



# Transforming Medicaid's Addiction and Recovery Treatment Services Benefit:

## *What Providers Need to Know Before Implementation April 1, 2017*

Virginia Department of Medical  
Assistance Services

October 2016

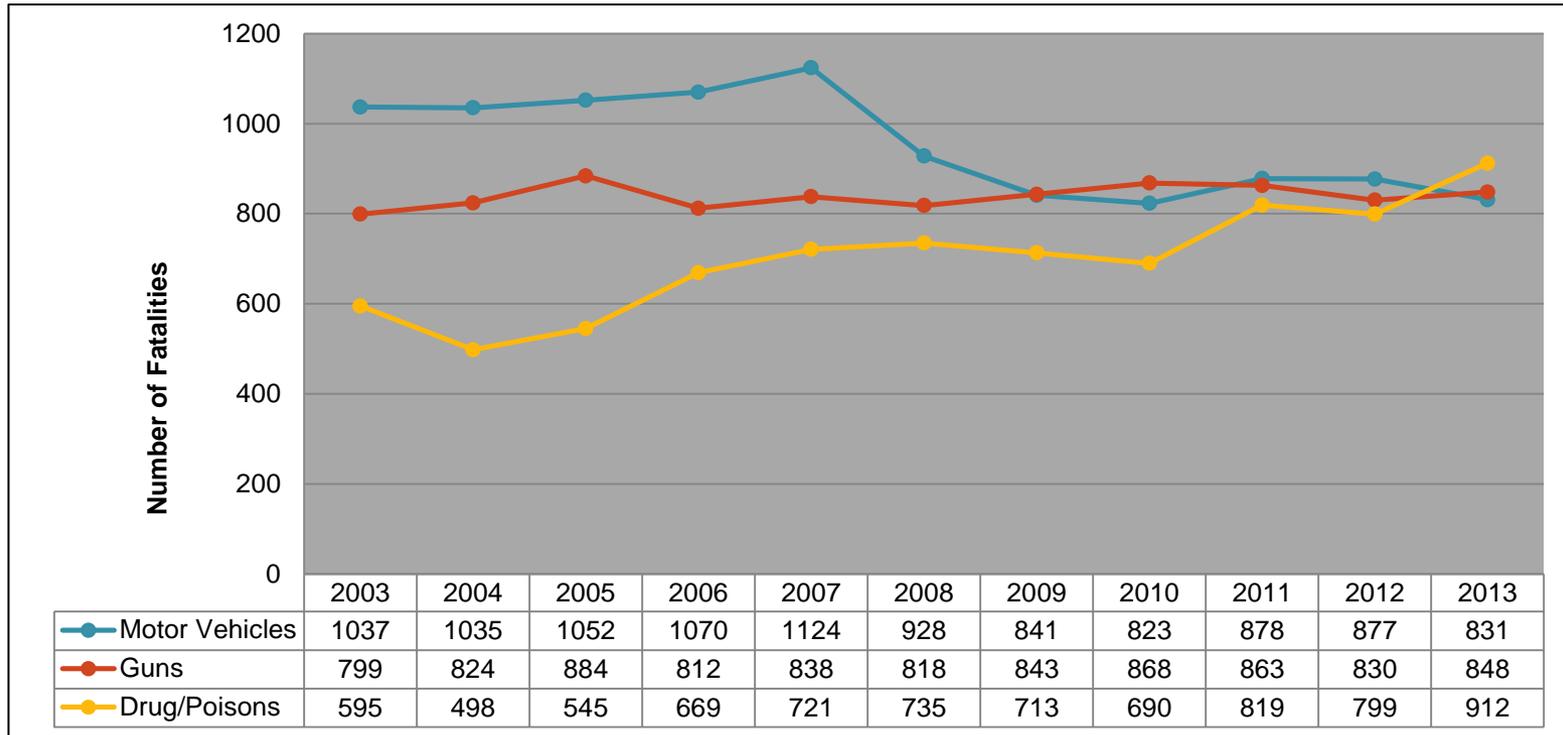
## Agenda

1. Overview of DMAS's Addiction and Recovery Treatment Services (ARTS) Program Transformation
2. American Society of Addiction Medicine (ASAM) Levels of Care
3. ARTS Covered Services and Rate Structure
4. ARTS Provider Qualifications
5. Medication Assisted Treatment (MAT): Covered Medications, Reimbursement, and Preferred Provider Network
6. VDH Addiction Disease Management Statewide Trainings
7. Next Steps
8. Questions



## The Scope of the Opioid Crisis in Virginia

In 2013, more Virginians died from drug overdose than **car accidents or homicides**. 80% of drug overdose deaths were attributed to **prescription opioid drugs and heroin**

