



# VIRGINIA MEDICAID PERSPECTIVE ON BEST PRACTICES IN THE TREATMENT OF OPIOID USE DISORDER

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[www.dmas.virginia.gov](http://www.dmas.virginia.gov)

# Virginia Medicaid Key Facts



Virginians covered by Medicaid/CHIP



**1 in 8**

Virginians rely on Medicaid



**2 in 3**

Residents in nursing facilities supported by Medicaid - Primary payer for LTSS



**50%**

Medicaid beneficiaries are children



**62%**

Long-Term Services & Supports spending is in the community



**1 in 3**

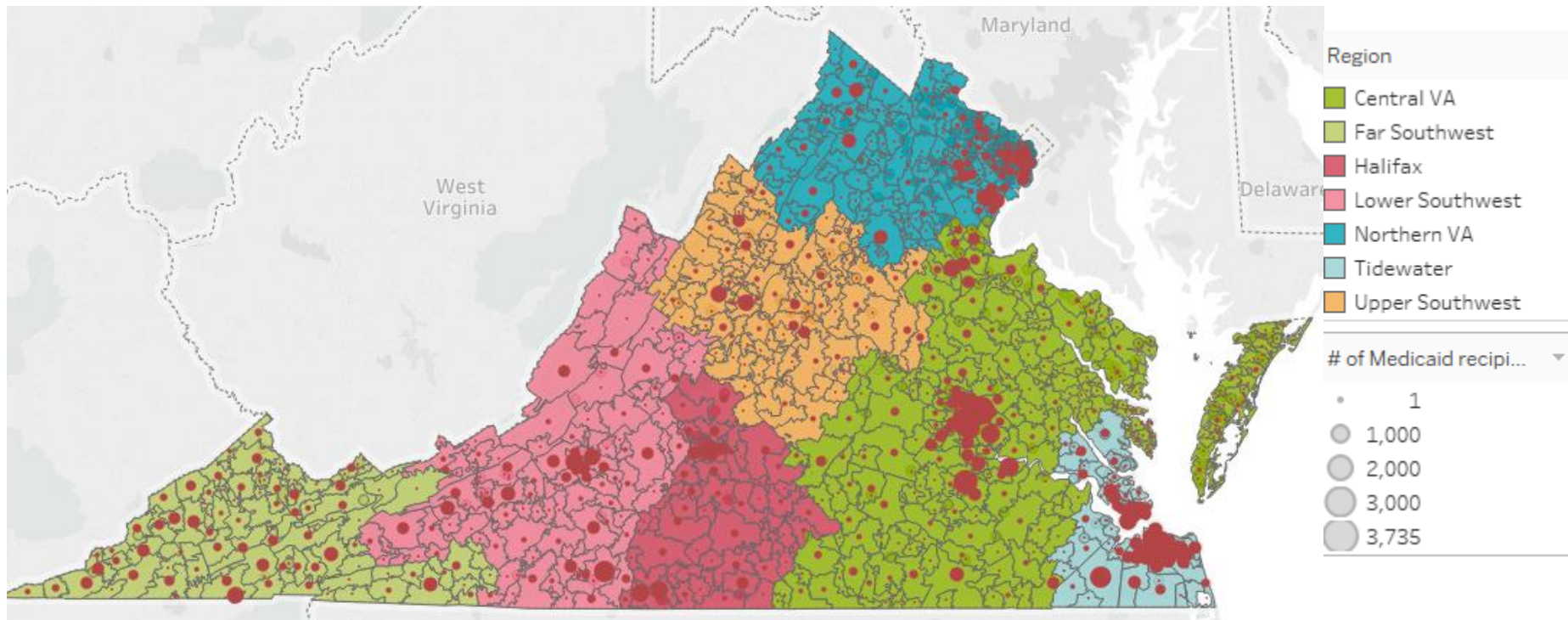
Births covered in Virginia



**Behavioral Health**

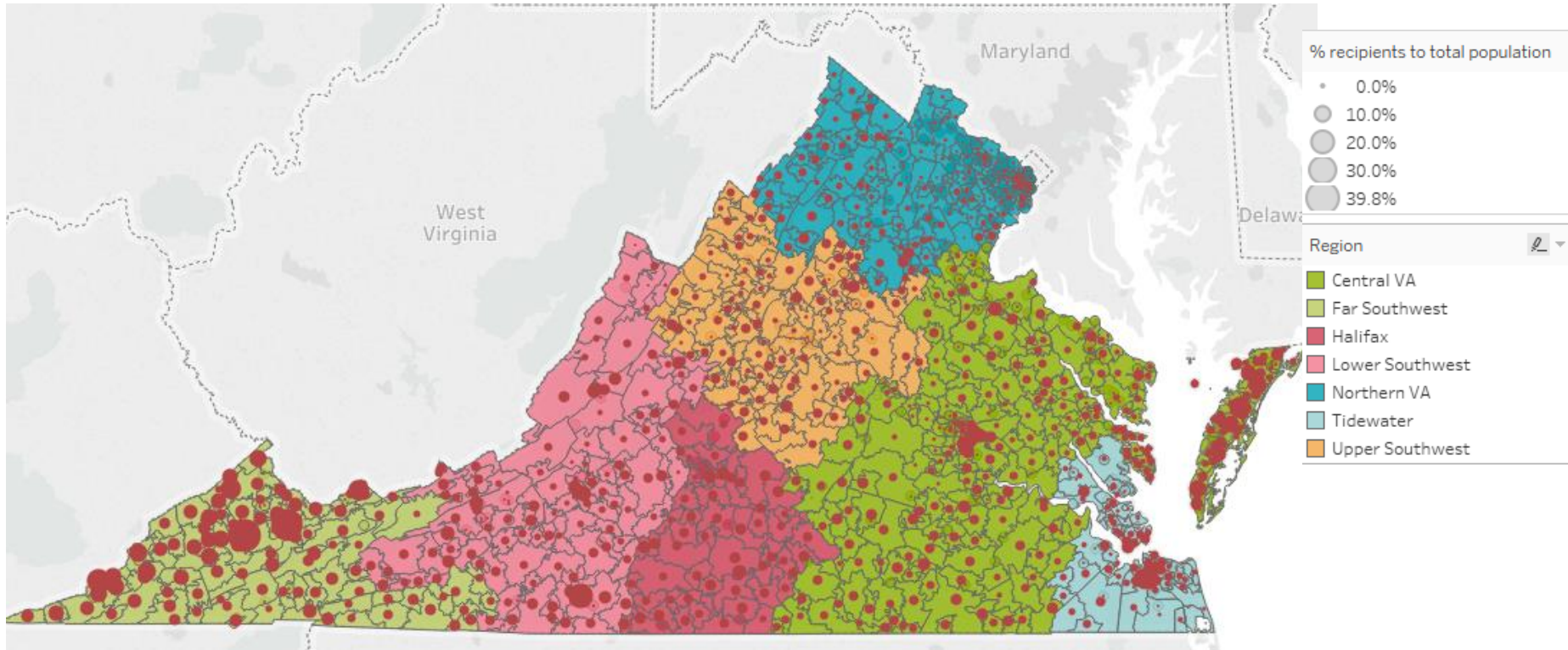
Medicaid is primary payer for services

# Medicaid Members with Substance Use Disorder Diagnosis



**Source:** Department of Medical Assistance Services – claims/encounter data (November 3, 2016).  
Circles # of Medicaid recipients whose claims/encounter data included an addiction related diagnosis.

