UPDATES FOR SUBSTANCE USE DISORDER TREATMENT PROVIDERS

Department of Medical Assistance Services
April 28, 2021
Agenda

- Updates from Medicaid
- Overview of the Department of Behavioral Health and Developmental Services (DBHDS) American Society of Addiction Medicine (ASAM) Level of Care Service Modification requirements
- Updates for the Addiction and Recovery Treatment Services (ARTS) benefit
- Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act Efforts
- Q & A
The Virginia Department of Medical Assistance Services (DMAS) SUPPORT Act Grant projects are supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $4,997,093 with 100 percent funded by CMS/HHS.

The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.
DMAS’ Civil Rights Coordinator has provided closed captioning for this webinar.

Please use this link in a separate window to view closed captioning:

https://www.streamtext.net/text.aspx?event=HamiltonRelayRCC-0428-VA2683

Please note that when you click on the URL link during the event, a separate window will open with the live captioning transcription.
PRESENTERS TODAY

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The PHE was recently extended until July 20, 2021. Each of the flexibilities extended in the March 5, 2021 memo (available [here](#)) are now extended until July 20, 2021.

By law, a PHE is limited to a 90-day period however, in a letter to state Governors, President Biden indicated that the PHE "will likely remain in play for the entirety of 2021."

Moreover, states were assured in this letter that the U.S. Department of Health and Human Services will provide states with 60 days' notice prior to making the decision to terminate the PHE or let it expire.
Public Health Emergency (PHE) Updates

Policy Flexibilities for SUD Delivery during COVID-19

- **Telehealth (including telephonic) delivery** of all substance use disorder services.
  - “Home” as an originating site
  - Payment parity
  - Buprenorphine induction

- **14 day grace period** for submission of Service Authorizations

- **Flexibility around hourly requirements** for ASAM Levels 2.1 and 2.5

- Medicaid **eligibility and enrollment** flexibilities
Public Health Emergency (PHE) Updates

Policy Flexibilities for SUD Delivery during COVID-19

- **Allowance for Opioid Treatment Programs to be reimbursed** for delivery of medications to member’s location as well as take-home dosage administration.

- **Allowance for up to 90 day prescription for routine medications**, including buprenorphine products.

- **Flexibilities of urine drug tests and counseling requirements** for individuals to receive pharmacotherapy for SUD treatment.
Behavioral Health Telehealth Decision Tree

Mahalo to our colleagues in Hawaii

https://health.hawaii.gov/bhhsurg/covid19-guidance/

Major Takeaways

- **Strengths**
  - Provider Engagement in Feedback (180 respondents in 2020, 646 in 2021)
  - 82% of providers report having what they need to do telehealth
  - Providers assisting members with challenges
  - >50% of providers note higher rates of participation in sessions (show rates) during telehealth usage

- **Opportunities**
  - Members have challenges with technology access (74% of providers reported this as issue), largely lack of devices or no cell service/internet
Addiction and Recovery Treatment Services (ARTS)
Building a Continuum of Care

Effective April 1, 2017 - All ARTS services are covered by Medicaid managed care organizations

ARTS offers a fully integrated physical and behavioral health continuum of care.
ASAM 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.
Aligning Licensing with the ASAM Criteria

- 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.”

- When directed to act by the General Assembly either in a bill or within the Appropriation Act the Department does not have discretion and must act.
Aligning Licensing with the ASAM Criteria

- DBHDS adopted emergency regulations implementing the ASAM Criteria into their children’s residential and general licensing regulations.
  - The actions were published 2/1/2021 and effective 2/20/2021.
  - Office of Licensing (OL) implementation date of 7/1/2021.
- DBHDS issued a memo requesting providers to submit an abbreviated service modification form by May 15th, 2021 to be issued a conditional license for the appropriate ASAM Level.
- 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.
Aligning Licensing with the ASAM Criteria

- DBHDS facilitated a webinar “Aligning the Licensing Regulations with the ASAM Criteria Training” and the slides are located here.
- DBHDS also updated the abbreviated service modification form for providers transitioning from their current license, to the corresponding ASAM Level of Care license. The updated service modification form can be found on the Office of Licensing website.