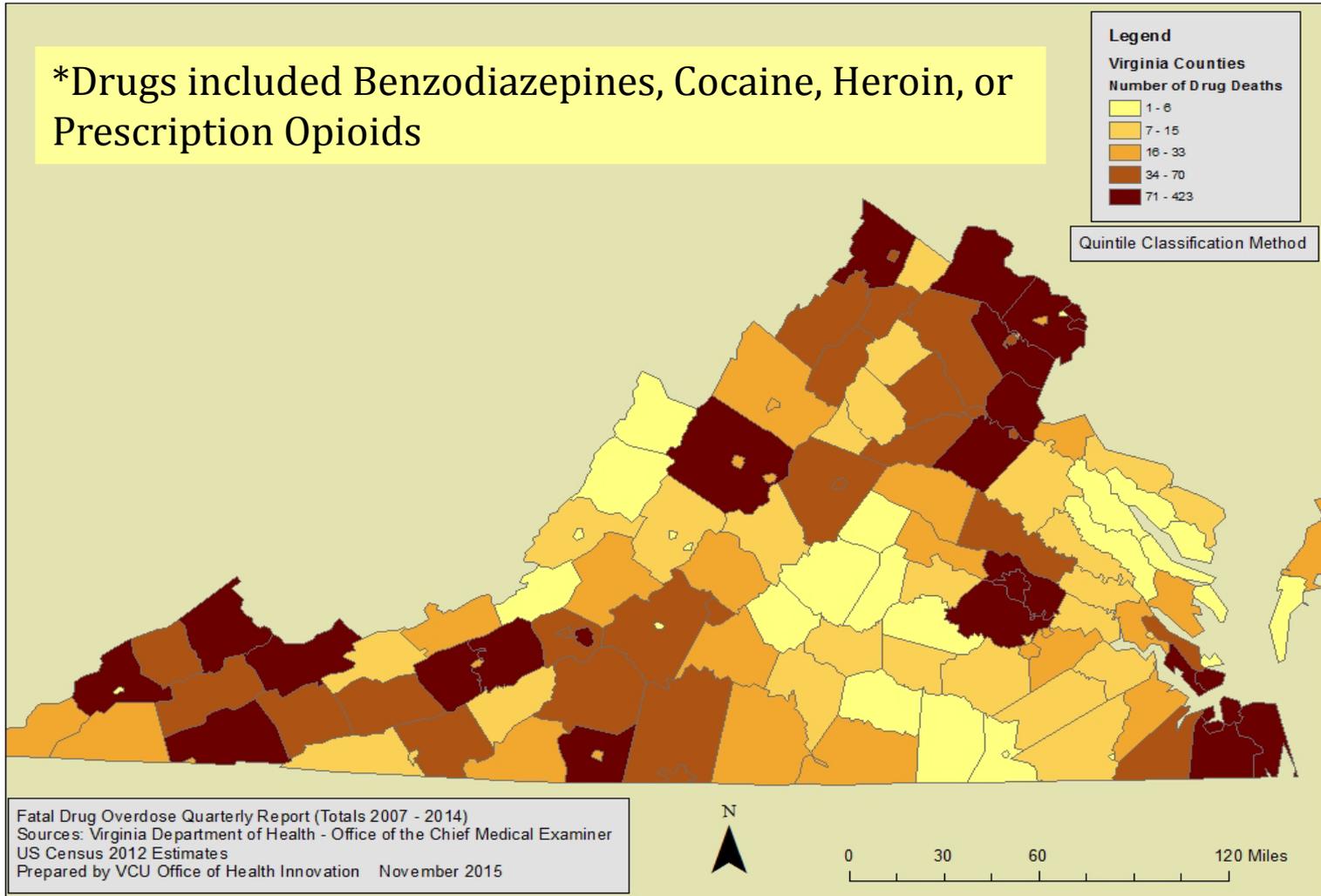


Virginia OCME's Top 3 Methods of Death by Number and Year of Death



# Number of All Fatal Drug\* Overdoses in Virginia Cities and Counties

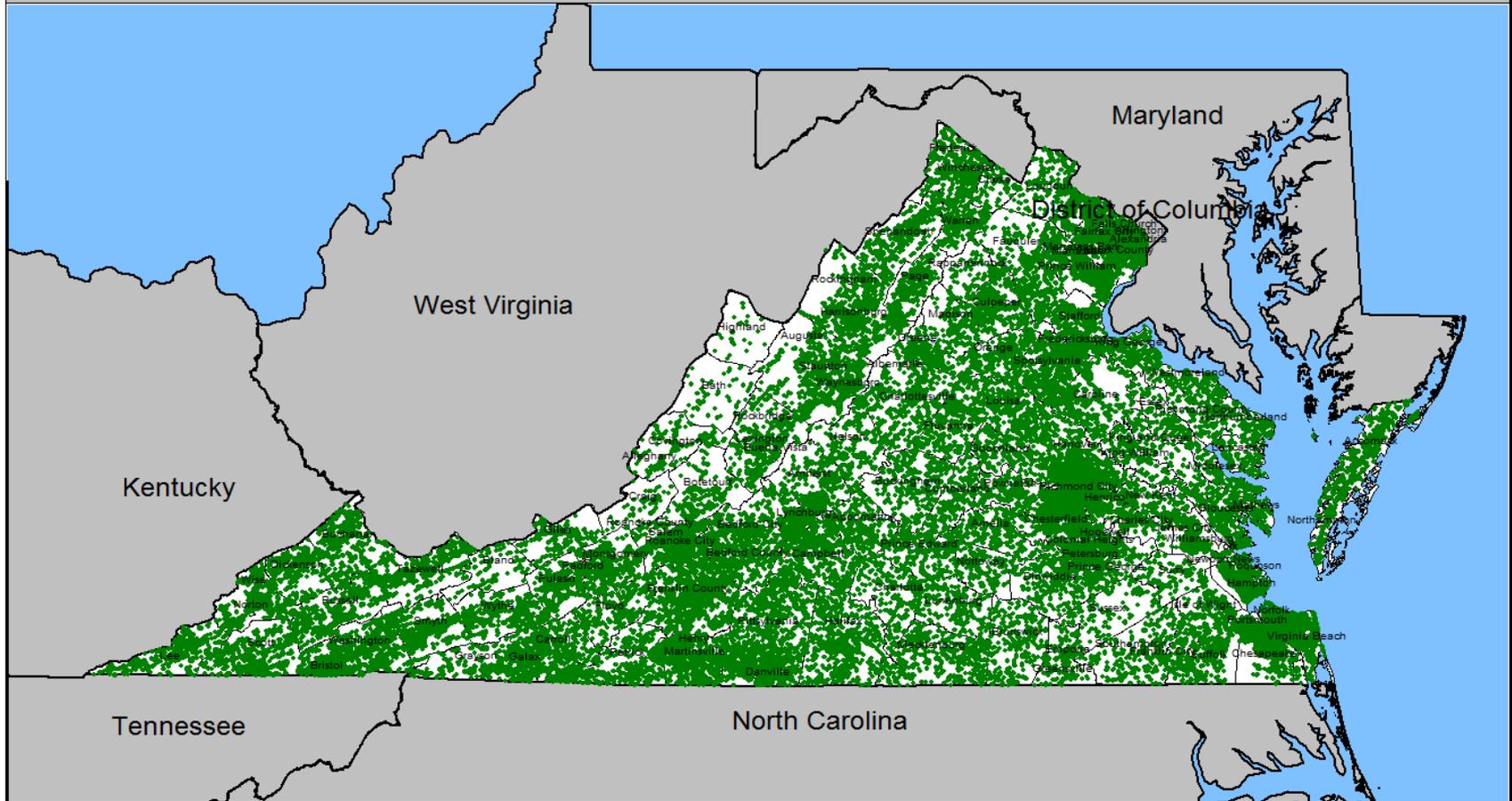
\*Drugs included Benzodiazepines, Cocaine, Heroin, or Prescription Opioids





