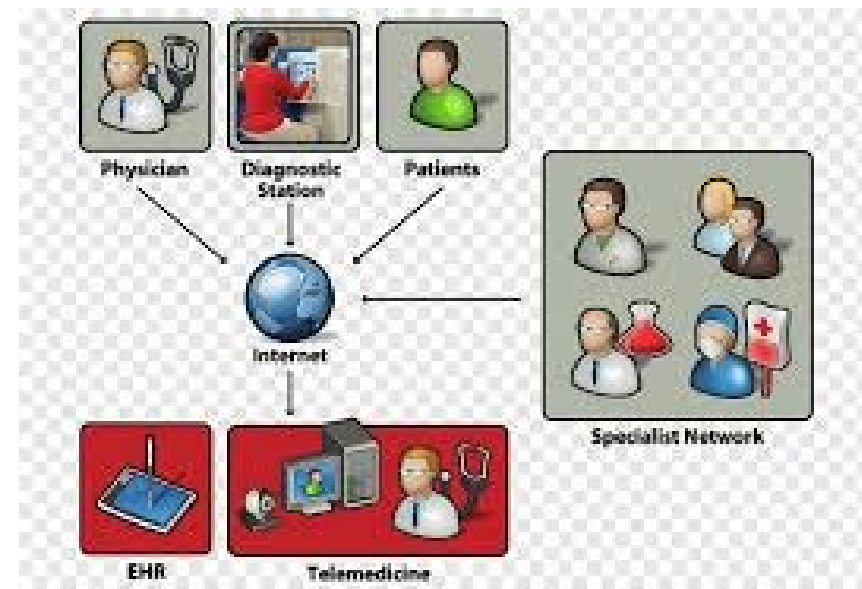
Peers Registration

- *Comment: Delete requirement for Peers certification and registration with the Board. Allow peers to gain these expertise over a 15 month period, similar to the time frame given for STEP-VA peers to become certified before billing Medicaid.*
- DBHDS requires all Peer Recovery Specialists (PRS) to be certified
- The General Assembly authorized the Board of Counseling in 2017 to register PRS.
- DMAS requires the certification and registration with the Board of Counseling to submit for reimbursement



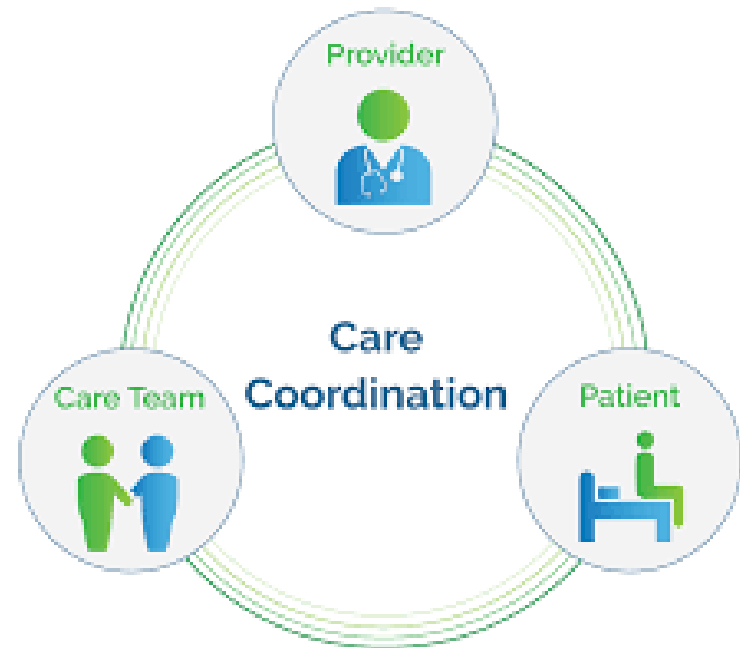
Telehealth

- *Comment: Licensed physicians or physician extenders under supervision of a physician shall perform physical examinations for all individuals who are admitted...* Could this be done with a licensed provider over telehealth when a nurse (or other medical staff) is physically present with a patient in the treatment program?
 - DMAS Response: Telehealth is defined in chapter 4 and the Telehealth Supplement.
- *Comment: Page 23 contains the definition of Telemedicine which exclusively includes “the use of audio and video equipment.” Can a stipulation be added to this that in the event of a technical emergency (utility failure, internet outage, etc.) audio-only services will be accepted?*
 - DMAS Response: Audio only was an allowed flexibility during the Federal Public Health Emergency, but is not allowed in the Telehealth Supplement



Substance Use Care Coordination

- *Comment: Care Coordination should absolutely include assisting patients with Medicaid transportation because the service is horrible. Patients are stranded for hours and unable to get anyone to help them despite repeated calls from the patient and our staff.*
 - DMAS Response: Scheduling transportation cannot be the sole activity to support monthly billing.



Transportation Concerns

Steps for Members Having Transportation Concerns

1. Ensure the Member is calling the NEMT Ride Assist telephone number and file a complaint or tell the CSR the provider hasn't returned for the transport.
2. Ensure the Member gets a complaint number
3. If the issue continues, send the following information to Transportation@DMAS.Virginia.gov
 1. Name of Member
 2. Member Medicaid ID not MCO ID number
 3. Member Telephone number
 4. MCO they are enrolled with if known
 5. Address of the clinic and what days they go
 6. Complaint numbers and any info given Member from their NEMT program Ride Assist
 7. Give a brief description of the issue.