Aligning Licensing with the ASAM Criteria

Service Modifications needed for the following ASAM Level of Care Services:

- Medically managed intensive inpatient (ASAM Level 4.0)
  - Includes Free-Standing Psychiatric Hospitals
- Medically monitored intensive inpatient (ASAM Level 3.7)
- Clinically managed high-intensity residential (ASAM Level 3.5)
- Specific high-intensity residential (ASAM Level 3.3)
- Clinically managed low-intensity residential services (ASAM Level 3.1)
- Partial hospitalization (ASAM Level 2.5)
- Substance abuse intensive outpatient (ASAM Level 2.1)
- Substance abuse outpatient services (ASAM Level 1.0)
- Clinically managed medium-intensity residential care for children (ASAM Level 3.5)
- Clinically managed low-intensity residential care for children (ASAM Level 3.1)
- Medication assisted opioid treatment (Opioid Treatment Program)
Aligning Licensing with the ASAM Criteria

- Providers will need to list on the abbreviated service modification form any ASAM Levels of Care for 3.1 to 3.7 that they have been certified by Westat (the DMAS contractor at ARTS implementation) to provide and the certification date, as applicable.

- Residential Treatment Service providers who need assistance with obtaining their Westat Certification for ASAM 3.1-3.7 may submit a request to SUD@dmas.virginia.gov.
Aligning Licensing with the ASAM Criteria

Required Attachments in Addition to the Service Modification Form for Each ASAM Level(s) of Care

- A service description for each service, meeting all of the requirements outlined in 12 VAC 35-105;
- Discharge criteria for each service, as outlined in 12VAC35-105;
- A schedule of staffing pattern for each service meeting, all requirements as outlined in 12VAC35-105; and
- Signed policy and procedure attestation form.
Aligning Licensing with the ASAM Criteria

- The Office of Licensing cannot guarantee that modification forms received after May 15, 2021 will be processed prior to July 1, 2021.
- Providers who do not have this conditional license issued by July 1, 2021 will not meet the DMAS requirements for reimbursement through the Addiction and Recovery Treatment Services (ARTS) benefit.
Aligning Licensing with the ASAM Criteria

- If providers would like to add additional services that they are not currently licensed to provide, they should submit the standard service modification form and all required attachments beginning July 1, 2021.
- The process to add new, additional services will not be expedited and reviews will not begin until July 1, 2021.
- The Office of Licensing will not be accepting service modification forms to add additional substance use disorder services until July 1, 2021.
Aligning Licensing with the ASAM Criteria

- Providers of Outpatient (OP) and Partial Hospitalization Programs (PHP) services currently practicing under 07-004, 02-023, 02-024, 02-025, 02-026-02-027, and 02-028 may need to apply for a separate mental health license in addition to the appropriate ASAM license, depending on the services provided, as these licenses will be phased out.

- If a provider is providing OP or PHP services to individuals strictly with a MH diagnosis, then they will need to select to add the corresponding mental health service (02-019, 02-032 and/or 07-003) in section #4 of the service modification form and all required attachments should also be included for these MH services.

- If the provider is providing OP or PHP to individuals with just SA and/or dual diagnosis this can be covered under the new ASAM licenses and does not require the provider to add the MH license(s).

- New licenses issued for providers separating out MH-OP and/or MH-PHP will be annual licenses and not conditionals as there are no new regulatory requirements for these services.
Aligning Licensing with the ASAM Criteria

Example:

- A provider is currently licensed for 07-004: A mental health and substance abuse outpatient service for (population served).
- If the provider is providing substance abuse, including those with co-occurring disorders, they would only apply for 07-013: ASAM Level 1.0: Substance abuse outpatient service for adults AND/OR 07-014: ASAM Level 1.0: Substance abuse outpatient service for children and adolescents.
- If the provider provides strictly MH Outpatient and SA Outpatient separately, then the provider would need separate licenses for the MH OP and SA OP.
- This provider would submit the Abbreviated Service Modification Form and all required attachments to add 07-003: A mental health outpatient service for (population served) AND an Abbreviated Service Modification Form to apply for 07-013: ASAM Level 1.0: Substance abuse outpatient service for adults AND/OR 07-014: ASAM Level 1.0: Substance abuse outpatient service for children and adolescents.
DMAS and DBHDS are issuing this survey to Virginia SUD Treatment providers who are ARTS providers and licensed through DBHDS, to better understand the need for additional ASAM trainings.