# Locations of Members Enrolled in Medicaid with SUD Diagnosis

Members based on claims with Substance Abuse Diagnosis - SFY 2015

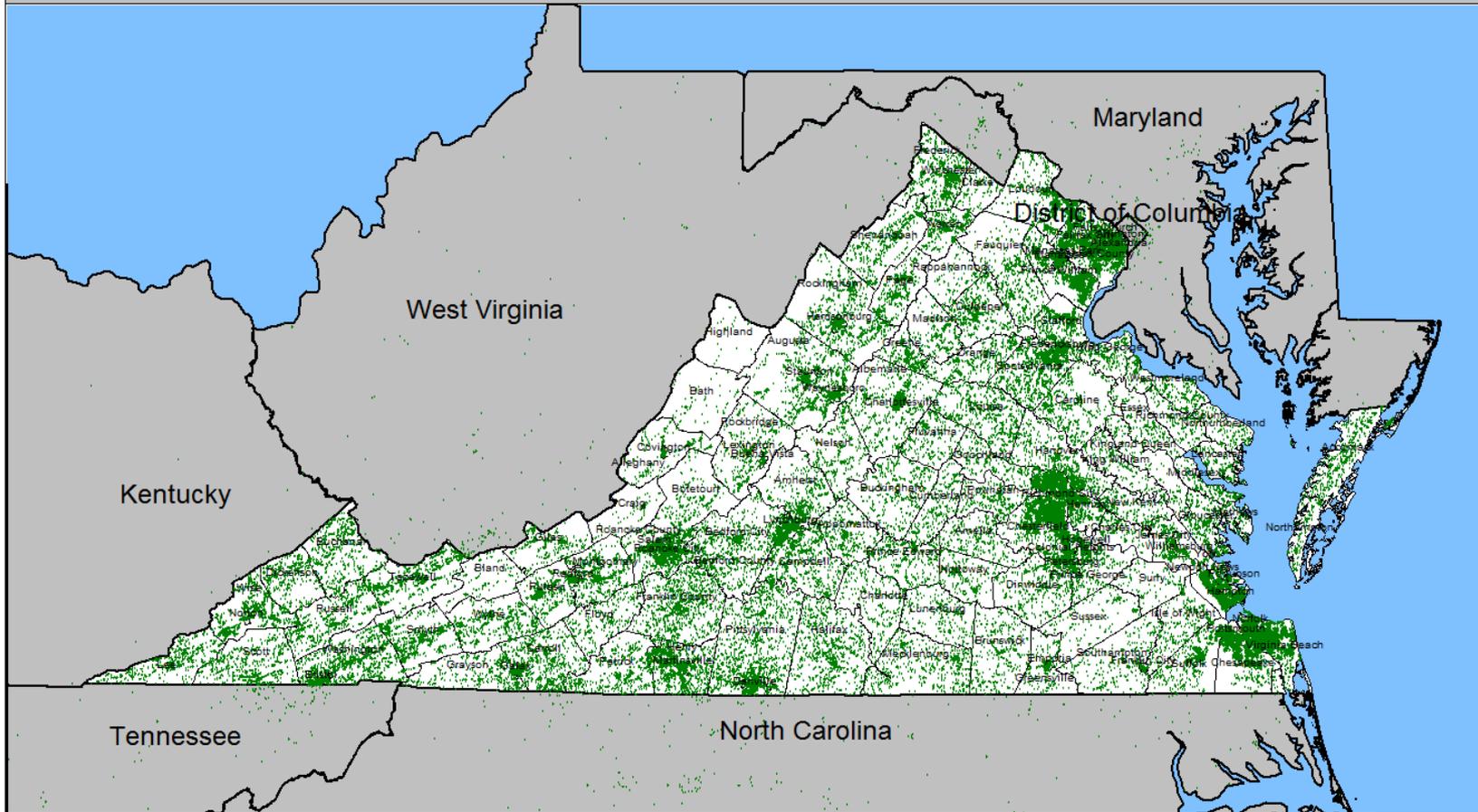


216,555 members



# Locations of Members Enrolled in Medicaid with SUD Diagnosis

Members based on claims with Substance Abuse Diagnosis - SFY 2016

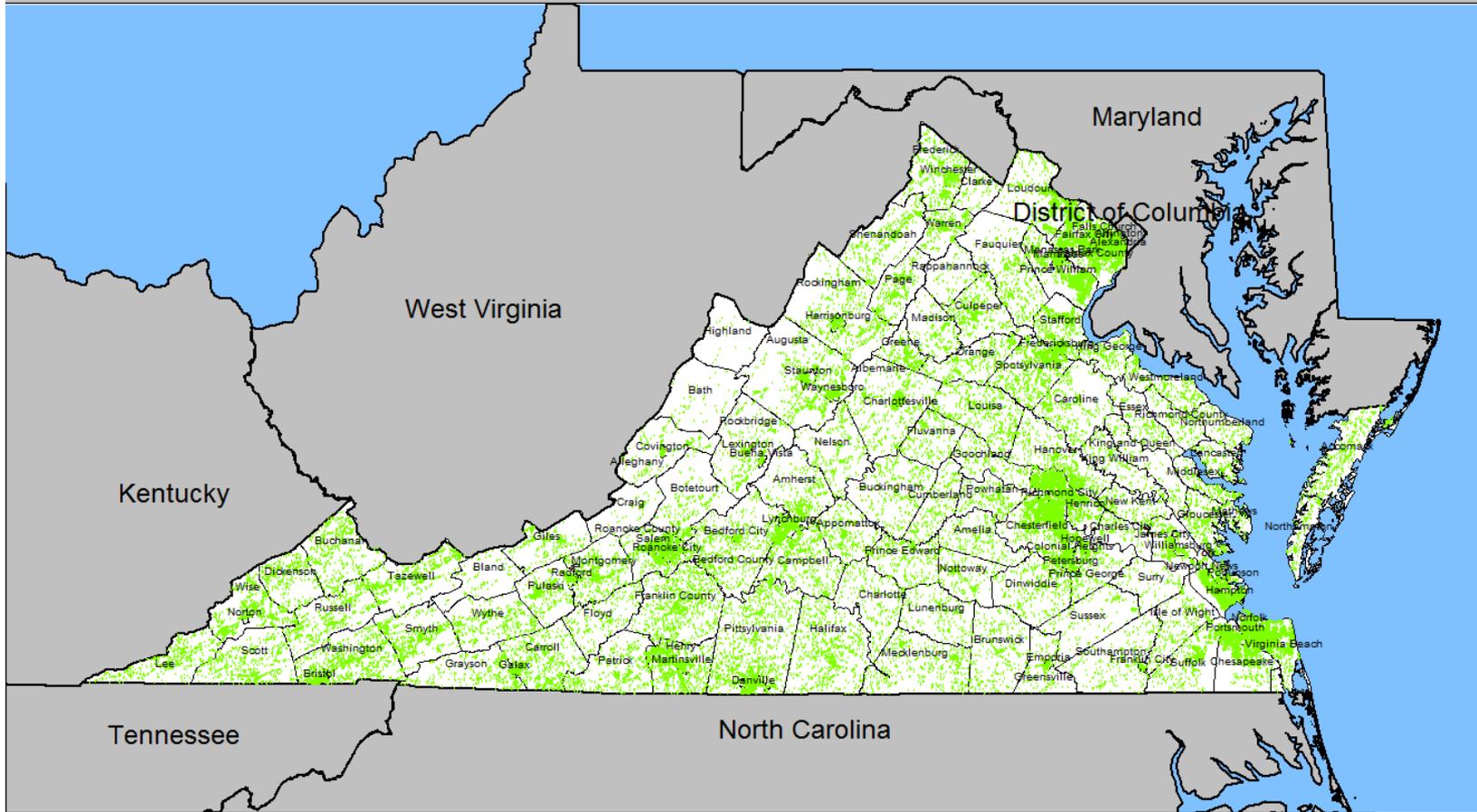


205,101 members



# Locations of Members by Age in Medicaid with SUD Diagnosis

18 and over Members based on claims with Substance Abuse Diagnosis - SFY 2016

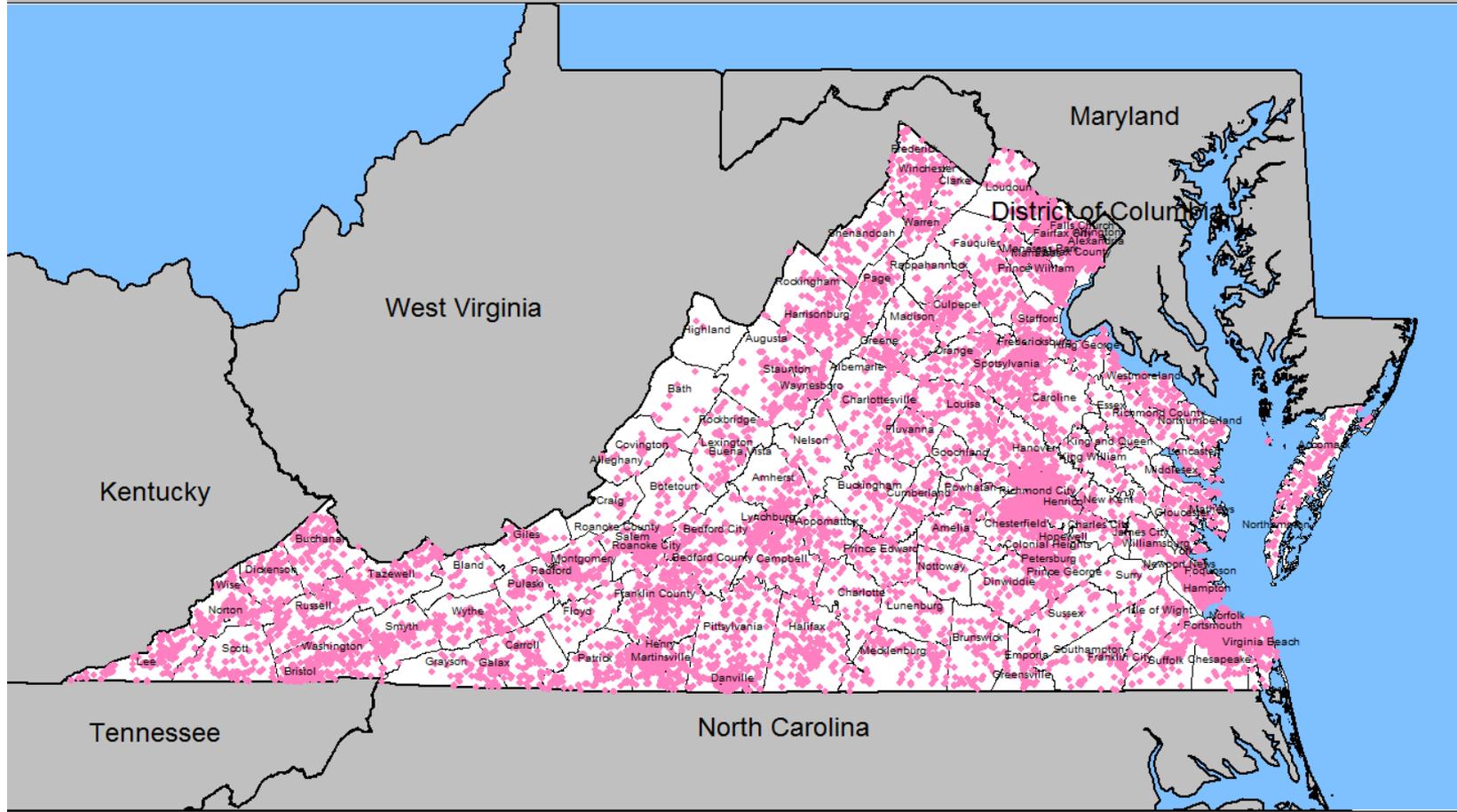


174,564 members



# Location of Pregnant Women enrolled in Medicaid with a SUD Diagnosis

Pregnant Women based on claims with a Substance Abuse Diagnosis - SFY 2016



26,571 members



# Current Coverage of Substance Use Disorder Services

## Incomplete Care Continuum

### Limited Coverage

- Residential treatment not covered for non-pregnant adults. Utilizing more expensive inpatient detox. Pregnant women lose eligibility and coverage for treatment 60 days after delivery.
- Fragmented System: Substance use disorder treatment is separated from mental and physical health services

### Lack of Providers

- Rates for substance use disorder treatment have not been increased since 2007
- Providers not getting reimbursed for the actual cost of providing care.
- System severely limits number of providers willing to provide services to Medicaid members.
- Providers also struggle to understand who to bill for services. Consumers do not know where to seek services.

## Limited Access to Services



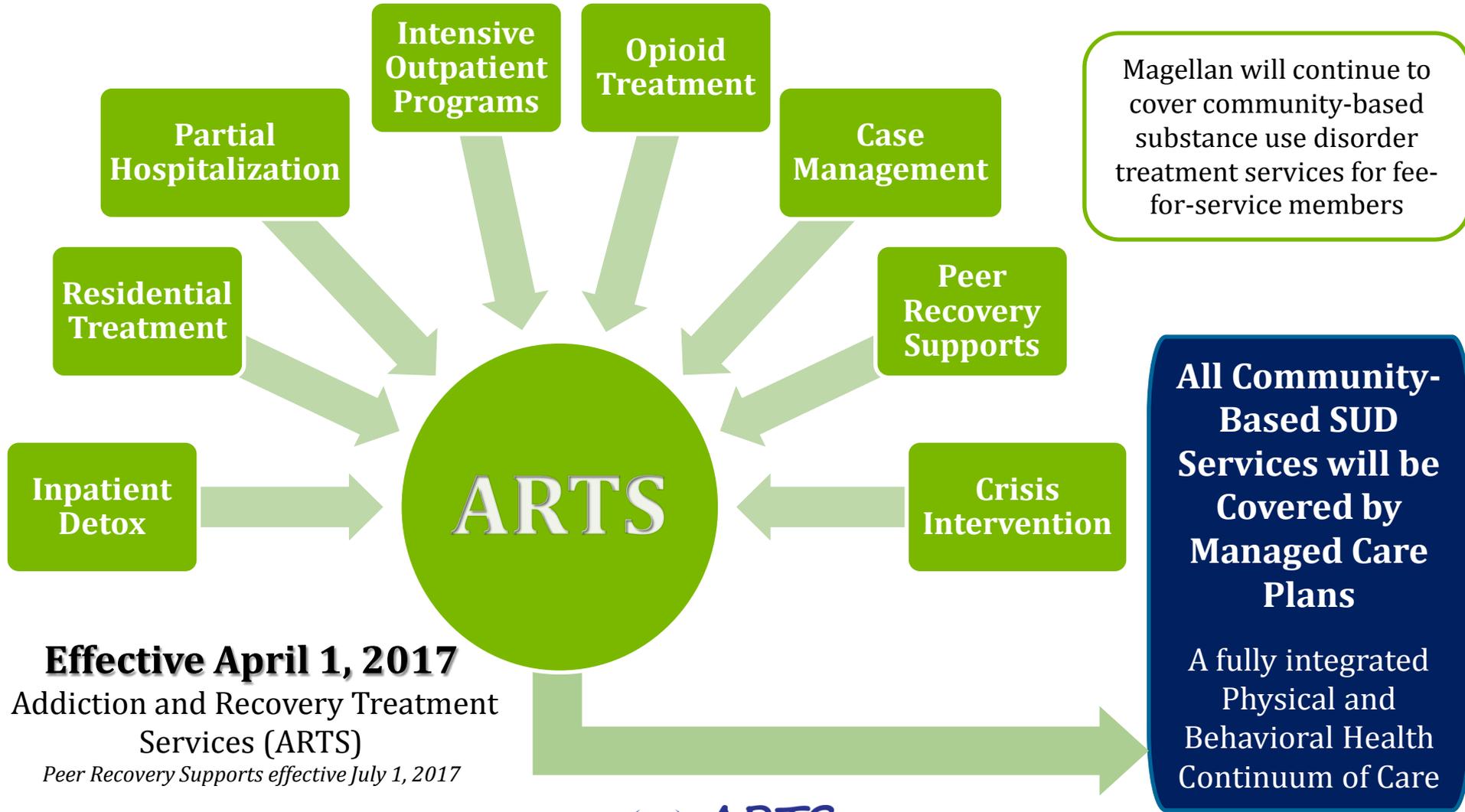
## Addiction and Recovery Treatment Services (ARTS) Benefit

### *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 Provide Provider Education, Training, and Recruitment Activities



# Reforming the Current Delivery System for Community-Based Services



# Medicaid and FAMIS Coverage for Individuals with SUD

SUD Service	Children < 21	Adults*	Pregnant Women
<b>Traditional Services</b>			
<b>Inpatient Detox</b>	X	Added	Added
<b>Outpatient Therapy</b>	X	X	X
<b>Medication Assisted Treatment (MAT)</b>	X	X	X
<b>Community-Based Services</b>			
<b>Residential**</b>	Rate Increase	Added	Rate Increase
<b>Partial Hospitalization</b>	Rate Increase	Rate Increase	Rate Increase
<b>Intensive Outpatient</b>	Rate Increase	Rate Increase	Rate Increase
<b>MAT</b>	Rate Increase	Rate Increase	Rate Increase
<b>Crisis Intervention</b>	X	X	X
<b>Case Management / Care Coordination</b>	Rate Increase	Rate Increase	Rate Increase
<b>Peer Supports</b>	Not Covered	Added	Added

\*Dual eligible individuals have coverage for inpatient and residential treatment services through Medicare.