# Communities Impacted by Addiction



**Source:** Department of Medical Assistance Services – claims/encounter data (November 3, 2016) and 2010 U.S. Census Bureau Population.

Circles % of Medicaid recipients whose claims/encounter data included an addiction related diagnosis respective to the total population in that zip code.

# Addiction and Recovery Treatment Services (ARTS) Benefit

*Changes to DMAS's Substance Use Disorder (SUD) Services for Medicaid and FAMIS Members approved in Spring 2016*

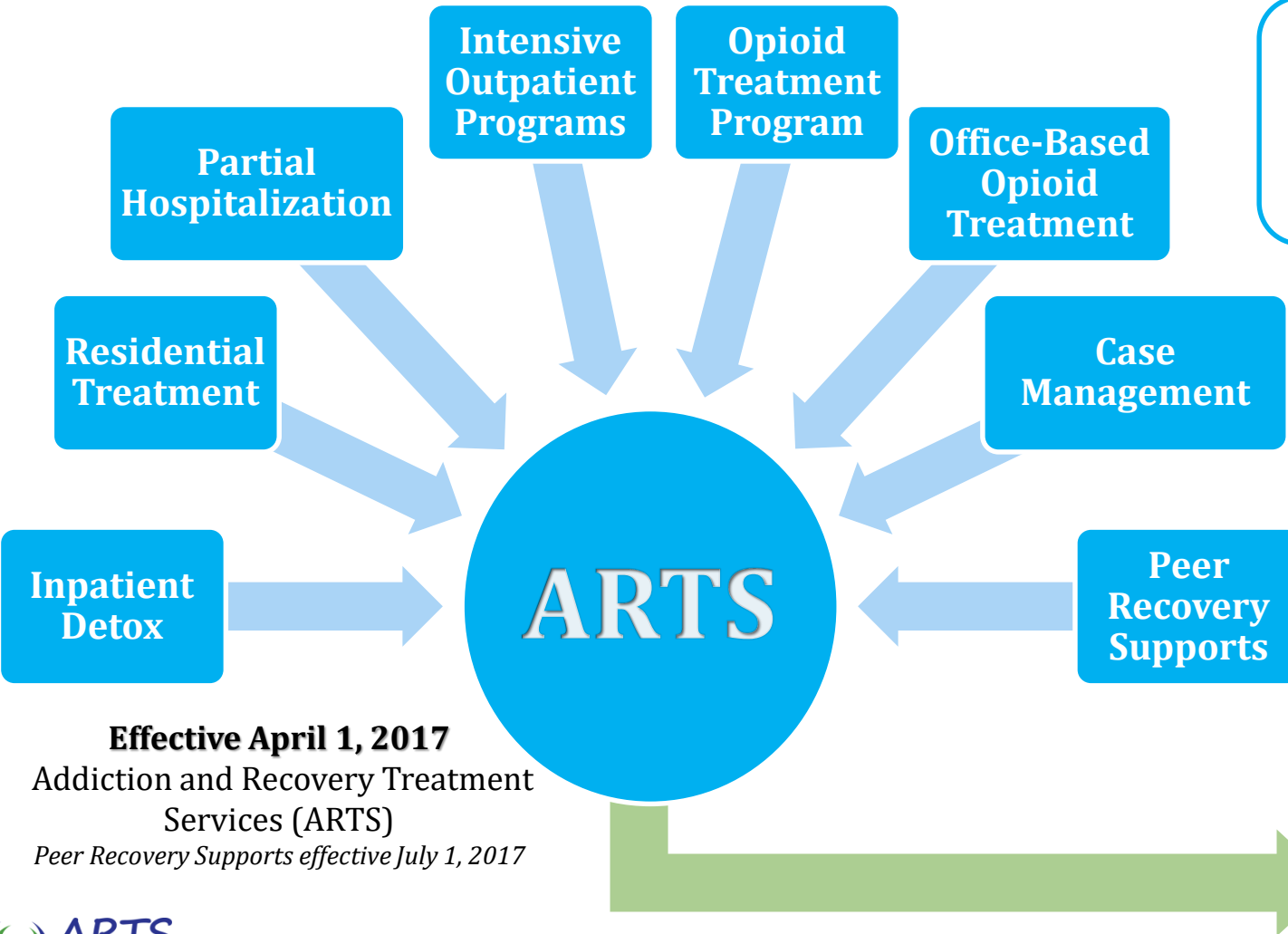
- 1 Expand short-term SUD inpatient detox to all Medicaid /FAMIS members
- 2 Expand short-term SUD residential treatment to all Medicaid members
- 3 Increase rates for existing Medicaid/FAMIS SUD treatment services
- 4 Add Peer Support services for individuals with SUD and/or mental health conditions
- 5 Require SUD Care Coordinators at DMAS contracted Managed Care Plans
- 6 Organize Provider Education, Training, and Recruitment Activities

# Transforming the Delivery System for Community-Based SUD Services

Magellan will continue to cover community-based substance use disorder treatment services for fee-for-service members