Preferred Office-Based Opioid Treatment (OBOT) Services

- As of February 24, 2022, there are 193 OBOT providers in the Commonwealth.
 - 60 in Southwest VA & Tennessee region
 - 30 in Northern VA region
 - 29 in Tidewater region
 - 26 in Central VA region
- Per the Opioid Treatment Services manual supplement, the foundation of the Preferred OBOT model is to provide the medical and behavioral health services within the same location, have in-person interactions with the member and care coordination to support the member in their recovery.
- Preferred OBOT services may be provided via telehealth based on the individualized needs of the member and must have supporting documentation detailing the exception of telehealth (transportation, childcare, employment, co-morbidities) that impede their access to treatment.

Preferred Office-Based Opioid Treatment Programs, also called Preferred OBOTs, are a type of outpatient addiction treatment designed for people with opioid use disorder (OUD). Preferred OBOTs provide high quality Medication-Assisted Treatment (MAT), for treating people with OUD. This list includes Medicaid enrolled Preferred OBOTs along with their contact information.

Central Region: 26 OBOTs

OBOT	Address	Intake Phone Number	Type
Chesterfield CSB	6801 Lucy Corr Court Chesterfield, VA 23832	804-768-7318	Community Services Board
Henrico Area Mental Health and Developmental Services (multiple locations)	10299 Woodman Road Glen Allen, VA 23060	804-727-8515	Community Services Board
	3908 East Nine Mile Road Henrico, VA 23223	804-727-8515	Community Services Board
	9403-A Pocahontas Trail Providence Forge, VA 23140	804-727-8515	Community Services Board
Fredericksburg Medical Center (Kaiser Permanente facility)	2010 Brems Road, Suite 122 Henrico, VA 23226	804-727-8515	Community Services Board
	1201 Hospital Drive Fredericksburg, VA 22401	301-816-6148	Medical Clinic
MCV – MOTIVATE Clinic (multiple locations)	501 North 2 nd Street Richmond, VA 23219	804-628-6777	Medical Clinic

Preferred Office-Based Opioid Treatment (OBOT) Services Provider Requirements

Buprenorphine-Waivered Practitioner

- **Must** have complete one of the continuing medical education courses approved by the Center for Substance Abuse Treatment and obtained the waiver to prescribe or dispense buprenorphine for opioid use disorder required under the Drug Addiction Treatment Act of 2000 and have a Drug Enforcement Agency (DEA)-X number issued and included on all buprenorphine prescriptions for treatment of opioid use disorder.
 - Nurse Practitioners and Physician Assistants prescribing buprenorphine, who have obtained a SAMHSA waiver and the appropriate DEA registration shall prescribe under a practice agreement with a waived doctor of medicine or doctor of osteopathic medicine.



Preferred Office-Based Opioid Treatment (OBOT) Services Provider Requirements

Buprenorphine-Waivered Practitioner

- A nurse practitioner to whom a license is issued by endorsement may practice without a practice agreement with a patient care team physician if such application provides an attestation to the Boards that the applicant has completed the equivalent of at least two years of full-time clinical experience, as determined by the Boards, in accordance with the laws of the state in which the nurse practitioner was licensed (defined in §54.1-2957).



Preferred Office-Based Opioid Treatment (OBOT) Services

Provider Requirements

Licensed Behavioral Health Practitioner

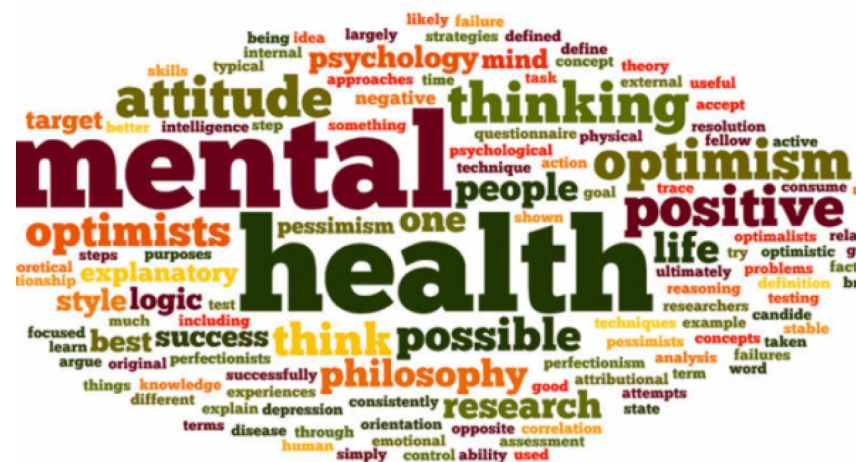
- an addiction-credentialed physician or physician with experience or training in addiction medicine;
- physician extenders with experience or training in addiction medicine;
- a licensed psychiatrist;
- a licensed clinical psychologist;
- a licensed clinical social worker;
- a licensed professional counselor;
- a registered psychiatric clinical nurse specialist;
- a licensed psychiatric nurse practitioner;



Preferred Office-Based Opioid Treatment (OBOT) Services Provider Requirements

Licensed Behavioral Health Practitioner

- licensed marriage and family therapist;
- licensed substance abuse treatment practitioner
- residents under supervision of a licensed professional counselor (18VAC115-20-10), licensed marriage and family therapist (18VAC115-50-10), or licensed substance abuse treatment practitioner (18VAC115-60-10) and registered with the Virginia Board of Counseling;
- residents in psychology under supervision of a licensed clinical psychologist and registered with the Virginia Board of Psychology (18VAC125-20-10);
- supervisees in social work under the supervision of a licensed clinical social worker and registered with the Virginia Board of Social Work (18VAC140-20-10).