\*\*DMAS seeking to waive the CMS IMD ruling which limits coverage for RTC to facilities with 16 beds or fewer.

**Note:** FAMIS and GAP coverage does not include residential treatment. GAP does not cover Inpatient Services or PHP.

Services Highlighted in Yellow were added by the 2016 Appropriations Act

## Medicaid 1115 Demonstration Waiver

- Medicaid 1115 Demonstration waiver submitted on **August 5** to Centers for Medicare and Medicaid Services to:
  - Allow federal matching Medicaid dollars for services provided in an IMD, which is currently prohibited for mental health or SUD treatment delivered in facilities with > 16 beds
  - Allow Virginia Medicaid to pay for services provided in residential treatment facilities > 16 beds, significantly increasing SUD treatment capacity
- Waiver would NOT change who is eligible for treatment services
- Waiver would require Medicaid health plans and providers to use American Society of Addiction Medicine (ASAM) criteria in all substance use assessment and treatment services



# Overview of ASAM Levels of Care

# ASAM Assessment Criteria

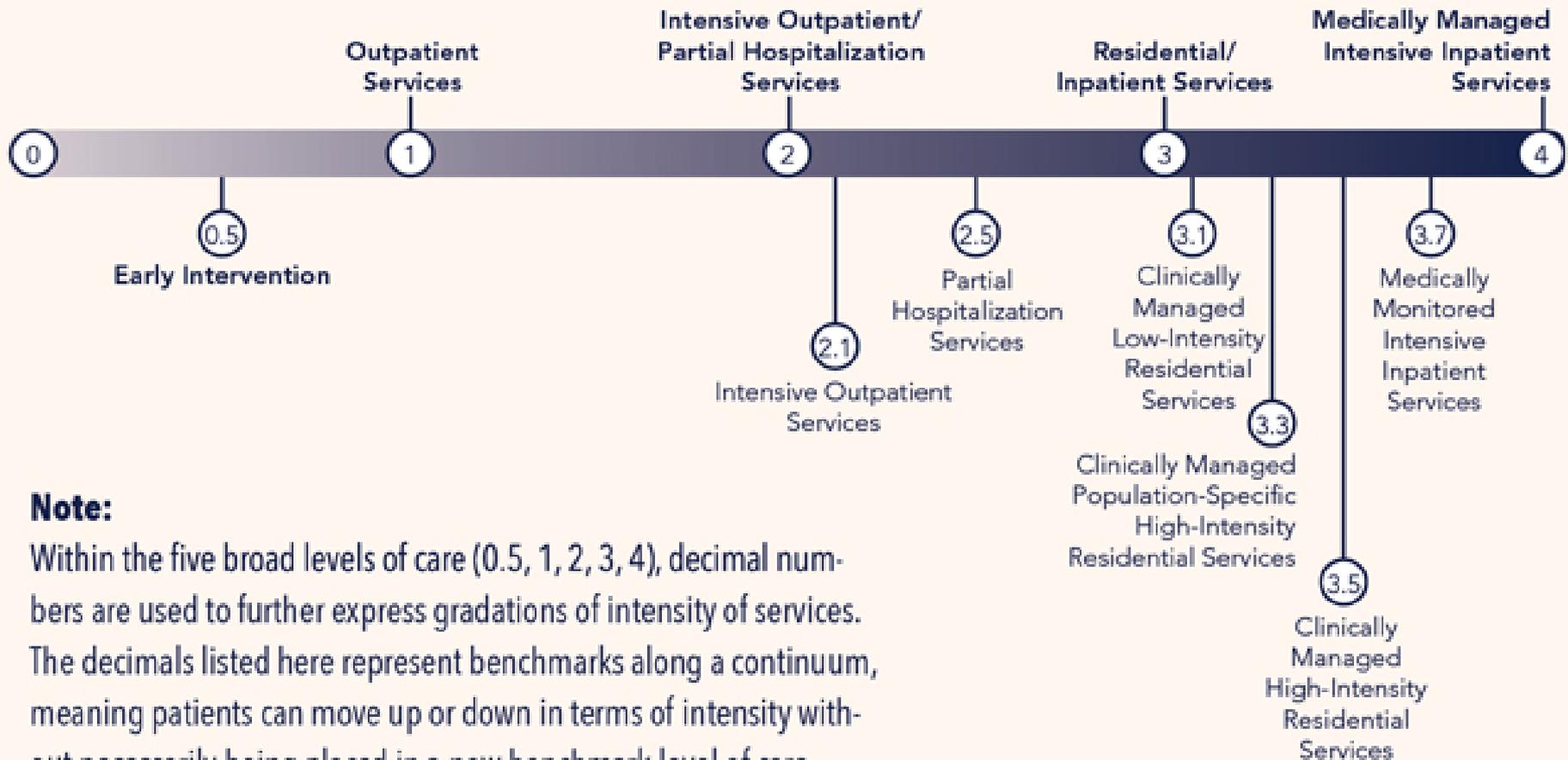
## AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

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	<b>Acute Intoxication and/or Withdrawal Potential</b> Exploring an individual's past and current experiences of substance use and withdrawal
2	DIMENSION 2	<b>Biomedical Conditions and Complications</b> Exploring an individual's health history and current physical condition
3	DIMENSION 3	<b>Emotional, Behavioral, or Cognitive Conditions and Complications</b> Exploring an individual's thoughts, emotions, and mental health issues
4	DIMENSION 4	<b>Readiness to Change</b> Exploring an individual's readiness and interest in changing
5	DIMENSION 5	<b>Relapse, Continued Use, or Continued Problem Potential</b> Exploring an individual's unique relationship with relapse or continued use or problems
6	DIMENSION 6	<b>Recovery/Living Environment</b> 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	ASAM Level of WM	DBHDS License
<p align="center"><b>4</b> Medically Managed Intensive Inpatient</p>	<p align="center"><b>4-WM</b> Medically Managed Intensive Inpatient Withdrawal Management</p>	<ul style="list-style-type: none"> <li>Acute Care General Hospital (12VAC5-410)</li> </ul>
<p align="center"><b>3.7</b> Medically Monitored Intensive Inpatient Services (Adult) Medically Monitored High-Intensity Inpatient Services (Adolescent)</p>	<p align="center"><b>3.7-WM</b> Medically Monitored Inpatient Withdrawal Management</p>	<ul style="list-style-type: none"> <li>Inpatient Psychiatric Unit</li> <li>Acute Freestanding Psychiatric Hospital</li> <li>Substance Abuse (SA) Residential Treatment Service (RTS) for Adults/Children</li> <li>Residential Crisis Stabilization Unit</li> <li><b>Medical Detox License required for all</b></li> </ul>
<p align="center"><b>3.5</b> Clinically Managed High-Intensity Residential Services (Adults) / Medium Intensity (Adolescent) <b>3.3</b> Clinically Managed Population-Specific High-Intensity Residential Services (Adults)</p>	<p align="center"><b>3.2-WM</b> Clinically Managed Residential Withdrawal Management</p>	<ul style="list-style-type: none"> <li>Inpatient Psychiatric Unit (3.5) //Required for co-occurring enhanced programs</li> <li>SA RTS for Adults (3.3 or 3.5) and Children (3.5)</li> <li>SA and MH RTS for Adults and Children (3.3 or 3.5)/Required for co-occurring enhanced programs</li> <li>Supervised RTS for Adults (3.3)</li> <li><b>Medical Detox License required for 3.2 WM</b></li> </ul>
<p align="center"><b>3.1</b> Clinically Managed Low-Intensity Residential Services</p>	<p align="center">n/a</p>	<ul style="list-style-type: none"> <li>MH &amp; SA Group Home Service for Adults and Children (Required for co-occurring enhanced programs)</li> <li>SA Halfway House for Adults</li> </ul>
<p align="center"><b>2.5</b> Partial Hospitalization Services <b>2.1</b> Intensive Outpatient Services</p>	<p align="center"><b>2-WM</b> Ambulatory Withdrawal Management w/ Extended On-site Monitoring</p>	<ul style="list-style-type: none"> <li>SA or SA/Mental Health Partial Hospitalization (2.5)</li> <li>SA Intensive Outpatient for Adults, Children and Adolescents (2.1)</li> <li>Outpatient Managed Withdrawal Service Licensed required for 2WM</li> </ul>
<p align="center"><b>1</b> Outpatient Services</p>	<p align="center"><b>1-WM</b> Ambulatory Withdrawal Management w/o Extended On-site Monitoring</p>	<ul style="list-style-type: none"> <li>Outpatient Services</li> </ul>
<p align="center"><b>0.5</b> Early Intervention</p>	<p align="center"><b>0.5</b> Early Intervention</p>	<ul style="list-style-type: none"> <li>N/A; All Licensed Providers</li> </ul>
<p align="center"><b>Opioid Treatment Program (OTP)</b></p>	<p align="center"><b>OTP</b></p>	<ul style="list-style-type: none"> <li>Opioid Treatment Program</li> </ul>
<p align="center"><b>Office-Based Opioid Treatment (OBOT)</b></p>	<p align="center"><b>OBOT</b></p>	<ul style="list-style-type: none"> <li>N/A; Physician Offices</li> </ul>

## Program Development

### License Required for Each ASAM Level of Care – Fast Track Process

- If you meet the higher level of care requirements you are able to provide any lower level of care if you are appropriately licensed with DBHDS.
- Hospitals need to amend DBHDS licenses to add additional level of care.
- DBHDS will fast track the process to add the additional licenses.