**All Community-Based SUD Services will be Covered by Managed Care Plans**

A fully integrated Physical and Behavioral Health Continuum of Care



**Effective April 1, 2017**  
Addiction and Recovery Treatment Services (ARTS)  
*Peer Recovery Supports effective July 1, 2017*

ASAM Level of Care Placement	DBHDS License
<p style="text-align: center;"><b>4</b> Medically Managed Intensive Inpatient</p>	<ul style="list-style-type: none"> <li>Acute Care General Hospital (VDH license)</li> </ul>
<p style="text-align: center;"><b>3.7</b> Medically Monitored Intensive Inpatient Services (Adult) Medically Monitored High-Intensity Inpatient Services (Adolescent)</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 style="text-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>	<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> </ul>
<p style="text-align: center;"><b>3.1</b> Clinically Managed Low-Intensity Residential Services</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> </ul>
<p style="text-align: center;"><b>2.5</b> Partial Hospitalization Services <b>2.1</b> Intensive Outpatient Services</p>	<ul style="list-style-type: none"> <li>SA or SA/Mental Health Partial Hospitalization (2.5)</li> <li>SA Intensive Outpatient for Adults and Adolescents (2.1)</li> </ul>
<p style="text-align: center;"><b>1</b> Outpatient Services</p>	<ul style="list-style-type: none"> <li>Outpatient Services</li> </ul>
<p style="text-align: center;"><b>0.5</b> Early Intervention</p>	<ul style="list-style-type: none"> <li>N/A; All Licensed Providers</li> </ul>
<p style="text-align: center;"><b>Opioid Treatment Program (OTP)</b></p>	<ul style="list-style-type: none"> <li>Opioid Treatment Program</li> </ul>
<p style="text-align: center;"><b>Office-Based Opioid Treatment (OBOT)</b></p>	<ul style="list-style-type: none"> <li>N/A; Physician Offices</li> </ul>

# Preferred Office-Based Opioid Treatment

## Settings and Care Model

- CSBs, FQHCs, outpatient clinics psychiatry practices, primary care clinics
- Provide Medication Assisted Treatment (MAT) - use of medications in combination with counseling and behavioral therapies that results in successful recovery rates of 40-60% for opioid use disorder compared to 5-20% with abstinence-only models
- Supports integrated behavioral health - buprenorphine waivered practitioner with on site behavioral health provider (e.g., psychologist, LCSW, LPC, psych NP, etc.) providing counseling to patients receiving MAT

## Payment Incentives

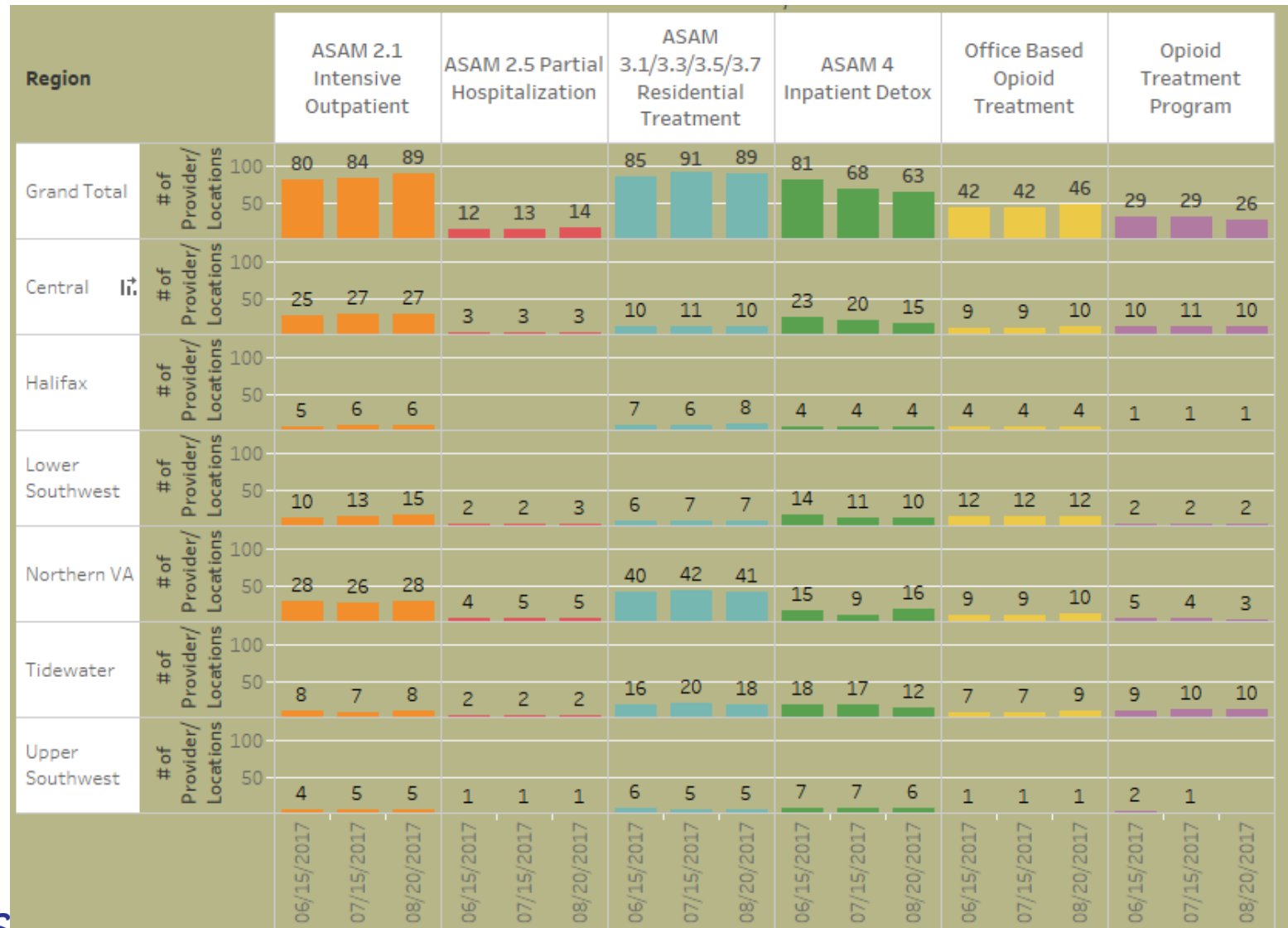
- Buprenorphine-waivered practitioner in the OBOT can bill all Medicaid health plans for **substance use care coordination** for members with moderate to severe opioid use disorder receiving MAT
- Can bill **higher rates for individual and group opioid counseling**
- Can bill for Certified Peer Recovery Support specialists