DMAS and DBHDS require that staff are trained and knowledgeable in the ASAM Criteria to appropriately apply patient admission criteria, continuing care, and transfer/discharge for individuals with addictive, substance-related, and co-occurring conditions.

Providers will need to demonstrate compliance with the DBHDS ASAM regulations to be successful in the transition of the DBHDS ASAM conditional license to the issuance of an annual license.

Please complete this survey based on your clinic's/agency's staff needs.

https://www.surveymonkey.com/r/ASAM_Training
Mobile OBOT

- Memorandum currently posted to townhall for public comment until 04/28/2021. Introduces the new mode of service delivery allowing providers to be reimbursed for OBOT services provided in a mobile unit.

https://townhall.virginia.gov/L/comments.cfm?GDocForumID=517
New Appendix B Guidance for Hospitals

- New Appendix B for the ARTS Provider Manual is currently posted to townhall for public comment until 05/02/2021.
- Clarifies prior authorization requirements for hospital-based ASAM Levels of Care
  - If the primary reason for admission is substance use disorder related, an ARTS authorization request should be submitted to the member’s managed care organization (MCO) or the Magellan Healthcare/Behavioral Health Services Administrator (BHSA) within 1 business day of admission.
  - If the primary reason for admission is medically related, a fee-for-service medical authorization request should be submitted to the fee-for-service contractor, Kepro, within 1 business day of admission. For members enrolled in a Medicaid MCO, providers should submit the medical authorization request to the member’s MCO.

https://townhall.virginia.gov/L/ViewNotice.cfm?GNid=1227
OBOT to OBAT

- Legislation approved in the 2021 GA Special Session allowing OBOT services to be expanded to include treatment of all substance use disorders.
- DMAS is currently working on revising the OBOT model to include other primary SUD diagnoses.
ARTS Provider Manual Updates

- Final revisions are being made to the Opioid Treatment Services Provider Manual Supplement.
- Updates include policy changes and clarification around:
  - Telehealth flexibilities
  - Staffing requirements
  - Documentation

The supplement in addition to all the chapters in the ARTS Provider Manual will be available for review and public comment on townhall later in 2021.
OBOT Attestation Form Update

- Effective March 25\textsuperscript{th}, 2021 the following revisions have been added to the OBOT Attestation Form:
  - Preferred Contact Information including phone number and email address,
  - Description of additional medical and behavioral health needs either on-site or through referral, and
  - Description of emergency and on-call services

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3 Year ARTS Evaluation
Prevalence of Substance Use Disorder (SUD)

Medicaid Expansion Members with a SUD Diagnosis
Non-Expansion Medicaid Members with a SUD diagnosis

2016: 48,341
2017 (ARTS): 52,992
2018: 59,235
2019 (Medicaid Expansion): 95,942

41,966
53,976
Changes in Treatment Rates for Base Medicaid Members

Percent of members with SUD who received any ARTS treatment services

- **2016**
  - Treatment rate for SUD: 14.5%
  - Treatment rate for OUD: 19.9%
  - Treatment rate for AUD: 32.1%

- **2017**
  - Treatment rate for SUD: 30.2%
  - Treatment rate for OUD: 33.1%
  - Treatment rate for AUD: 41.3%

- **2018**
  - Treatment rate for SUD: 41.3%
  - Treatment rate for OUD: 44.4%
  - Treatment rate for AUD: 47.4%

- **2019**
  - Treatment rate for SUD: 45.7%
  - Treatment rate for OUD: 61.1%
  - Treatment rate for AUD: 65.9%