### Example: Inpatient Psych Unit can be 3.7 and 3.5 with Medical Detox License

- Inpatient psych unit with a detox license can become credentialed by health plans and Magellan as Level 3.7 and Level 3.5 residential facilities and can provide Level 3.7 WM and Level 3.2 WM.



## Program Development

### Example: SA Residential Treatment Center or Residential Crisis Stabilization Unit with Medical Detox License:

- SA RTS or Inpatient psych unit with a detox license can become credentialed by health plans and Magellan as Level 3.7, 3.7 WM, 3.5 AND Level 3.2 WM
- A distinct license would only be needed for adding a 3.1 program.

### Example: PHP can add IOP services with IOP license

- Hospital with PHP program 2.5 could become credentialed by health plans and Magellan as an IOP program 2.1 by adding an IOP service description through DBHDS licensing.
- Hospital can add OBOT services and level 1 Outpatient without additional license.

## Benefits of ASAM for Providers

### Uniform Credentialing Checklist

- All health plans and Magellan will use uniform credentialing checklist based on ASAM to credential providers at all ASAM Levels of Care
- Providers can use this checklist to determine if they meet criteria for specific ASAM Level of Care

### Uniform Patient Assessment/ Service Authorization

- One uniform form based on ASAM for providers to request service authorization for all ASAM Levels 2.1 to 4.0
- All health plans and Magellan will recognize uniform service authorization for ASAM Levels 2.1 to 4.0
- No service authorization for ASAM Level 1.0 outpatient or ASAM Level 0.5
- Health plans and Magellan will review service authorization within 72 hours with retroactive authorization to facilitate immediate access to care
- Level 4.0 inpatient detox services authorized within 24 hours



# ARTS Provider Qualifications



## 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 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; or



## 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; and
- 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.

# Certified Substance Abuse Counselor Requirements

## Provider Requirements

- Providers need to ensure their staff meet the Board of Counseling certification requirements for CSAC and CSAC-Assistants by April 1, 2017 in order to receive Medicaid/FAMIS reimbursement for all ARTS services.
- CSAC and CSAC-A need to practice within their scope of practice as define by the Board of Counseling ([§54.1-3507.1](#) and [§54.1-3507.2](#))

## Certifications approved by the Board of Counseling for Certification as a Substance Abuse Counselor by Endorsement

- The National Certified Addiction Counselor Level II (NCAC II) accreditation from the National Certification Commission for Addiction Professionals (NCC AP)/NAADAC, the Association of Addiction Professionals;
- The Master Addiction Counselor (MAC) accreditation from the National Certification Commission for Addiction Professionals (NCC AP)/NAADAC, the Association of Addiction Professionals; or
- The Advanced Alcohol & Drug Counselor (AADC) accreditation from the International Certification & Reciprocity Consortium (IC&RC)
- <http://www.townhall.virginia.gov/l/ViewGDoc.cfm?GDID=6027>



# Certified Substance Abuse Counselor Requirements cont.

## CSAC Educational Requirements

- All CSAC must have education at the bachelor's level or higher and specific hours of SA education, training, experience and supervision.
- 54.1-3509 of the Code of Virginia allows for people who held the CSAC prior to 2001 who had a high school diploma or GED (without a bachelor level) to continue with the certification.

## CSAC – Assistant Educational Requirements

- All CSAC – assistants must have official high school diploma or general educational development (GED) certificate and Specific hours of SA education, experience and supervision

## Supervision

- A licensed substance abuse treatment practitioner; or
- A licensed professional counselor, licensed clinical psychologist, licensed clinical social worker, licensed marriage and family therapist, medical doctor, or registered nurse, and possess either a board-recognized national certification in substance abuse counseling; or
- CSAC with:
  - Board-recognized national certification in substance abuse counseling; or
  - Two years experience as a Virginia board-certified substance abuse counselor

## Exams are now offered throughout the year, 24/7 in locations throughout Virginia!

- Visit Board of Counseling for more information at [www.dhp.virginia.gov](http://www.dhp.virginia.gov)

## NAADAC - The Association for Addiction Professionals Webinars

- [www.naadac.org/webinars](http://www.naadac.org/webinars)



# ARTS Proposed Rate Structure Aligned with ASAM Levels of Care

## 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 Registered Nurses) but must review the tool with the member and provide the counseling. CSACs are qualified to perform, under appropriate supervision or direction, the administration of substance abuse assessment instruments,

### 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](http://www.samhsa.gov/SBIRT)
- NAADAC - The Association for Addiction Professionals Free On Demand Webinars - [www.naadac.org/webinars](http://www.naadac.org/webinars)

## ASAM Level 1.0 Outpatient Services

### Setting

- Any appropriate setting that meets state licensure or certification criteria

### Support Systems

- Medical, psychiatric, psychological, lab and toxicology services, available on-site or thru consult
- Direct affiliation with (or close coordination thru referral to) more intensive levels of care

### Staff Requirements

- Appropriately credentialed and/or licensed professionals
- RNs/LPNs involved with medication management

### Therapies

- Skilled treatment service: Individual, family and group counseling, addiction pharmacotherapy



## Rate Structure for ASAM Levels 0.5, 1.0, and 1-WM

ASAM Level	Code	Service	Description	Unit	Rate/Unit
0.5	99408 99409	Screening Brief Intervention and Referral to Treatment (SBIRT)	Alcohol and/or substance use screening and brief intervention services	Defined by CPT	<b>\$23.82 – \$50.35 varies based on code and age</b>
1	E&M Labs PsychTx	Outpatient Services	Outpatient mental health/substance use treatment services.	Varies	<b>See Rate Structure Sheet</b>
1-WM	E&M Labs PsychTx	Outpatient Services	Ambulatory WM without extended on-site monitoring	Varies	<b>See Rate Structure Sheet</b>



## Rate Structure for ASAM Level 1.0 Peer Support Services

ASAM Level	Code	Service	Description	Unit	Rate/ Unit
1	H0038	Peer support services	Self help/Peer Services. Peer provided services to initiate clinical service utilization and self-determination strategies	1 unit = 15 min	<b>\$13.50</b>
1	S9445	Peer support services Patient education - individual	Patient education; non-physician provider, individual, per session	1 unit = 15 min	<b>Pending</b>
1	S9446	Peer support services Patient education - group	Patient education; non-physician provider, group, per session	1 unit = 15 min	<b>Pending</b>



## ASAM Level 2.1 Intensive Outpatient Services

### Settings and DBHDS License Type

- Any appropriate setting that meets state licensure or certification criteria
- Substance Abuse Intensive Outpatient for Adults, Children and Adolescents

### Support Systems

- Medical, psychological, psychiatric, lab and toxicology services available through consultation or referral.
- Psychiatric and other medical consult available within 24 hours by phone and ideally within 72 hours in person or via telemedicine

### Staff Requirements

- Interdisciplinary team of appropriately credentialed addiction treatment professionals

### Therapies

- Minimum of 9 hours up to 19 hours/week of adult and 6 hours/week of adolescent skilled treatment services such as individual/group/family therapies
- Medical management, provided in amounts, frequencies and intensities appropriate to the objectives of the treatment plan

## ASAM Level 2.5 Partial Hospitalization Services

### Settings and DBHDS License Type

- Any appropriate setting meeting state licensure or certification criteria
- Substance Abuse or Substance Abuse/Mental Health Partial Hospitalization

### Support Systems

- Medical, psychological, psychiatric, lab and toxicology services available through consultation or referral (includes telemedicine)
- Emergency services, which are available by phone 24/7 when treatment not in session

### Staff Requirements

- Interdisciplinary team of appropriately credentialed addiction treatment professionals
- MDs should have specialty training and/or experience in addiction medicine

### Therapies

- ASAM minimum of 20 hours/week of skilled treatment services, individual and group. Medicaid standard of care for PHP is 6 hour treatment day.
- Counseling, family therapy, etc. provided in amounts, frequencies and intensities appropriate to the objectives of the treatment plan.