Preferred Office-Based Opioid Treatment (OBOT) Services Provider Requirements

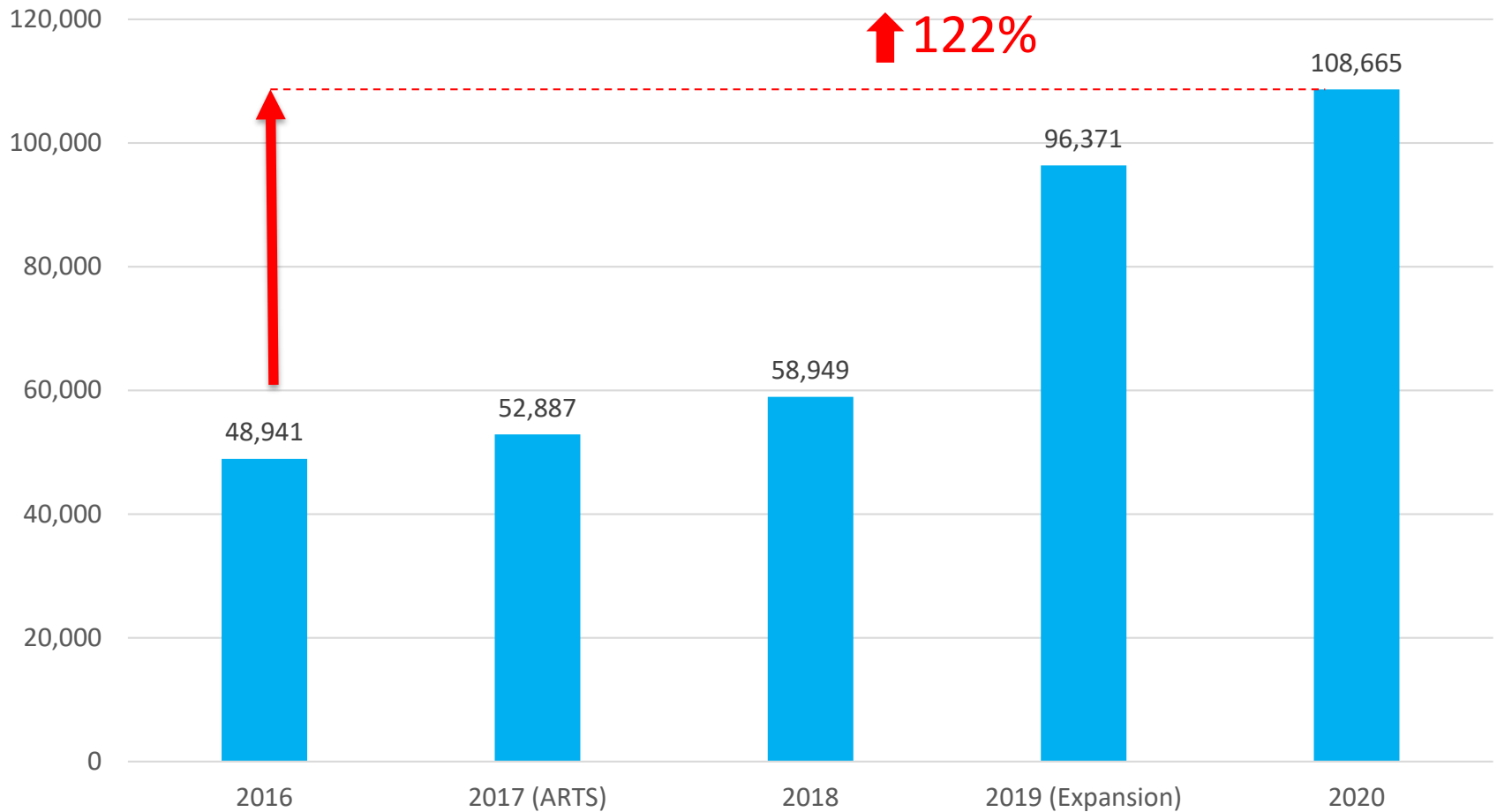
Care Coordinator

- **Must** be under the general supervision of a buprenorphine waived practitioner or Credentialed Addiction Treatment Professional by employment or a contractual relationship with either the buprenorphine waived practitioner, Licensed Credentialed Treatment Professional, or the organization employing the buprenorphine waived practitioner or Credentialed Addiction Treatment Professional:
 - At least a bachelor's degree in one of the following fields (social work, psychology, psychiatric rehabilitation, sociology, counseling, vocational rehabilitation, human services counseling) and have one of the following qualifications (i) substance use related direct experience providing services to individuals with a diagnosis substance abuse use disorder or (ii) clinical experience working with individuals with co-occurring diagnoses of substance use disorder and mental illness; or
 - Licensure by the Commonwealth as a registered nurse with (i) substance use related direct experience providing services to individuals with a diagnosis of substance use disorder or (ii) clinical experience working with individuals with co-occurring diagnoses of substance use disorder and mental illness; or
 - Board of Counseling CSAC, CSAC-Supervisee or CSAC Assistant under supervision as defined in 18VAC115-30-10 et seq.

