

## **Medicaid Substance Use Disorders (SUD) Services Opportunity for Public Comment**

**Purpose of Request:** The Department of Medical Assistance Services (DMAS) is seeking public comment in relation to future DMAS initiatives to improve Medicaid service benefits and delivery systems for individuals with substance use disorders (SUD), including ensuring that a sufficient continuum of care is available to effectively treat the physical, behavioral, and mental dimensions of SUD. DMAS welcomes public comment on the entire Addiction Treatment Services benefit delivery system design.

### **Instructions For Public Comment Submission:**

**Mail Submission**– Written comments shall be addressed to Ashley Harrell, Senior Policy Specialist, Division of Integrated Care and Behavioral Services, Department of Medical Assistance Services 600 East Broad Street, Suite 1300 Richmond, VA 23219

**Electronic Submission** – For ease in compilation of comments, all submissions must be a Microsoft Word document, submitted as an email attachment to: [SUD@dmass.virginia.gov](mailto:SUD@dmass.virginia.gov).

**Important Date** - If you or your organization plans to submit public comments, please send your comments to [SUD@dmass.virginia.gov](mailto:SUD@dmass.virginia.gov) by 5:00 p.m. on August 1, 2016. There will be additional opportunities for public comment. The Department will also continue its longstanding practice of meeting regularly with stakeholder groups, providing information and gathering additional input on the important features of SUD programs.

**Background:** Virginia recognizes it has an important role as a payor for services provided to individuals with SUD. On September 26, 2014, Virginia Governor, Terry McAuliffe, put Executive Order 29 into place, creating the Governor’s Task Force on Prescription Drug and Heroin Abuse. Dovetailing with Virginia’s concern, in July of 2015, CMS issued [CMS letter, SMD # 15-003](#) to Medicaid directors, highlighting CMS’ new service delivery opportunities for Medicaid members with SUD. The information contained in that letter significantly aligned with Virginia’s belief that prescription drug and heroin overdoses are a public health and public safety crisis that is indiscriminately taking the lives of Virginians. Fully believing that there is work to be accomplished in this area, DMAS plans to seek CMS waiver authority using the guidance found in the CMS letter and the [recommendations created by the Governor’s Task Force](#) to strengthen how Virginia: educates individuals, providers, and communities; treats those identified with SUD; collects and monitors data and health outcomes pertaining to these individuals; and enforces new policies and practices.

This Opportunity for Public Comment will help DMAS identify key areas for Addiction Treatment Services reform, in keeping with the Governor’s and General Assembly’s legislative directives and CMS waiver requirements. DMAS is especially interested in receiving public input concerning: Addiction Treatment Services benefit design (including treatment and recovery supports), coverage criteria, provider requirements and capacity, reimbursement strategies that reward quality outcomes, and features necessary to ensure high quality and program integrity.

**Proposed Strategy to Improve Virginia’s Addiction Treatment Services Program:** Virginia’s proposed strategy to improve the delivery of addiction treatment services would be built on its current Medicaid delivery system and include a restructuring of the addiction treatment services benefit design. DMAS is seeking public comment on the Commonwealth’s interest to pursue a CMS §1115 demonstration waiver to improve its addiction treatment services system of care and to meet all of the

expectations for a transformed addiction treatment services system, as recognized by CMS in its guidance letter referenced earlier.

For more details on the Medicaid Addiction Treatment Services refer to the DMAS website at: [http://www.dmas.virginia.gov/Content\\_pgs/bh-sud.aspx](http://www.dmas.virginia.gov/Content_pgs/bh-sud.aspx)

### **Critical Elements of Virginia's Proposed Transformed Addiction Treatment Services System of Care**

- 1. Comprehensive Evidence-based Benefit Design:** Virginia has proposed a system of care to include recognized best practices in the addiction treatment field, including a more robust array of services to address the immediate and long-term physical, mental and addiction care needs of the individual. Virginia's proposed system of care has been designed to include recognized best practices in the addiction treatment field, including screening, brief interventions, and referral to treatment (SBIRT) for substance use problems, withdrawal management, MAT, care coordination, and long-term recovery services and supports. Virginia also proposes new delivery opportunities that exist through the 1115 demonstration authority (with federal financial match) for short-term acute and residential addiction treatment in a substance abuse treatment facility. Historically Medicaid has not been able to cover services in residential facilities that meet the CMS definition of an institution for mental disease (IMD), as defined in 42 CFR 435.1010, for individuals between the ages of 21 through 64. Having this ability would also enable Virginia to provide enhanced services to pregnant and parent women. Virginia's addiction treatment services benefit design proposes inclusion of support services from Certified Peer Providers based upon evidence that indicates that support from trained, qualified peer providers has a measureable impact on engagement, retention and outcomes. Virginia's addiction treatment services system will incorporate these providers, as certified by the process implemented by the Department of Behavioral Health and Developmental Services (DBHDS), into appropriate levels of care.
- 2. Appropriate Standards of Care:** Virginia plans to use the ASAM criteria, which is a nationally accepted set of treatment criteria, including for the residential and inpatient service continuum, and, where applicable, for other modalities of treatment and levels of care.
- 3. Strong Network Development Plan:** Virginia's addiction treatment services system proposes to ensure member access to timely care through a sufficient network of high quality, credentialed, knowledgeable providers in each level of care.
- 4. Care Coordination Design:** Virginia will ensure seamless transitions and information sharing between varied levels and settings of care, consistent with federal and state confidentiality requirements.
- 5. Integration of Physical Health and Addiction Treatment Services:** Virginia proposes to implement a viable strategy for coordinating physical health, including primary care, behavioral health, and pharmacy services with a specific timeframe for a fully integrated care model.
- 6. Program Integrity Safeguards:** Virginia's model will ensure that addiction treatment service providers enter into participation agreements pursuant to 42 CFR 431.107, and that there is a process in place to address billing, clinical concerns, and other compliance issues.
- 7. Benefit Management:** Virginia plans to use its BHSA contractor and its capitated managed care plans to accomplish this benefit management strategy and demonstrate compliance with the Mental Health Parity and Addiction Equity Act (MHPAEA).
- 8. Community Integration:** Virginia will ensure compliance with CMS established person-centered planning and community based setting requirements in their service planning and service delivery efforts.

9. **Strategies to Address Prescription Drug Abuse and Opioid Use Disorder:** Virginia's model will include on-going efforts to train health care providers regarding best practices for opioid prescribing, pain management, use of Virginia's Prescription Monitoring Program (PMP), and identification and treatment of individuals at risk of substance abuse through screening, intervention, and referral tools.
10. **Services for Adolescents and Youth with SUD:** Virginia will ensure timely access to the full scope of coverage available to children under age 21, pursuant to the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits.
11. **Reporting of Quality Measures:** Virginia plans to implement a comprehensive strategy to collect, maintain, and report the quality measures required by CMS as part of this demonstration project.
12. **Collaboration with Single State Agency for Substance Abuse:** DMAS plans to partner with DBHDS and relevant local, state, tribal, and social services agencies so that individuals are positioned to respond to treatment successfully.
13. **Implementing Innovative Payment Models:** Includes working with addiction treatment service providers to help them develop the infrastructure to support value based payment models.