## Rate Structure for ASAM Levels 2.1, 2.5, and 2-WM

Setting	Codes	Service	Description	Unit	Rate/Unit
2.1	H0015	Intensive Outpatient Services	Structured program delivering 9-19 hours per week, before/after work/school, in evening and/or weekends to meet complex needs of people with addition and co-occurring conditions.	1 unit = 1 day (min. 3 hrs/day)	<b>\$288</b>
2.5	H0035	Partial Hospitalization Services	20 or more hours of clinically intensive programming per week with a planned format of individualized and family therapies.	1 unit = 1 day (min. 6 hrs/day)	<b>\$576</b>
2-WM	E&M Labs Psychotherapy	Ambulatory Withdrawal Management with Extended On-Site Monitoring	Moderate w/d with all day w/d management support and supervision; at night, has supportive family or living situation; like to complete w/d management	Varies	<b>See Rate Structure Sheet</b>

# ASAM Level 3.1 Clinically Managed Low-Intensity Residential Services

## Settings and DBHDS License Type

- Offered in a (usually) freestanding, appropriately licensed facility in a community setting.
- Mental Health and Substance Abuse Group Home Service for Adults and Children (Required for co-occurring enhanced programs)
- Substance Abuse Halfway House for Adults

## Support Systems

- Phone or in person consultation with a physician and emergency services 24/7
- Direct affiliations with other levels of care, or close coordination through referral to more and less intensive levels of care and other service

## Staff Requirements

- Allied health professionals (counselors aides/group living workers) available on site 24/7
- Appropriately trained and credentialed medical, addiction and mental health professionals supports allied health professionals in interdisciplinary team approach

## Therapies

- Services designed to improve patient's ability to structure and organize tasks of daily living
- Planned clinical program activities (at least 5 hours/week professionally directed treatment)



## Rate Structure for ASAM Level 3.1

ASAM Level	Code	Service	Description	Unit	Rate/Unit
3.1	H2034	Clinically managed low intensity residential services	Alcohol and/or drug abuse halfway house services, per diem. Supportive living environment with 24-hour staff and integration with clinical services. At least 5 hours of low-intensity treatment per week.	1 unit = 1 day	<b>\$175</b>

## ASAM Level 3.3 Clinically Managed Population Specific High Intensity Residential Service

### Settings

- Freestanding (usually), appropriately licensed facility located in a community setting or a specialty unit within a licensed health care facility
- Supervised Residential Treatment Service (RTS) for Adults
- Substance Abuse RTS for Adults
- Substance Abuse and Mental Health RTS for Adults and Children (Required for co-occurring enhanced programs)

### Support Systems

- Phone or in person consult with physician or physician extenders. Emergency services available 24/7.
- Direct affiliations with other levels of care such as vocational assessment and training, adult education

### Staff Requirements

- Licensed credentialed addiction professionals and/or physicians or physician extenders working with allied health professionals in an interdisciplinary team approach
- One or more clinicians with SUD competencies must be available on site or by phone 24/7
- Staff with experience and knowledge working with populations with significant cognitive impairments resulting in impairment that outpatient services or other residential care are not effective

### Therapies

- Daily clinical services to improve the patient's ability to structure and organize the tasks of daily living and recovery
- Clinically directed program activities to stabilize and maintain SUD symptoms, and apply recovery skills

# ASAM Level 3.5 Clinically Managed High Intensity Residential Services

## Settings

- Freestanding (usually), appropriately licensed facility located in a community setting, or a specialty unit within a licensed health care facility, or in a “therapeutic community”.
- Substance Abuse RTS for Adults and Children
- Inpatient Psychiatric Unit (Required for co-occurring enhanced programs)
- Substance Abuse and Mental Health RTS for Adults and Children (Required for co-occurring enhanced programs)

## Support Systems

- Phone or in person consult with physician or physician extender. Emergency services available 24/7.
- Direct affiliations with other levels of care such as vocational assessment and training, adult education

## Staff Requirements

- Licensed credentialed addiction professionals
- One or more clinicians with SUD competencies must be available on site or by phone 24/7

## Therapies

- Daily clinical services to improve the patient’s ability to structure and organize the tasks of daily living and recovery
- Clinically directed program activities to stabilize and maintain SUD symptoms, and apply recovery skills



## Rate Structure for ASAM Levels 3.3 and 3.2-WM

ASAM Level	Code	Service	Description	Unit	Rate/Unit
3.3	H0010 Rev 1002	Clinically managed population-specific high intensity residential services	Alcohol and /or drug services; sub-acute detoxification (residential addiction program inpatient).  <b>Adults only</b> -Clinically managed therapeutic rehabilitative facility for adults with cognitive impairment including developmental delay. Staffed by credentialed addiction professionals, physicians/physician extenders, and credentialed MH professionals.	1 unit = 1 day	<b>Max \$393.50</b>
3.2-WM	H0010 Rev 1002	Clinically managed high-intensity residential services	Residential/Inpatient Withdrawal Management / Social Setting Detoxification. Clinically managed therapeutic rehabilitative facility with staff trained to implement physician approved protocols to safely assist patients through withdrawal with medical evaluation/consult available 24 hours/day.	1 unit = 1 day	<b>Max \$393.50</b>



# Rate Structure for ASAM Levels 3.5 and 3.2-WM

ASAM Level	Code	Service	Description	Unit	Rate/ Unit
3.5	H0010 Rev 1002	<p>Clinically managed high-intensity residential services <b>(Adult)</b></p> <p>Clinically managed medium-intensity residential services <b>(Adolescent)</b></p>	<p>Alcohol and /or drug services; sub-acute detoxification (residential addiction program inpatient).</p> <p>Clinically managed therapeutic community or residential treatment facility providing high intensity services for adults or medium intensity services for adolescents.</p> <p>Staffed by licensed/credentialed clinical staff including addiction counselors, LCSWs, LPCs, physicians/physician extenders, and credentialed MH professionals.</p>	1 unit = 1 day	<b>Max</b> <b>\$393.50</b>
3.2-WM	H0010 Rev 1002	Clinically managed high-intensity residential services	Residential/Inpatient Withdrawal Management/Social Setting Detoxification. Clinically managed therapeutic rehabilitative facility with staff trained to implement MD approved protocols to safely assist patients through withdrawal with medical evaluation /consult available 24 hours/day.	1 unit = 1 day	<b>Max</b> <b>\$393.50</b>



# ASAM Level 3.7 Medically Monitored Intensive Inpatient

## Setting and DBHDS License Types

- Freestanding, appropriately licensed facility located in a community setting, or a specialty unit in a general or psychiatric hospital or other licensed health care facility.
- Inpatient Psychiatric Unit with DBHDS Medical Detoxification License
- Substance Abuse Residential Treatment Services for Adults/Children with DBHDS Medical Detoxification License
- Residential Crisis Stabilization with DBHDS Medical Detoxification License

## Support Systems

- An in person licensed physician assessment within 24 hours of admission and as needed
- RN assessment completed at the time of admission. LPN and/or RN for medication administration
- On-site psychiatric services available within 8 hours by telephone or 24 hours in person

## Staff Requirements

- An interdisciplinary team (MDs, nurses, addiction counselors and behavioral health specialists) with clinical knowledge of the biological and psychosocial dimensions of addiction and other behavioral health disorders

## Therapies

- Daily clinical services; medical and nursing services, counseling and clinical monitoring
- Planned clinical program activities to stabilize acute addictive or psychiatric symptoms



## Rate Structure for ASAM Levels 3.7 and 3.7-WM

ASAM Level	Code	Service	Description	Unit	Rate/ Unit
3.7	H2036 Rev 1002	Medically monitored intensive inpatient services <b>(Adult)</b>  Medically monitored high intensity inpatient services <b>(Adolescent)</b>	Alcohol and/or other drug treatment program, per diem. Planned and structured regimen of 24 hour professionally directed evaluation, observation, medical monitoring and addiction treatment in an inpatient setting consisting of freestanding facility or a specialty unit in a general or psychiatric hospital or other licensed health care facility.	1 unit = 1 day	Based on type of facility per diem:  -Acute Inpt -Freestanding Psych -RTC
3.7-WM	H2036 Rev 1002	Medically Managed Intensive Residential Treatment	Alcohol and/or other drug treatment program, per diem. Planned and structured regimen of 24 hour professionally directed evaluation <i>and withdrawal management</i> , observation, medical monitoring and addiction treatment in an inpatient setting consisting of freestanding facility or a specialty unit in a general or psychiatric hospital or other licensed health care facility.	1 unit = 1 day	Based on type of facility per diem:  -Acute Inpt -Freestanding Psych -RTC

# ASAM Level 4.0 Medically Managed Intensive Inpatient Services

## Setting and DBHDS License Types

- Acute care general hospital that offers addiction treatment services and intensive biomedical and/or psychiatric services.
- Licensed by Virginia Department of Health (12VAC5-410)

## Support Systems

- Includes a full range of acute care services specifically consultation, and intensive care

## Staff Requirements

- Managed by addiction-credentialed physician or physician with experience treating addiction.
- Interdisciplinary team of credentialed addiction treatment professionals (physicians, NPs, PAs, psychologists, social workers, and/or counselors)
- Professional counseling services available 16 hours a day

## Therapies

- Individualized array of treatment services for substance use disorder, as well as any concurrent biomedical, emotional, behavioral, or cognitive problems, depending on patient needs



## Rate Structure for ASAM Levels 4.0 and 4-WM

ASAM Level	Code	Service	Description	Unit	Rate/ Unit
4.0	H0011 or Rev 1002	Medically managed intensive inpatient services	<p>Alcohol and/or drug services; acute detoxification (residential addiction program inpatient).</p> <p>Medically Managed Intensive-Inpatient Services consist of 24 hour nursing care and daily physician care for severe, unstable problems in dimensions 1, 2 or 3. Counseling available.</p>	1 unit = 1 day	<b>DRG</b>
4-WM	H0011 or Rev 1002	Medically managed intensive inpatient withdrawal management services	<p>Alcohol and/or drug services; acute detoxification (residential addiction program inpatient).</p> <p>Medically Managed Intensive-Inpatient Services consist of 24 hour nursing care and daily physician care for <i>withdrawal</i> management, severe, unstable problems in dimensions 1, 2 or 3. <i>Counselors available 8 hours/day to administer planned interventions.</i></p>	1 unit = 1 day	<b>DRG</b>

# Substance Abuse Case Management

## Service Description

- Includes medical monitoring and coordination of on-site and off-site treatment services, provided as needed.
- Case managers/Care Coordinators will also assure the provision of, or referral to, educational and vocational counseling, treatment of psychiatric illness, child care, parenting skills development, primary health care, and other adjunct services, as needed.

## Provider Requirements

- 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 has at least one year of substance abuse related clinical experience providing direct services to persons with a diagnosis of mental illness or substance abuse; or
- Licensure by the Commonwealth as a registered nurse or as a practical nurse with at least one year of clinical experience; or
- An individual with certification as a substance abuse counselor (CSAC).



# 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 case management and peer supports
- Allows providers to bill separately for opioid treatment when members are receiving treatment in ASAM levels 1, 2.1, 2.5, and 3.1.