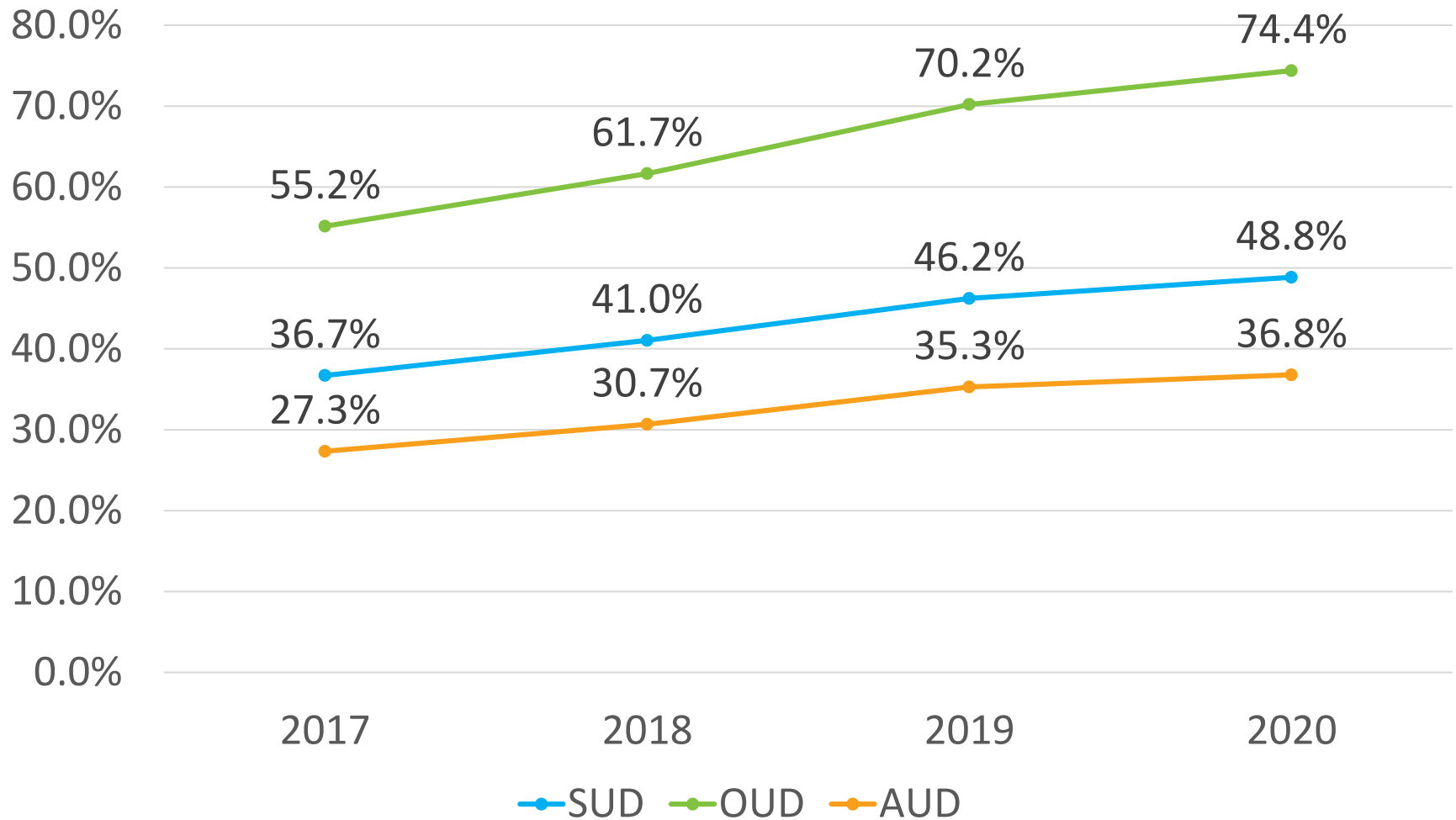
Primary Evaluation Aims for ARTS: Virginia Commonwealth University

- Access to treatment services for Medicaid members with substance use disorders
- Quality of treatment services
- Outcomes of treatment
- (Under waiver extension) Assess cumulative impact of ARTS and Medicaid expansion on Virginia population

Prevalence of Substance Use Disorder (SUD) Among Medicaid Members



Changes in Treatment Rates for Base Medicaid Members



Addiction Treatment Providers Serving Medicaid Members*

Provider Type	# of Providers Before ARTS	# of Providers in ARTS Year 4	% Increase in Providers
Inpatient Detox (ASAM 4)	N/A	55	NEW
Residential Treatment (ASAM 3)	4	139	↑ 3175%
Partial Hospitalization Programs (ASAM 2.5)	N/A	47	NEW
Intensive Outpatient Programs (ASAM 2.1)	49	284	↑ 480%
Opioid Treatment Programs	6	43	↑ 617%
Preferred Office-Based Opioid Treatment Providers	N/A	193	NEW
Outpatient practitioners billing for ARTS services (ASAM 1)	1,087	5,089	↑ 368%

*Magellan of Virginia – BHSA Network July 2021

Preferred Office-Based Opioid Treatment (OBOT) Provider

Aligning Evidence-Based Practices for Treatment of Opioid Use Disorder

- Specific requirements for being approved as a Preferred OBOT
- Increased rates for these enhanced services

Setting

- Primary care clinics, outpatient health system clinics, psychiatry clinics, Federally-Qualified Health Centers (FQHC), Community Services Boards (CSB), Health Departments, and physician offices

Staffing

- Buprenorphine-waivered practitioner (physician, NP or PA)
- Licensed credentialed addiction treatment professionals (e.g., LCSW, LPC, licensed clinical psychologist, etc.)