**Legend:**
- Blue: Treatment rate for SUD
- Green: Treatment rate for OUD
- Orange: Treatment rate for AUD

**Source:** Medicaid Expansion
# Changes in the ARTS Provider Network

<table>
<thead>
<tr>
<th>Provider Type</th>
<th># of Providers Before ARTS</th>
<th>ARTS Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Detox (ASAM 4)</td>
<td>N/A</td>
<td>103</td>
</tr>
<tr>
<td>Residential Treatment (ASAM 3)</td>
<td>4</td>
<td>92</td>
</tr>
<tr>
<td>Partial Hospitalization Programs (ASAM 2.5)</td>
<td>N/A</td>
<td>22</td>
</tr>
<tr>
<td>Intensive Outpatient Programs (ASAM 2.1)</td>
<td>49</td>
<td>136</td>
</tr>
<tr>
<td>Opioid Treatment Programs</td>
<td>6</td>
<td>40</td>
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<tr>
<td>Preferred Office-Based Opioid Treatment Providers</td>
<td>N/A</td>
<td>169</td>
</tr>
<tr>
<td>Outpatient practitioners billing for ARTS services (ASAM 1)</td>
<td>1,087</td>
<td>4,079</td>
</tr>
</tbody>
</table>
Access to Evidence-Based Treatment for Opioid Use Disorder (OUD) Increased

Number of Practitioners Authorized to Prescribe Buprenorphine

- **All Practitioners**
  - 2016: 500
  - 2019: 1133
  - 2020: 1537

- **30 Patient limit**
  - 2016: 315
  - 2019: 793
  - 2020: 1027

- **100 Patient limit**
  - 2016: 185
  - 2019: 235
  - 2020: 358

- **275 Patient limit**
  - 2016: 0
  - 2019: 105
  - 2020: 152
Impact of Medicaid Expansion and Access To Treatment

Members who received Medications for Opioid Use Disorder

- 2016: 6,031
- 2017 (ARTS): 8,233
- 2018: 11,806
- 2019 (Medicaid Expansion): 23,257

97% ↑
Treatment Types

ARTS benefit

Medicaid Expansion

ASAM 0.5
Preferred OBOT/OTP

ASAM 1

ASAM 2
ASAM 3
ASAM 4

Peer Recovery

SUD Case Management

SUD Care Coordination

2017
2018
2019
Expenditures for Medicaid SUD Treatment

SFY2020 – By Date of Payment

COVID

$18,000,000
$16,000,000
$14,000,000
$12,000,000
$10,000,000
$8,000,000
$6,000,000
$4,000,000
$2,000,000
$0

201907 201908 201909 201910 201911 201912 202001 202002 202003 202004 202005 202006
Our Work is Not Done

Fatal Drug Overdose Trends – updated numbers as of April 2021

The preliminary total of all fatal overdoses, all substance, in 2020 compared to 2019 increased by 41.2%---a record setting statistic.

https://www.vdh.virginia.gov/medical-examiner/forensic-epidemiology/
An Evolving Strategy to Address the Epidemic

High quality / Evidence-Based Care

Priority Populations and Their Families

Transitions of Care

Data

- Pregnant and parenting individuals
- Justice-involved
- Acute care
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Overview of SUPPORT Grant Initiatives

- Notice of Award: September 18, 2019
- Period of Performance: September 30, 2019 to September 29, 2021 (18 months + 6 month no cost extension)
- Approved Budget: $4.9 million

Components
1. Need assessment
2. Strengths-based assessment
3. Activities to increase provider capacity
Seven Subaward Projects

Projects focus on:

- Peer Recovery Supports
- Community engagement
- Provider training
- Telehealth
- Care Coordination

- Members who are justice involved
- Members who are pregnant and parenting
- Hepatitis C testing and treatment
- Harm Reduction
SUPPORT Act Grant Updates

Projects Underway

- Needs assessment: VCU Department of Health Behavior and Policy
  - Continuum of care needs assessment
  - ARTS member surveys and interviews
  - Buprenorphine-waivered prescriber analysis and survey
- Brightspot assessment: VCU Wright Center
  - Training pre/post-test implemented
  - Project ECHO opportunities
  - Data visualization - HealthLandscape in development
  - Brightspot Analysis
Workforce Brightspot:
Suboxone Providers per 1000 by Zip Code
Brightspot Communities