# Medications Available for Medication Assisted Therapy for all SUDs

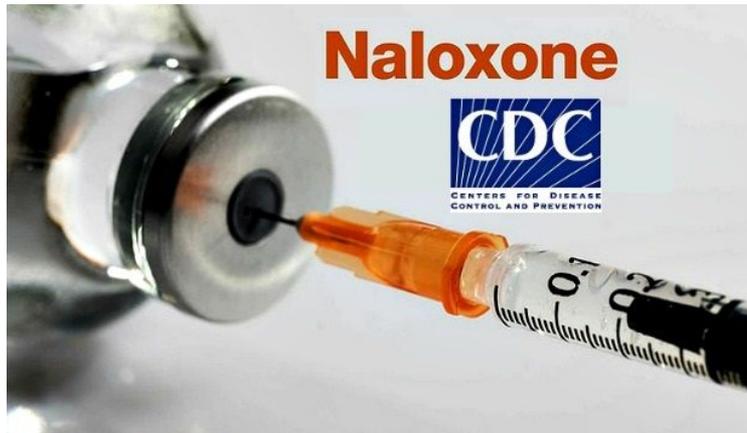
Medication	Prior Authorization Required
Buprenorphine/Naloxone and Buprenorphine (for pregnant women only)	<b>Induction (7 days) – no</b> Maintenance - yes
Methadone	No (for opioid use disorder)
Naltrexone Long-Acting Injection	No
Naltrexone (oral)	No
Naloxone	No
Disulfiram	No
Acamprosate	No

Note: Prior Authorizations are not required for buprenorphine/naloxone or buprenorphine provided by OBOTs or OTPs credentialed by health plans.

# Opioid Overdose Fatality Prevention

## Increase Access to Naloxone

- FFS and Managed Care Plans Expand Naloxone Coverage
- Prior Authorization not required for
  - Naloxone injection
  - Naloxone (Narcan<sup>®</sup>) nasal spray





# MAT Payment Model for OTPs and OBOTs

Service Description	Methadone in Opioid Treatment Programs (OTPs)	Buprenorphine in Opioid Treatment Program (OTPs)	Buprenorphine in Office-Based Opioid Treatment (OBOTs)
Setting	DBHDS-Licensed CSBs and Private Methadone Clinics		Primary Care and other Physician Offices, FQHCs, etc.
Physician Visit	CPT E/M Code: New or Established Patient		CPT E/M Code: New or Established Patient
Counseling	<b>H0020</b> Opioid Treatment - individual, group counseling and family therapy and medication administration/oversight		<b>H0020</b> Opioid Treatment - individual, group counseling and family therapy / prescribing and medication oversight
Medication	<b>S0109</b> Methadone 5 mg oral billed by provider	<b>J0572, J0573, J0574, J0575</b> Buprenorphine/Naloxone Oral billed by provider <b>J0571</b> Buprenorphine Oral billed by provider	Patient given Rx; billed by Pharmacy



# MAT Payment Model for OTPs and OBOTs

Service Description	Methadone in Opioid Treatment Programs (OTPs)	Buprenorphine in Opioid Treatment Program (OTPs)	Buprenorphine in Office-Based Opioid Treatment (OBOTs)
<b>Case Management</b>	G9012 Substance Abuse Care Coordination		G9012 Substance Abuse Care Coordination
<b>Peer Supports</b>	H0038 Peer Support Services S9445 Peer Support Services Patient Education – Individual S9446 Peer Support Services Patient Education - Group		H0038 Peer Support Services S9445 Peer Patient Education – Individual S9446 Peer Patient Education - Group
<b>Urine Drug Screen</b>	G0477-G0483		G0477-G0483
<b>Labs</b>	Examples: Hepatitis B Test (86704), Hepatitis C test (86803), HIV Test (86703), Syphilis Test (86593), Treponema Pallidum (86780), Syphilis Test Non-Treponema (86592), Pregnancy Test (81025), Skin Test-Tuberculin (86585), EKG (93000, 93005, 93010), Alcohol-Breathalyzer (82075)		Examples: Hepatitis B Test (86704), Hepatitis C test (86803), HIV Test (86703), Pregnancy Test (81025), Skin Test-Tuberculin (86585)

# Opioid Treatment

## Service Description

- Medication Administration/Oversight **AND**
- Psychosocial Treatment for Opioid Use Disorder that includes at a minimum the following components:
  - Assessment of psychosocial needs
  - Supportive individual and/or group counseling
  - Linkages to existing family support systems
  - Referrals to community-based services
  - Care coordination, medical/prescription monitoring, and coordination of on-site and off-site treatment services

## Provider Requirements

- Provider Types for Psychosocial Treatment
  - Credentialed Treatment Addiction Professionals
- Provider Types for Medication Administration
  - Induction phase of MAT must be provided by Registered Nurse.
  - Maintenance phase of MAT may be provided by Licensed Practical Nurse or Registered Nurse.



# Substance Abuse Care Coordination

## Service Description

- Integrates behavioral health into primary care and specialty medical settings through interdisciplinary care planning and monitoring patient progress and tracking patient outcomes.
- Supports conversations between buprenorphine-waivered physicians and behavioral health professionals to develop and monitor individualized treatment plans.
- Links patients community resources (including NA, AA, peer recovery supports, etc.) to facilitate referrals and respond to social service needs.
- Tracks and supports patients when they obtain medical, behavioral health, or social services outside the practice.
- **This code must be billed with moderate to severe Opioid Use Disorder as the primary diagnosis by a buprenorphine-waivered physician prescribing MAT to the patient.**

## Provider Requirements

- 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 has at least one year of substance abuse related clinical experience providing direct services to persons with a diagnosis of mental illness or substance abuse; or
- Licensure by the Commonwealth as a registered nurse or as a practical nurse with at least one year of clinical experience; or
- An individual with certification as a substance abuse counselor (CSAC).



# Rate Structure for Opioid Treatment Programs (OTPs)

ASAM Level	Code	Service	Description	Unit	Rate/ Unit
OTP	H0014	Medication Assisted Treatment (MAT) induction	Alcohol and/or drug services; ambulatory detoxification Withdrawal Management-Induction	Per encounter	<b>\$140</b>
OTP	H0020	Opioid Treatment Services	Opioid Treatment - individual, group counseling and family therapy <u>and</u> medication administration, oversight	1 unit= 15 min	<b>\$24.00</b>
OTP	G9012	Substance Abuse Care Coordination	Substance Abuse Care Coordination	TBD	<b>TBD</b>



## Example of Reimbursement Structure for OTP Day One - Induction

### Day one – Induction

Physician assessment and induction (H0014): \$140

Substance Abuse Care Coordination (G9012): rate TBD

Medication administration/oversight + Psychosocial assessment/counseling (H0020) 2 units: \$48

Urine drug screen: \$15-80

**Medication: varies**

### Total:

**\$235 - \$300 + care coordination payment + medication payment**



## Example of Reimbursement Structure for OTP Maintenance

<b>Maintenance Visit</b>	Physician Level 3 E&M Visit – Est. (99213): \$49.33
	Substance Abuse Care Coordination (G9012): rate TBD
	Medication administration/oversight + Psychosocial assessment/counseling (H0020) 2 units: \$48
	Urine drug screen: \$15-80
	<b>Medication: varies</b>
<b>Total:</b>	<b>\$112 - \$177 + care coordination payment + medication payment</b>



# Rate Structure for Office-Based Opioid Treatment (OBOT)

ASAM Level	Code	Service	Description	Unit	Rate/ Unit
OBOT	H0014	Medication Assisted Treatment (MAT) induction	Alcohol and/or drug services; ambulatory detoxification Withdrawal Management-Induction	Per encounter	<b>\$140</b>
OBOT	H0020	Opioid Treatment Services	Opioid Treatment - individual, group counseling and family therapy <u>and</u> prescribing medication and oversight	1 unit= 15 min	<b>\$24.00</b>
OBOT	G9012	Substance Abuse Care Coordination	Substance Abuse Care Coordination	TBD	<b>TBD</b>



## Example of Reimbursement Structure for OBOT Day One - Induction

### Day one – Induction

Physician assessment induction (H0014): \$140

Substance Abuse Care Coordination (G9012): rate TBD

Psychosocial assessment/counseling + prescribing medication and oversight (H0020) 2 units: \$48

Urine drug screen: \$15-80

Medication: varies

### Total:

**\$235 - \$300 + care coordination payment**



## Example of Reimbursement Structure for OBOT Maintenance

<b>Maintenance</b>	Physician Level 3 E&M Visit – Est. (99213): \$49.33
<b>Visit</b>	Substance Abuse Care Coordination (G9012): rate TBD
	Psychosocial assessment/counseling + prescribing medication and oversight (H0020) 2 units: \$48
	Urine drug screen: \$15-80
	Medication: varies

**Total:** **\$112 - \$177 + care coordination payment**



# OBOT Providers will be Credentialed by Health Plans

## Care Team Requirements

- Buprenorphine-waivered physician may practice in a variety of practice settings including primary care clinics, outpatient health system clinics, psychiatry clinics, FQHCs, CSBs, Local Health Departments, and physician's offices
- On site licensed behavioral health provider (licensed clinical psychologist, licensed clinical social worker, licensed professional counselor, licensed psychiatric clinical nurse specialist, a licensed psychiatric nurse practitioner, a licensed marriage and family therapist, a licensed substance abuse treatment practitioner, or CSAC) providing counseling to patients receiving buprenorphine

## MAT Requirements

- Buprenorphine monoprodukt prescribed only to pregnant women. All other patients receive buprenorphine/naloxone or naltrexone products
- 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, stimulants, or benzodiazepines except for patients already on benzodiazepines for 3 months during a relapse or tapering plan



# OBOT Providers will be 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 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 with physician or licensed behavioral health provider.
- Periodic utilization of unused medication and opened medication wrapper counts when clinically indicated.