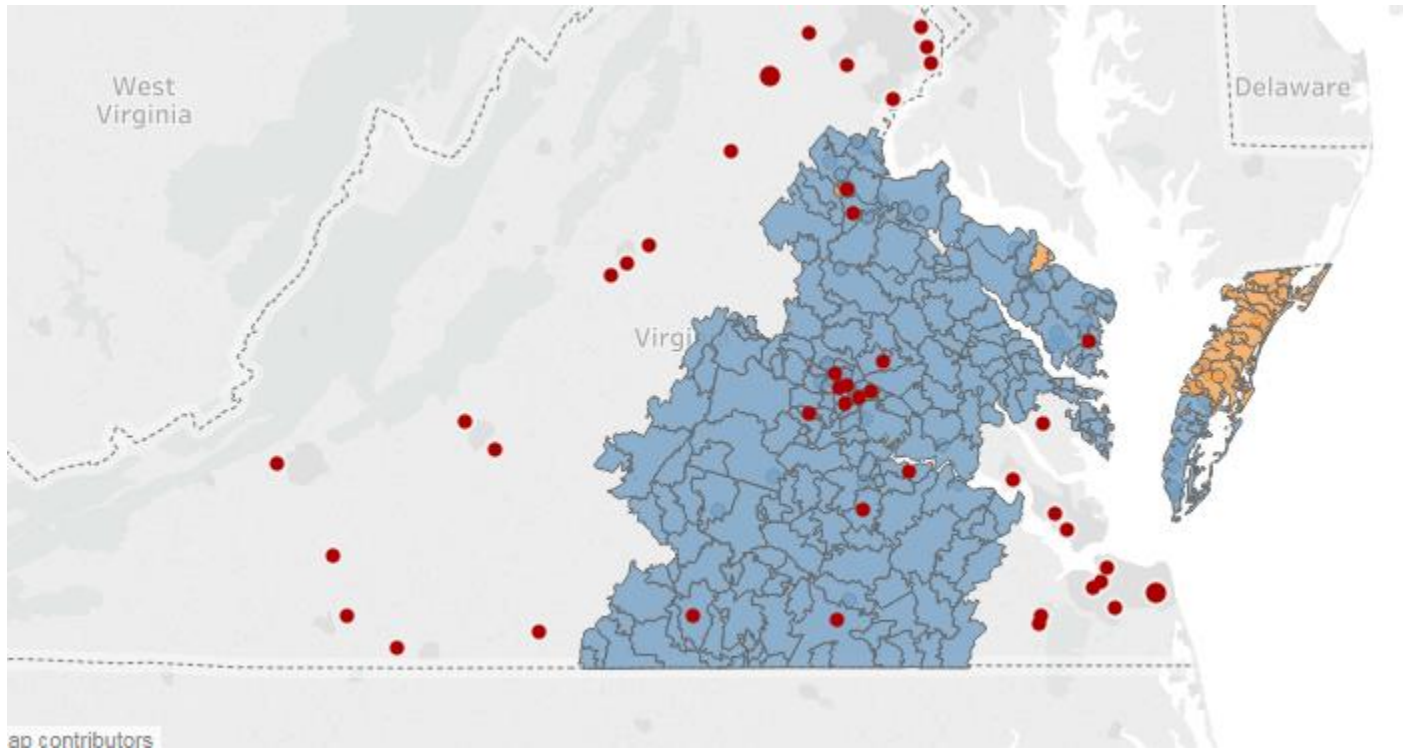
# Preliminary Increases in Addiction Providers Due to ARTS

Addiction Provider Type	# of Providers before ARTS	# of Providers after ARTS	% Increase in Providers
Inpatient Detox (ASAM 4.0)	Unknown	103	NEW
Residential Treatment (ASAM 3.1, 3.3, 3.5, 3.7)	4	78	↑ 1850%
Partial Hospitalization Program (ASAM 2.5)	0	13	NEW
Intensive Outpatient Program (ASAM 2.1)	49	72	↑ 47%
Opioid Treatment Program	6	29	↑ 383%
Office-Based Opioid Treatment Provider	0	70	NEW