Suboxone Providers in Richmond Relative to Need
Brightspot Communities

South Hill Virginia

- High OP Visits for OUD/1000
- High Number of Suboxone Providers/1000
- Low Opioid-Related Mortality/1000
Projects Underway

- Policy Landscape Analysis – analyze policy options for Virginia in response to changes introduced by the SUPPORT Act
  - Manatt Health and State Health Partners continue to meet with workgroups and interview stakeholders to inform policy landscape
- SUMS Project – Substance Use Disorder, Medicaid, and the Legal/Carceral System
  - Contract lead: Health Management Associates (HMA)
  - HMA is currently working on community stakeholder surveys and focus group designs
  - Grant team and HMA are working with DOC and related partners on demonstration site selections and outreach – two DOC facilities and two local/regional jails.
Bridge Clinics for Treatment of Opioid Use Disorder

Revolutionizing the System of Addiction Care

- Rapid Access to Evidence-Based Care
- Priority Populations
- Warm Hand-offs to Community Care
SUPPORT Act Grant

Virtual Bridge Clinics

- Utilizing telehealth flexibilities, DMAS is supporting the creation and expansion of virtual bridge clinics at two emergency departments (EDs) in Virginia.

- Program goals:
  - Support starting buprenorphine treatment in ED settings (prescription, not just administration)
  - Provide tools to enhance virtual post-visit follow-up
  - Strengthen treatment coordination with community providers
SUPPORT Act Grant Updates

Education and Technical Assistance

- With the beginning of COVID-19 pandemic and a quick change to tele-health services, the SUPPORT team responded by developing a series of webinars to train providers in tele-health practices and overall SUD treatment
Webinars April 2020 – April 2021

✓ Start up an OBOT (2 hours)
✓ Tele-Behavioral Health in the Time of COVID-19
✓ SUD Client Engagement
✓ Suicide Assessment & Intervention
✓ Crisis & De-escalation
✓ Withdrawal Symptom Management
✓ Trauma-Informed Care
✓ Substance Use Disorder Overview
✓ Opioids & Stimulants
✓ SUD Treatment Basics
✓ SUD Screening & Assessment
✓ Co-Occurring Disorders
✓ Individual SUD Therapy Skills
✓ Group SUD Therapy Skills
✓ Stigma & SUD
Webinars April 2020 – April 2021

- SUD & Cultural Humility
- SUD & the Family
- Alcohol & Cannabinoids
- SUD & Legal-System Involved Clients
- SUD & LGBTQ+ Clients
- “Novel” Substances of Misuse
- SUD & Care Coordination
- OUD & Clients in Need of Stable Housing

- American Society of Addiction Medicine [ASAM] Criteria
  - Assessment Dimensions 1 & 2
  - Assessment Dimension 3
  - Assessment Dimension 4
  - Assessment Dimensions 5 & 6
SUPPORT Act Provider Trainings

More webinars in June- July:
• Care Coordination
• ASAM Criteria Assessment Dimensions: 1, 2, 3, 4, 5, & 6
• Suicide Assessment and Intervention
• Trauma-Informed Care

Technical Assistance

- Fall 2020 - We also started to provide in-depth technical assistance for specific SUD providers around Virginia
  - We selected the specific clinics for TA through an application process and we choose at least one clinic from each of the 6 Medicaid regions
- We are currently working with 8 clinics (non-profit, for-profit and governmental), all of whom provide varying levels of SUD treatment (ASAM levels 1 – 3.1)
- Content has included:
  - Integrating Certified Peer Recovery Specialists into the practice
  - Integrating Pharmacotherapy (Medication-assisted treatment) into an existing practice
  - Engaging clients in treatment
  - Improving treatment planning
  - Improving collaboration with other agencies and providers

We are currently accepting a second round of TA applications. Applications are due by May 17th.
To apply: https://www.surveymonkey.com/r/Spring21_TA_Application
Thank you for your partnership, support and participation.

Additional Questions?

Please contact
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