## Benefits

- No Prior Authorizations required for buprenorphine or buprenorphine/naloxone
- Buprenorphine-waivered physician in the OBOT can bill all Medicaid health plans for substance abuse 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
- Buprenorphine waivered residents can complete structured moonlighting experiences under the supervision of a credentialed attending physician
- Public recognition (if desired) as a “Gold-Card” OBOT clinic who is a “preferred provider.”



## OBOT: Possible Models for Integrated Behavioral Health + Waivered Physician

### Waivered Physician + Behavioral Health Professional Employed by Same Site

- FQHC, public or private behavioral health provider, primary care physician, outpatient clinic, etc. employs buprenorphine-waivered physician AND behavioral health professional to offer MAT for opioid use disorder
- Services would be billed through the physician

### Waivered Physician On-site at Behavioral Health Provider

- 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 Health Department, Physician's Office, or FQHC

- Behavioral health professional (LCSW, LPC, psychologist, etc.) goes on-site to FQHC, health department, PCP office, or outpatient clinic 2-3x per week to provide MAT
- Services would be billed through the physician

### Attend the Addiction Disease Management Training

- **Attend the Virginia Department of Health Addiction Disease Management Trainings** to earn free CMEs, physicians receive 8 hours needed to apply for the waiver to prescribe buprenorphine for treatment of opioid addiction, and learn how to successful bill for and be reimbursed for MAT.



## Buprenorphine Prior Authorization Requirements

### Uniform Requirements Adopted by FFS and Managed Care Plans

- 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 stimulants
- Urine drug testing at least 4 times per 6 months

# Next Steps: ARTS Proposed Implementation Timeline

August 2016

- ARTS waiver submitted to CMS
- Proposed regs submitted to Virginia Registrar
- DMAS offers ARTS 101 Webinars
- DMAS, DBHDS, VDH and DHP to finalize provider requirements. MCO network credentialing ongoing

Sept 2016

- DMAS seeks approval of State Plan authority
- Statewide/In-Person ARTS 101 Sessions

Oct 2016

- VDH ADM and DBHDS ASAM Trainings Begin

Jan-April 2017

- Regional VDH ADM and MAT Trainings

April 2017

- ARTS services “carved in” to Managed Care and implemented.
- New rates effective.

July 2017

- Peer recovery supports implemented in Managed Care and FFS

# Addiction Disease Management Training for Outpatient Clinical Practice

## Training in Addiction Management including Medication Assisted Treatment

- **Statewide and regional trainings across the Commonwealth from October 2016 to April 2017**
  - Intended Audience: Practicing MDs/DOs, APNs, PAs, medical students, behavioral health professionals, substance abuse professionals, and administrators supporting provider clinical practice
- Physicians will complete the 8 hours of training online and in-person hours to meet the requirement for providers to obtain the waiver to prescribe buprenorphine in their practice for treatment of opioid addiction.
  - Integration of ASAM criteria;
  - Utilization of PCSS MAT criteria;
  - Meets the requirement of the federal DATA 2000 law
- Free CMEs available for online and live trainings, including Virginia specific content
- Specialty track content for behavioral health professionals and clinic administrators is role specific , addressing approaches for integrating ADM into behavioral health coordination and operational practice.



# Addiction Disease Management Training for Outpatient Clinical Practice

## October 2016: ADM Sneak Peak

<p><b>Association Meeting Presentations:</b></p> <ul style="list-style-type: none"> <li>• <b>Psychiatric Society of Virginia</b> <i>October 7, 2016: Roanoke, VA</i></li> <li>• <b>Medical Society of Virginia</b> <i>October 14-16, 2016: Roanoke, VA</i></li> <li>• <b>Community Care Network of Virginia</b> <i>October 17, 2016: Henrico, VA</i></li> </ul>	<p><b>Meeting attendees will complete 3.75 Hours of self-directed PCSS MAT online training prior to association meetings</b></p> <p><b>Key SME expert will present on benefits and barriers to implementing MAT in an office setting and state level resources for the provider team</b></p> <p><b>Meeting attendees will complete 4.25 Hours of PCSS MAT Online or LIVE training at future VDH events to qualify for certification</b></p>
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## November 2016: ADM Train-the-Trainer Model

<p><b><u>Specialty Trainer Expert Areas:</u></b></p> <ul style="list-style-type: none"> <li>• <b>Medical</b></li> <li>• <b>Behavioral Health</b></li> <li>• <b>Administrative</b></li> </ul>	<p><b>In each MCO region, selected champions will be trained to target and to educate local physicians, behavioral health providers, and administrators in the ADM curricula</b></p>
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## January-April 2017: ADM Train-the-Provider Model

<p><b>Train-the-Provider Model</b></p>	<p><b>Approximately 4 trainings will be hosted in each of the 7 MCO regions . Anticipated Reach: Approximately 300 providers.</b></p>
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## DBHDS ASAM Trainings – 3 Types of Trainings

Two-day skill-building training for clinical staff, with specific case studies.

- Limited to 40 participants per group.
- Participant should provide own text (3 participants to 1 book)
- ASAM Workbook provided
- Plan for 8-10 events.

One-day training for administrators and MCO staff to provide conceptual information

- Plan for 2-4 events



# DBHDS ASAM Trainings – 3 Types of Trainings

## One-day Change Agent (coaching) Training

- Limited to 25 per group
- Selected from participants in clinical training
- Provides infrastructure to promote fidelity to ASAM model
- Participant should provide own text
- Post-training live coaching for coaches (4 hours)
- Plan for 2-4 events.

## Also available at cost to participants

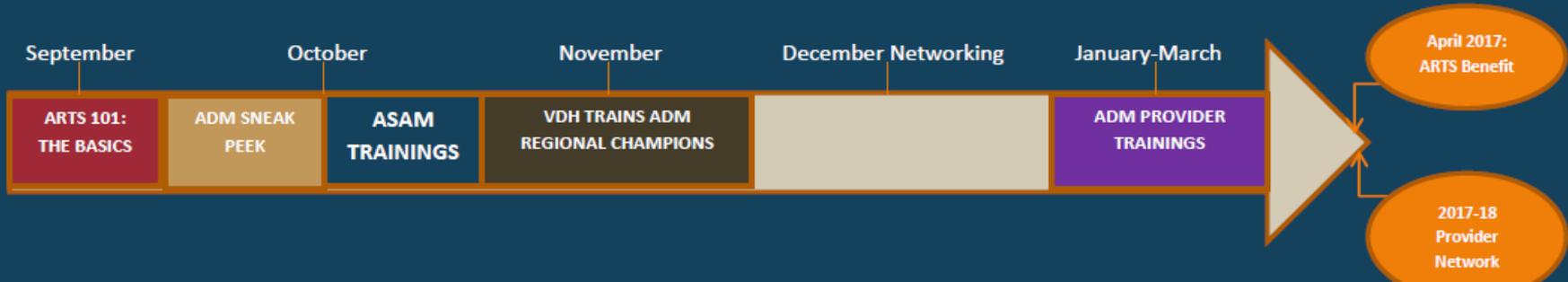
- Subscription to online modules

## Special note

- Events will be geographically distributed throughout the state to assure adequate access.
- Although DBHDS is underwriting the cost of the training, it is likely participants will be charged a reasonable fee.

## Integrating ADM: Addiction Disease Management Into Your Practice Training Opportunities

	ARTS 101: The Basics	ADM: Addiction Disease Management Training Sneak Peek	ASAM Trainings	ADM: Addiction Disease Management Training for Outpatient Clinical Practice
<b>Date</b>	September 2016	October 2016	October 2016-April 2017	January – April 2017
<b>Duration</b>	1 hour	4 hours	Varies	All day
<b>Location</b>	Statewide	At annual association meetings	Regional	Regional
<b>Intended Audience</b>	Anyone interested in learning the delivery and business model of Virginia Medicaid and FAMIS reimbursement for integration of evidence-based addiction treatment into clinical practice	Medical association members and broad spectrum healthcare providers interested in integration of evidence-based addiction treatment into clinical practice	Behavioral health professionals, administrators, and Managed Care Organization staff	Practicing MDs/DOs, APNs, PAs, medical students, behavioral health professionals, substance abuse professionals, and administrators supporting provider clinical practice
<b>Objectives</b>	Learn about Virginia Medicaid's ARTS new benefit program including new reimbursement rates, new provider requirements, new payment models, and upcoming trainings	Learn about scope of the burden of the opioid epidemic on a statewide level, benefits and barriers for implementing MAT in an office setting, and state level resources available for the healthcare provider team	Learn how to apply the ASAM criteria specific to patient care and administration roles. <ul style="list-style-type: none"> <li>Two-day skill-building training for clinical staff, with specific case studies</li> <li>One-day training for administrators and MCO staff to provide conceptual information</li> <li>One-day Change Agent (coaching) Training</li> </ul>	Learn about the role specific and evidence-based team approach for integrating ADM into outpatient clinical practice. Specialty track instruction will offer education to physicians, behavioral health professionals, and administrators supporting operations in the clinical practice.
<b>Curricula Source</b>	DMAS	VDH & PCSS-MAT	DBHDS & ASAM	VDH & PCSS-MAT
<b>CMEs</b>	0	3.25 (free)	0	CME Online/live trainings (free)



## Resources

DMAS Community Mental Health Rehabilitative Services Provider Manual

Virginia Administrative Codes-regulations for community based substance abuse services

The ASAM Criteria; Treatment Criteria for Addictive, Substance –Related and Co-Occurring Conditions, 3<sup>rd</sup> edition, 2013

ASAM Guidelines and Consensus Documents: <http://www.asam.org/quality-practice/guidelines-and-consensus-documents/the-asam-criteria>



**For more information, please contact:**

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