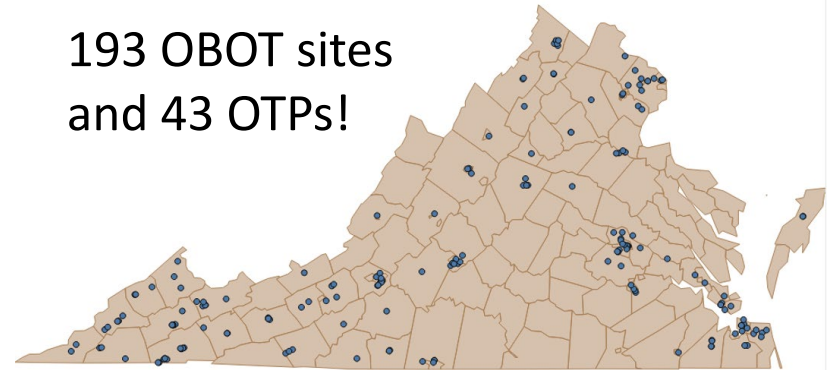
Support Systems

- Care Coordination
- Access to emergency medical and psychiatric care and connections for referrals to higher levels of care

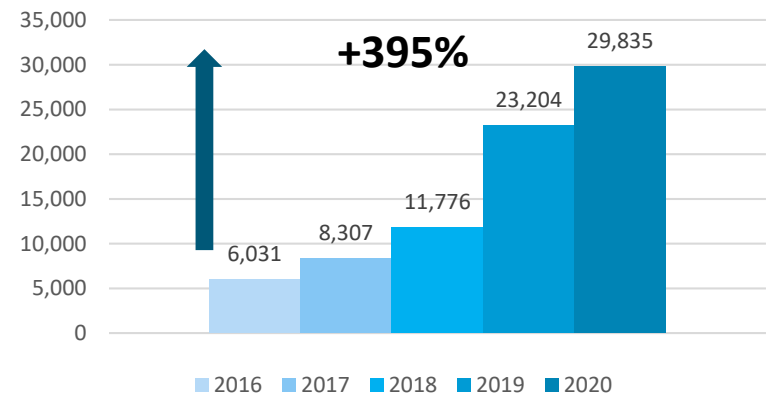
Leveraging the Evidence-Based model for OUD

- Care coordination services provided by Preferred Office-Based Opioid Treatment (OBOT) and Opioid Treatment Programs **facilitate integration of addiction treatment services with physical health and social service needs.**
- **Rates of MOUD use were higher during episodes of treatment at Preferred OBOT providers (81%), compared to other outpatient providers (56%).**
- **Co-prescribing of opioid pain medication and benzodiazepines declined** for members receiving treatment for OUD through Preferred OBOTs.

193 OBOT sites
and 43 OTPs!



Number of Medicaid Members Received MOUD



Expanding the Preferred OBOT model to allow for other primary SUD – MARCH 1, 2022

- DMAS just posted the updated Preferred Office-Based Addiction Treatment (OBAT) and Opioid Treatment Program Supplemental manual on March 3, 2022, effective March 1, 2022.
- Allows for reimbursement within the OBAT model for treating other primary SUD.
- Training coming soon!

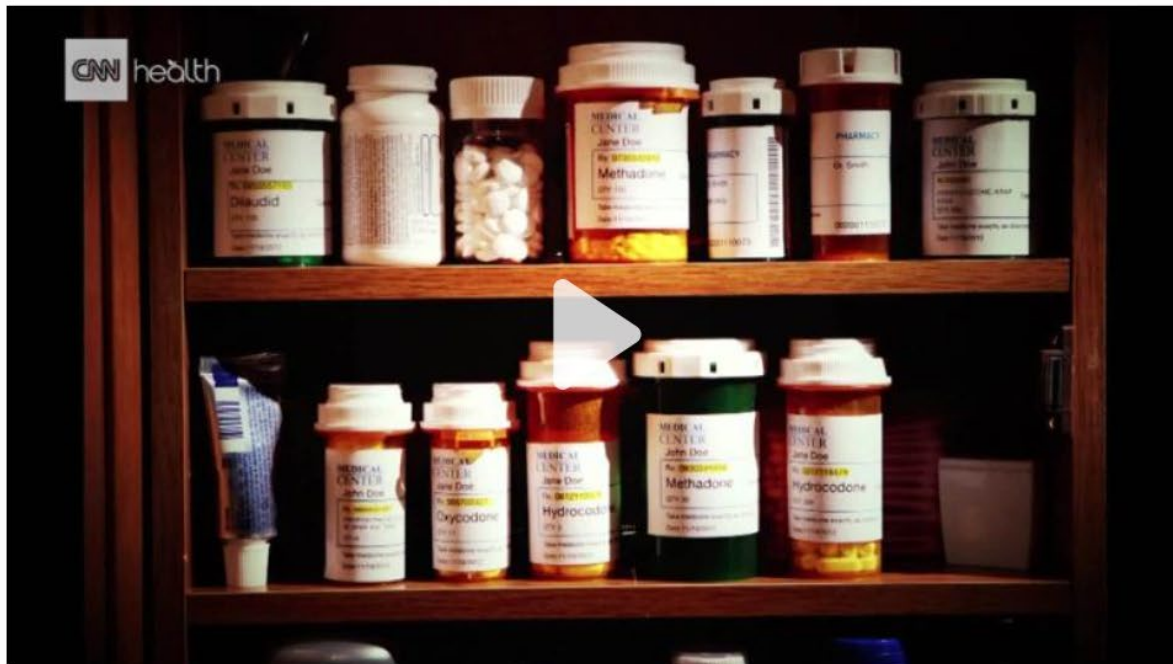
COVID-19 Accelerated Overdose Deaths Nationally

Drug overdose deaths in 2020 hit highest number ever recorded, CDC data shows



By Maggie Fox, CNN

Updated 10:17 AM ET, Wed July 14, 2021



"As we continue to address both the COVID-19 pandemic and the opioid crisis, we must prioritize making treatment options more widely available to people with substance use disorders."