# Providers By Region

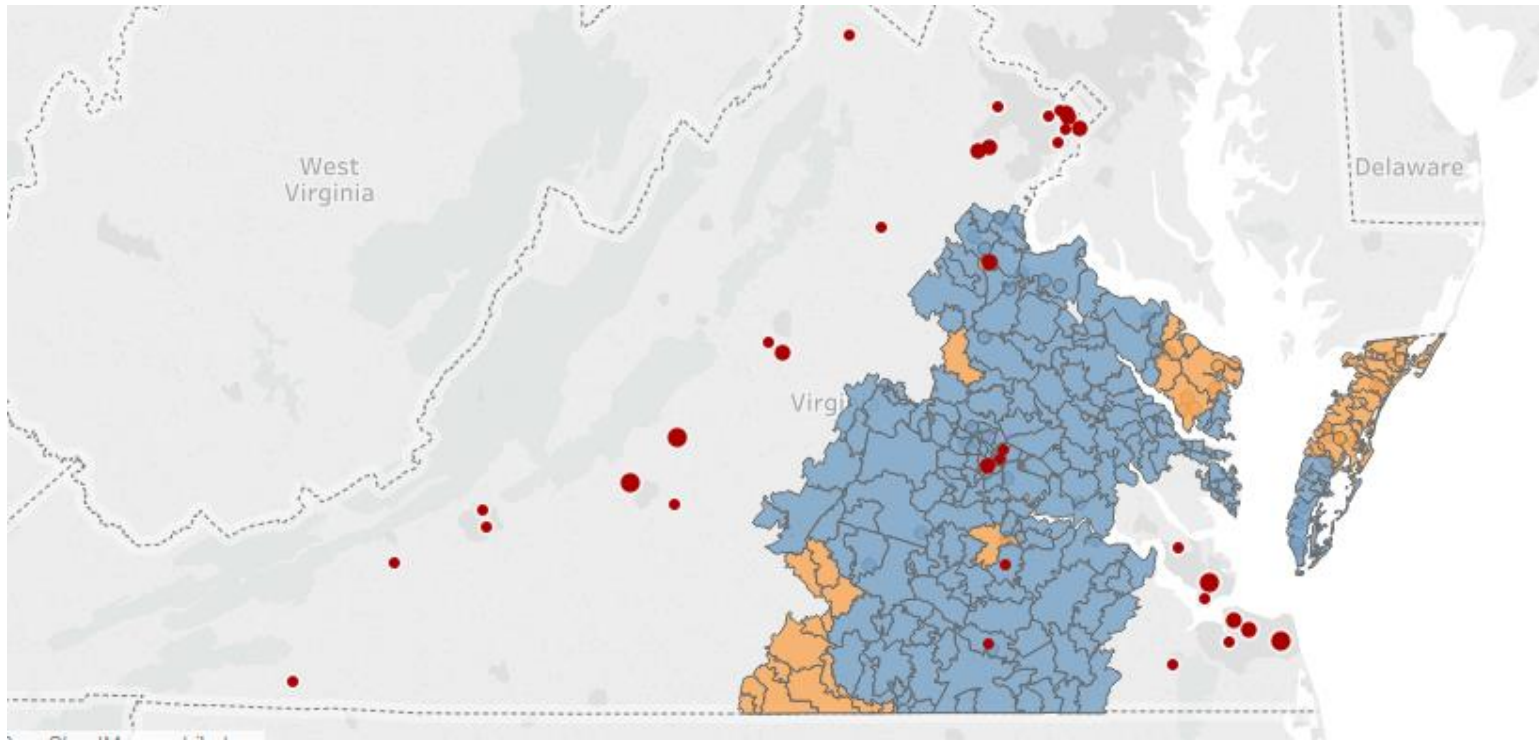


# ARTS Medicaid Provider Network Adequacy Central Virginia MCO Region ASAM 4 Inpatient Detox



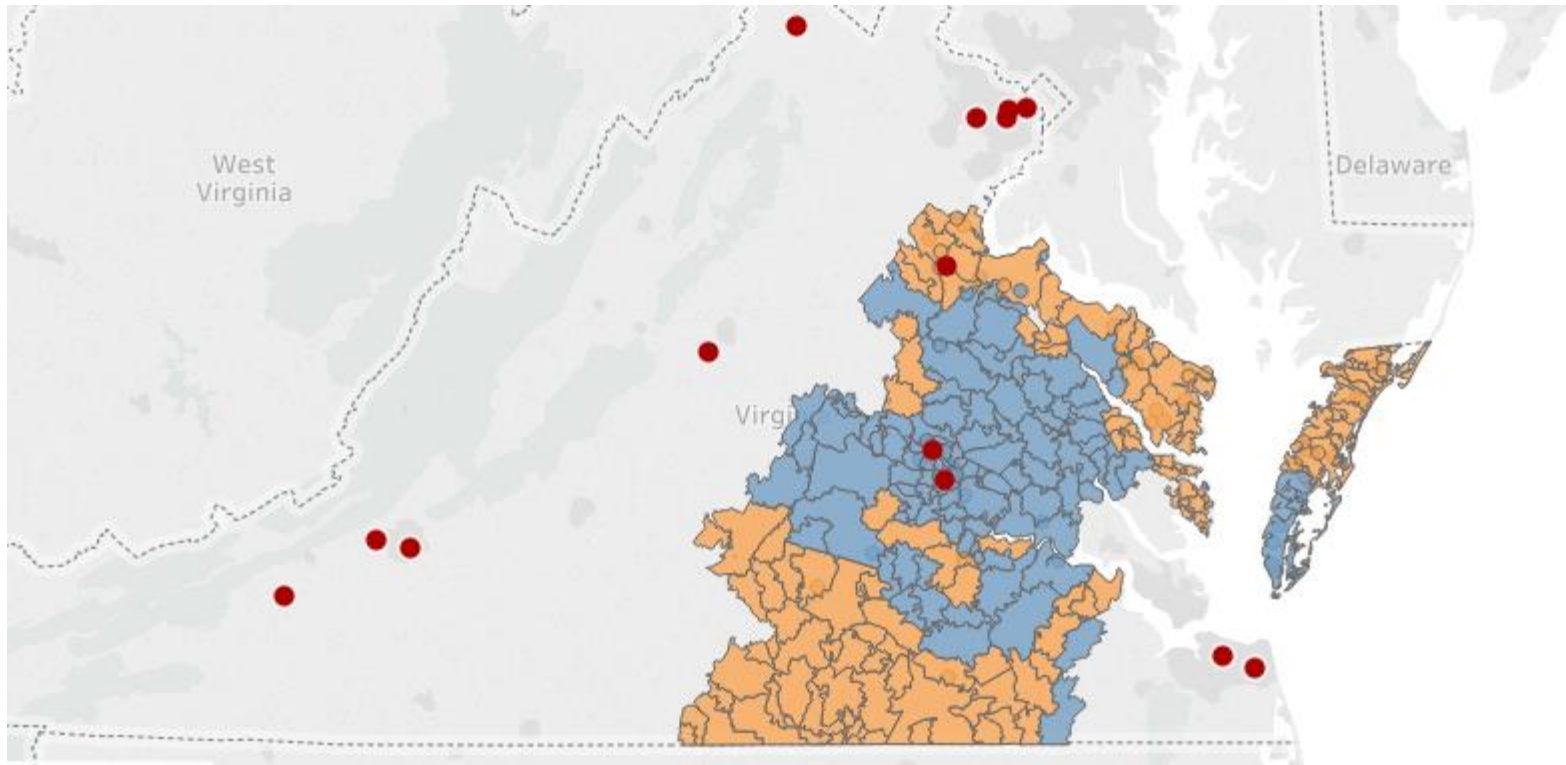
**Source:** Department of Medical Assistance Services - ARTS provider network data (August 15, 2017). Circles are locations of Medicaid providers used in the network adequacy calculation. For a zip code to be deemed accessible, there must be at least two providers within 60 miles driving distance as calculated as the distance between the centroids of the zip code of the member and the zip code of the provider.

