

Addiction, Recovery and Treatment Services (ARTS)
Virginia Department of Medical Assistance Services
Substance Use Disorder Benefit
Themes from the Public Comment Period
September 21, 2015 to October 21, 2015

Advocates (24 comments) /Providers (15 comments) /Health Plans (2 comments)

1. Program Recommendations/Benefit Design

- Develop a secured centralized behavioral and medical data base.
- Include the credentials/qualifications currently being used for QSAP in the Community Mental Health Rehabilitation Services regulations.
- Provide Integrated Care to strengthen the coordination of primary and behavioral healthcare for individuals with SUD.
- Expand Medicaid coverage for medically supervised detoxification to strengthen the coordination of primary and behavioral healthcare for individuals with SUD.
- Targeted use of incentives.
- Support the adoption and use of the ASAM Criteria.
- Expand Medication Assisted Treatment (MAT) statewide.
 - Allow for MAT to be provided concurrently with other levels of care.
- Encourage waiver of the IMD requirement.
- Eliminate any remaining prohibitions against reimbursement for any services delivered to the children of mothers in treatment for SUDs.
- Extend Medicaid coverage for women during the postpartum period.
- Covered services should include residential treatment, detoxification in Crisis Stabilization Environments, and Peer Support at rates that reflect the costs to provide these services.
- Effective and carefully planned community integration.
- Collaboration with Single State Agency for Substance Abuse.

2. Medication Recommendations

- Provide a medication therapy management program that uses a network of retail pharmacists that will meet with members face-to-face to provide medication reviews.
- Remove the duration limits on the use of buprenorphine.
- Use Buprenorphine as the primary evidence-based medication.
- Expand Medicaid coverage for Suboxone, as current treatment plans using Suboxone are limited to a maximum of two years.

3. Network Development

- Create a strong network development plan.
- The inclusion of pediatricians in network development.

4. Billing and Reimbursement Concerns/Recommendations

- Medicaid reimbursement rates for SUD services need to be increased.
- Require necessary infrastructure cost setting, to include the direct and overhead expenses to support cost of physicians, pharmacists, nurses, laboratory, drug screening and counseling services, efficient eHR billing, and reporting systems. SUD rates have not been adjusted since 2007.
- Bundle the service reimbursement rate.
- Increase reimbursement rates for Substance Abuse Case Management (SACM).
- Reimburse DBHDS Certified Peer Recovery Specialists (CPRS) as a distinct service through Medicaid.
- In addition to Licensed Mental Health Professionals (LMHP), the Certified Substance Abuse Counselor (CSAC) be added to the list of people who can bill for Substance Use Disorder services.
- Inclusion of coverage for drug screenings, which are a vital part of the treatment of SUDs.
- Allow reimbursement for MAT and concurrent clinical treatment services for opiate dependent pregnant and parenting women as well as other opiate dependent individuals who seek treatment.
- Reimburse for court ordered SUDS services if medical necessity can be clearly supported in the clinical documentation.
- Reimburse for transportation to treatment and medical appointments.
- Allow people to maintain their Medicaid coverage while incarcerated and reimburse for medical and SUDS services while incarcerated.
- Reimburse OB-GYN physicians who are willing to treat women with SUDS at a higher rate to provide incentive for their participation.
- Have a central assessment site such as the local Office on Youth or Community Services Board where DMAS reimburses for the assessment, much like the current VICAP system.
- Case rates (at targeted and whole population groups) tied to performance.

5. Reporting of Quality Measures

- Filing of annual cost reports by IMDs, to include annual audited financial statements of the individual facility and home office cost report for those facilities with a shared parent corporation; and public reporting of costs, utilization, outcomes and quality indicators for facility-based SUD services.