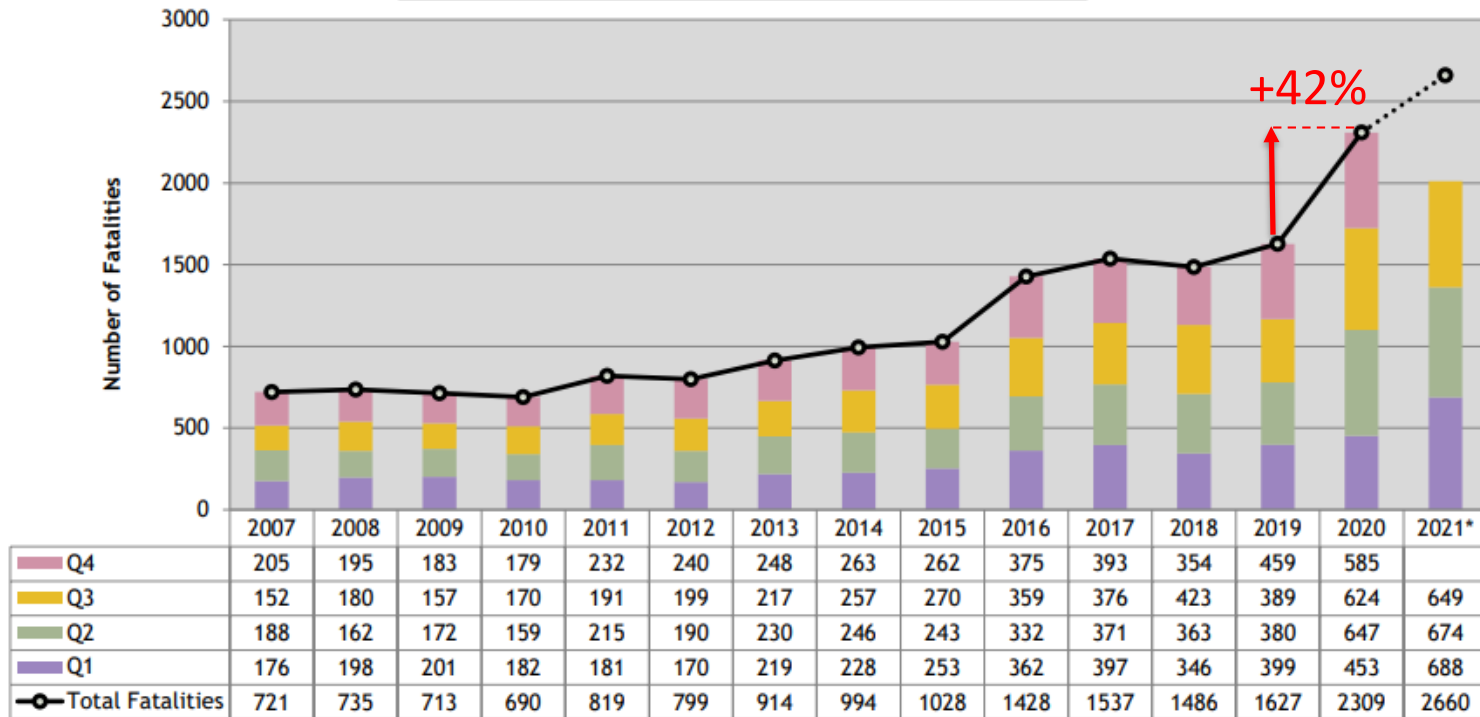
CDC Data: Fatal overdose rates increase by 30% in 2020

Estimated 100,306 people died in 12 month period ending April 2021

...And in Virginia

Fatal Drug Overdose Trends in Virginia – 3rd Quarter 2021

Total Number of Fatal Drug Overdoses by Quarter and Year of Death, 2007-2021*
Data for 2021 is a Predicted Total for the Entire Year