# ARTS Medicaid Provider Network Adequacy Central Virginia MCO Region ASAM 3.1/3.3/3.5/3.7 Residential Treatment



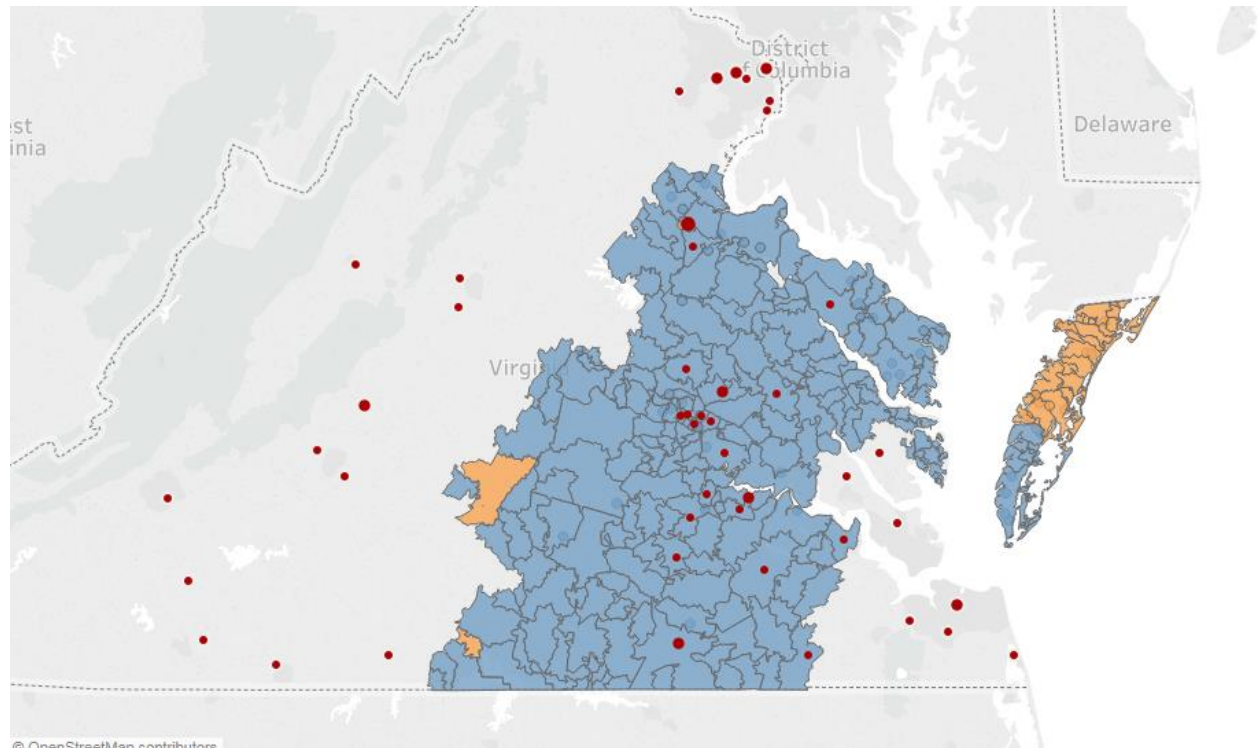
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# ARTS Medicaid Provider Network Adequacy Central Virginia MCO Region ASAM 2.5 Partial Hospitalization



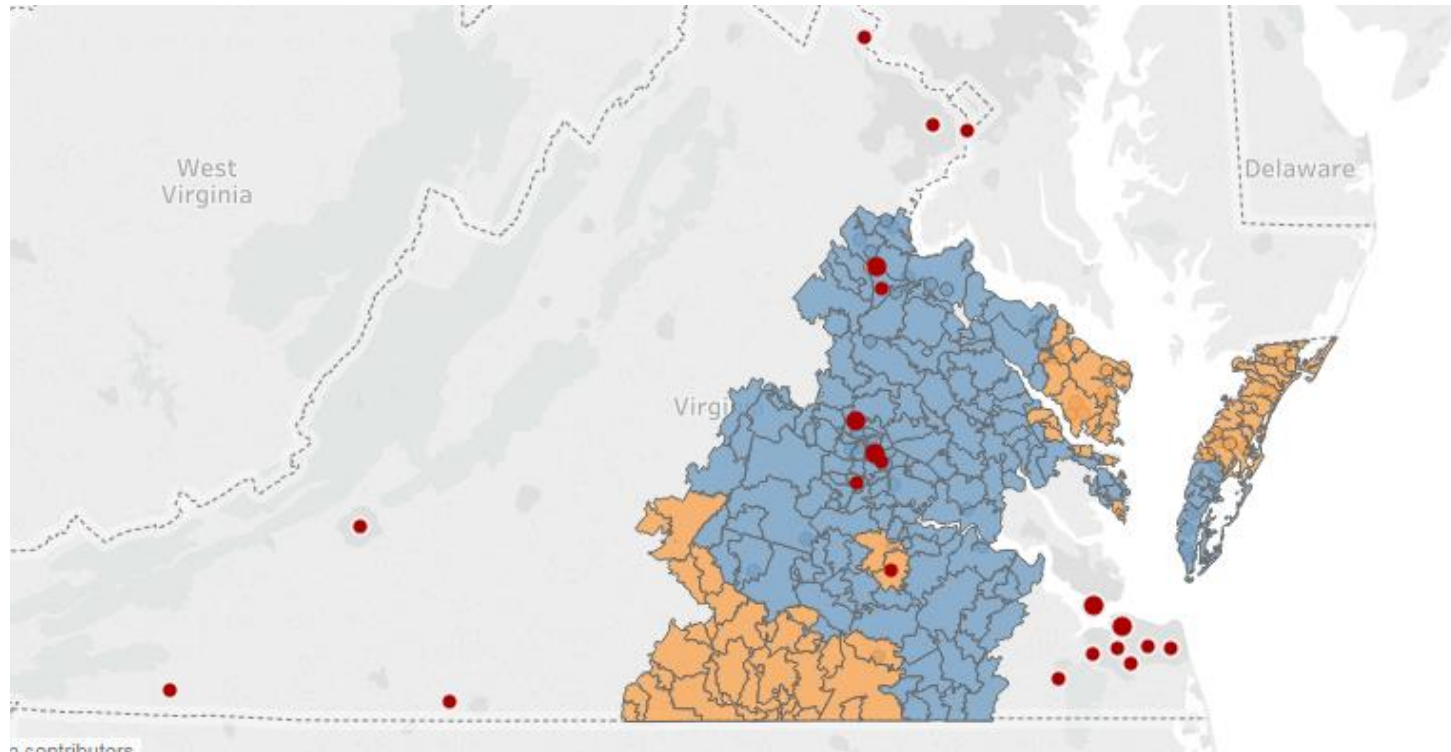
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# ARTS Medicaid Provider Network Adequacy Central Virginia MCO Region ASAM 2.1 Intensive Outpatient