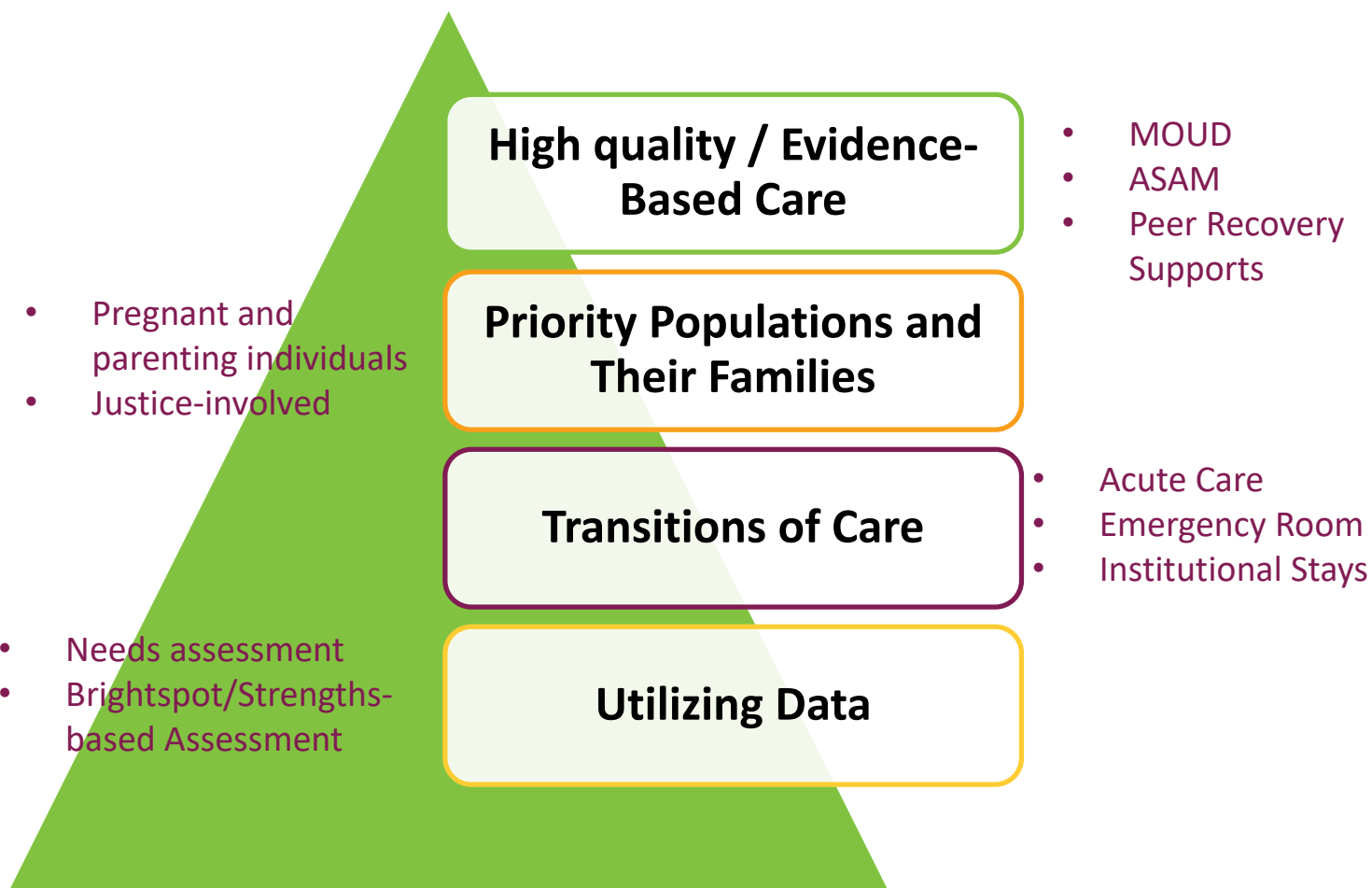


<https://www.vdh.virginia.gov/medical-examiner/forensic-epidemiology/>

WHY do we continue to see an historic rise in overdose deaths in spite of better access to providers and treatment?



An Evolving Strategy to Address the Epidemic



High Quality / Evidence-Based Care

- Expanding the Preferred Office-Based Opioid Treatment (OBOT) model
 - Allowing reimbursement for serving members with other primary Substance Use Disorders as well as Opioid Use Disorder – March 1, 2022
 - Added allowance of Preferred OBOT services provided in a mobile unit
 - Fostering collaboration with Health Systems for ED Bridge Clinics
- Expanding access to Peer Recovery Support Services (PRSS)
 - Streamlined and standardized the registration process across all MCOs
 - Facilitated workgroups and implemented recommendations to remove barriers for service delivery
 - In collaboration with the Department of Behavioral Health and Developmental Services (DBHDS) created one-pagers to promote PRSS and a guidance document for treatment planning documentation that providers requested

High Quality / Evidence-Based Care

- The 2020 General Assembly directed the Department of Behavioral Health and Developmental Services (DBHDS) to utilize emergency authority to **promulgate licensing regulations that align with the American Society of Addiction Medicine (ASAM) Levels of Care Criteria** “to ensure the provision of outcome-oriented and strengths-based care in the treatment of addiction.”
- Following the issuance of the conditional license, a representative of OL will conduct a thorough review of each provider’s compliance with the emergency regulations as part of the annual inspection.
- Once compliance with all the applicable regulations within each service is demonstrated, including the new DBHDS regulations incorporating the ASAM Criteria for the corresponding service, then an annual license will be granted.

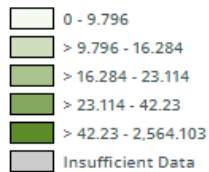
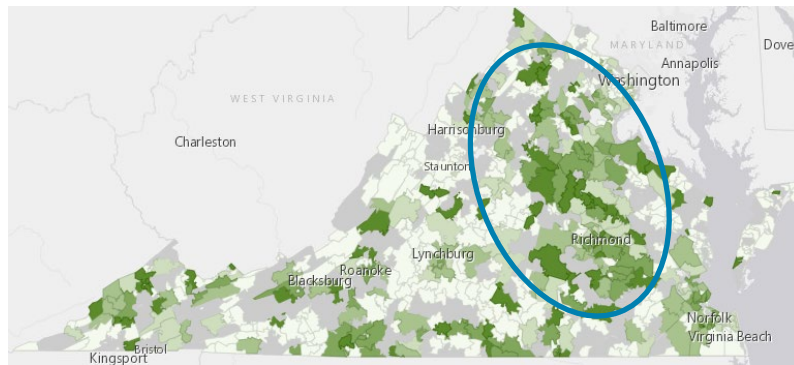
SUPPORT Act Section 1003

Virginia applied and was awarded \$4.9M in September 2019 from the Centers for Medicare and Medicaid Services (CMS) to increase Substance Use Disorder provider capacity