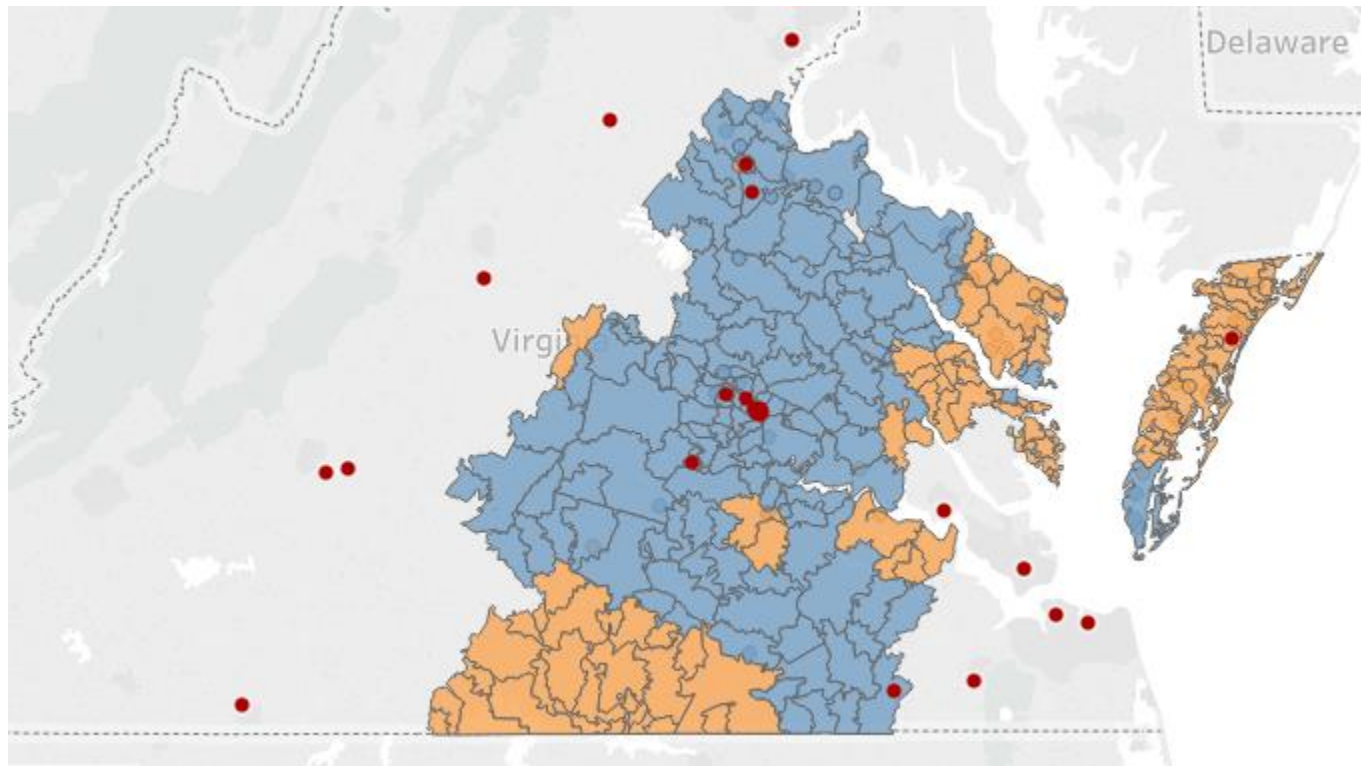
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# ARTS Medicaid Provider Network Adequacy Central Virginia MCO Region Opioid Treatment Programs



**Source:** Department of Medical Assistance Services - ARTS provider network data (August 15, 2017). Circles are locations of Medicaid providers used in the network adequacy calculation. For a zip code to be deemed accessible, there must be at least two providers within 60 miles driving distance as calculated as the distance between the centroids of the zip code of the member and the zip code of the provider.

# ARTS Medicaid Provider Network Adequacy Central Virginia MCO Region Office Based Opioid Treatment



**Source:** Department of Medical Assistance Services - ARTS provider network data (August 15, 2017). Circles are locations of Medicaid providers used in the network adequacy calculation. For a zip code to be deemed accessible, there must be at least two providers within 60 miles driving distance as calculated as the distance between the centroids of the zip code of the member and the zip code of the provider.



# Opportunities for Additional ARTS Services in Metro Richmond

- Preferred Office-Based Opioid Treatment (OBOT) Providers
- Opioid Treatment Programs
- Partial Hospitalization Programs