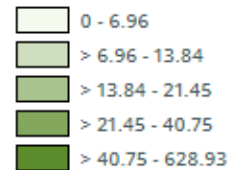
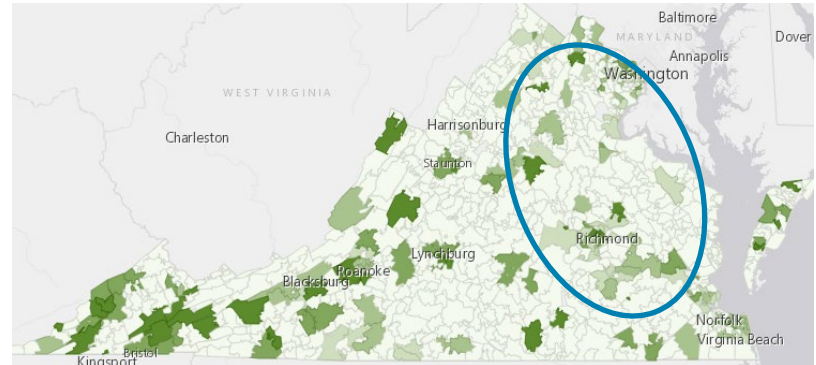
- Building Providers' substance use disorder (SUD) Knowledge/Skills/Abilities: **Total of 150 free SUD provider training webinars and technical assistance sessions** with a total of over 9,000 attendees. Including 3 buprenorphine waiver trainings for prescribers.
- **Conducting surveys** to understand the experiences of ARTS members and SUD providers.
- **Statewide Needs Assessment and identifying Brightspot communities** using data visualization through HealthLandscape

HealthLandscape - 2019

Opioid Overdose Deaths per 100K



Buprenorphine Waivered Practitioners per 100K



Workforce aligns with where deaths used to be and not where they are now.

SUPPORT Act Grant Activities, cont.

- Bi-monthly Stakeholder meetings to report out on grant activities
- Recommendations for **leveraging Managed Care Organizations** to increase access to care
- **Created Hepatitis C Treatment Provider map** to promote screening and treatment access
- Expanding new types of SUD treatment and connections to care models such as the **Emergency Department Bridge Clinics, telehealth, increasing access to PRSS and enhancing collaboration with Public Safety and Medicaid** to improve access to services for those involved in the carceral system

Utilizing Data

- Leveraging Medicaid Managed Care Organizations and External Quality Review Organization
 - Development of performance measures and specifications
 - Concurrent Prescribing of Naloxone and High Dose Opioids
 - Naloxone Use for High Risk of Overdose
 - Treatment of Hepatitis C for those with Hepatitis C and Substance Use Disorder (SUD)
 - Treatment of Human Immunodeficiency Virus (HIV) for those with HIV and SUD
 - Preferred Office-Based Opioid Treatment (OBOT) Compliance
 - Cascade of Care for Members with Opioid Use Disorder (OUD)
 - Cascade of Care for Members with Hepatitis C
 - Cascade of Care for Members with HIV

Winter 2022 Webinar Schedule

- FREE webinars for anyone who serves Medicaid Member
- Registration is now open. Use links in schedule to register and access the webinars.

Winter 2022 Webinar Schedule

Date	Time	Topic	Presenter(s)	Links to Register and Access the Webinar
Thursday, March 10, 2022	1:00 PM - 2:00 PM	Co-occurring Disorders, Part 2	Paul Brasler	https://covaconf.webex.com/covacof/j.php?MTID=mb8b17043826294720bf33319737a6188
Tuesday, March 15, 2022	10:00 AM - 11:00 AM	ASAM Criteria Assessment Dimension 4	Paul Brasler	https://covaconf.webex.com/covacof/j.php?MTID=m2a4a9636c238e0c20dcbc8709217e1f9
Thursday, March 17, 2022	1:00 PM - 2:00 PM	ASAM Criteria Assessment Dimension 4	Paul Brasler	https://covaconf.webex.com/covacof/j.php?MTID=m5f373b1cd8637bfb460da3f0266f777f
Tuesday, March 22, 2022	10:00 AM - 11:00 AM	SUD Treatment for Adolescents [NEW]	Paul Brasler	https://covaconf.webex.com/covacof/j.php?MTID=m9ce4a2b341d258f100099eea5990c93f
Thursday, March 24, 2022	1:00 PM - 2:00 PM	SUD Treatment for Adolescents [NEW]	Paul Brasler	https://covaconf.webex.com/covacof/j.php?MTID=m8217290a7409b5688d3783529cee2dfc
Tuesday, March 29, 2022	10:00 AM - 11:00 AM	ASAM Criteria Assessment Dimensions 5 & 6	Paul Brasler	https://covaconf.webex.com/covacof/j.php?MTID=m691b74b263a84db e8df35dcb80f7c690
Thursday, March 31, 2022	1:00 PM - 2:00 PM	ASAM Criteria Assessment	Paul Brasler	https://covaconf.webex.com/covacof/j.php?MTID=m48a6f567f26b1e7

New Topic: Substance Use Disorder Treatment for Adolescents

Presented on: March 22nd and March 24th

Revisiting Topics:

- Opioids, Stimulants & Cannabis
- ASAM Criteria Assessment Dimensions 1 - 6 (Four part series)**
- Urine Drug Screenings: Purpose & Practice
 - Suicide Assessment
 - SUD & Trauma
- Co-Occurring Disorders (Two parts series)

Webinar Schedule and Slide Decks are available on the SUPPORT grant website: <https://www.dmas.virginia.gov/providers/addiction-and-recovery-treatment-services/support-act-grant/>

Additional Questions?

Call the ARTS Helpline at (804) 593-2453

Email: SUD@dmas.virginia.gov

ARTS Webpage:

<https://www.dmas.virginia.gov/providers/addiction-and-recovery-treatment-services/>