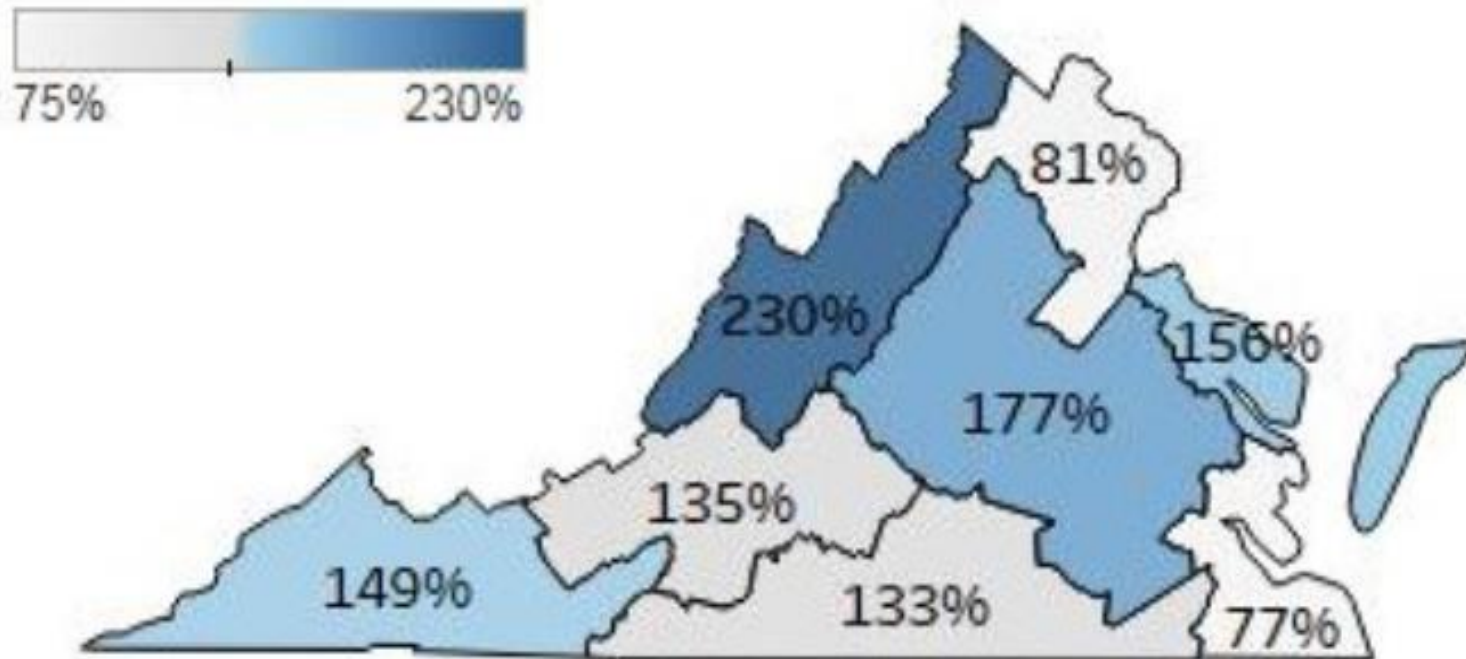
# Preliminary Findings from VCU Evaluation

## First Quarter of ARTS Implementation

- **Treatment rates** among Medicaid members with substance use disorders (SUD) **increased by 50%**
- The **number of practitioners providing outpatient psychotherapy or counseling** to Medicaid members **more than doubled**:
  - Treating Opioid Use Disorder (OUD) **↑300 to 691 practitioners**
  - Treating SUD **↑667 to 1,603 practitioners**

# Number of Outpatient Providers Treating OUD More than Doubled

Percent increase in practitioners treating OUD after ARTS

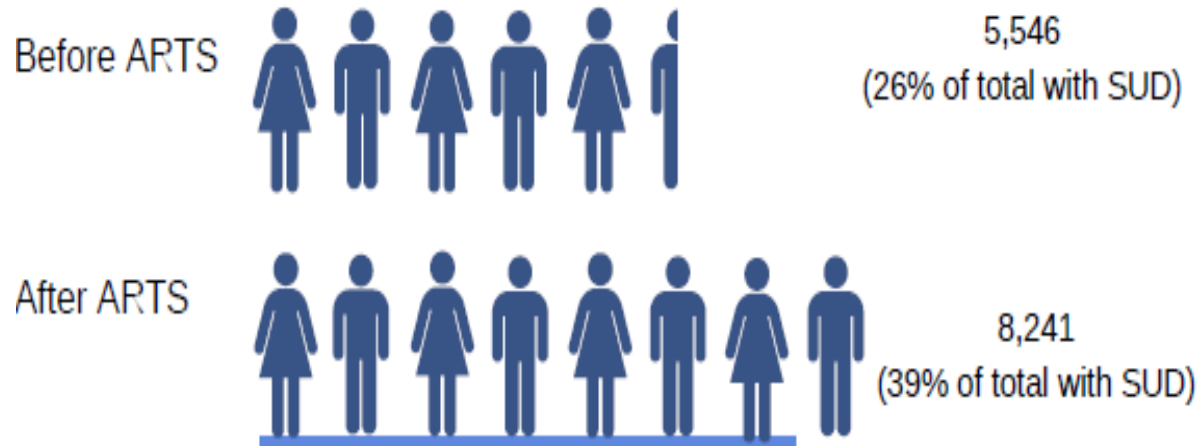


During the first three months, **ARTS has reduced the treatment gap for SUD by increasing the number of practitioners** providing services for SUD across all regions in Virginia

# ARTS Narrows the Treatment Gap

Members receiving treatment for any substance use disorder (SUD)

Each person represents 1,000 members

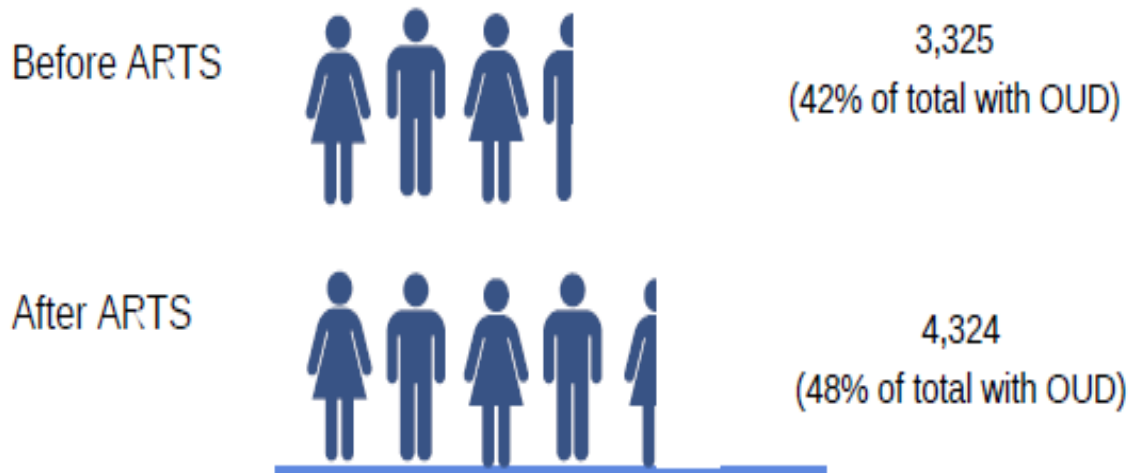


Prevalence of members with SUD is likely higher than the estimates in this report because they include only those who have been diagnosed or treated for SUD.

# ARTS Narrows the Treatment Gap

Members receiving pharmacotherapy for opioid use disorder (OUD)

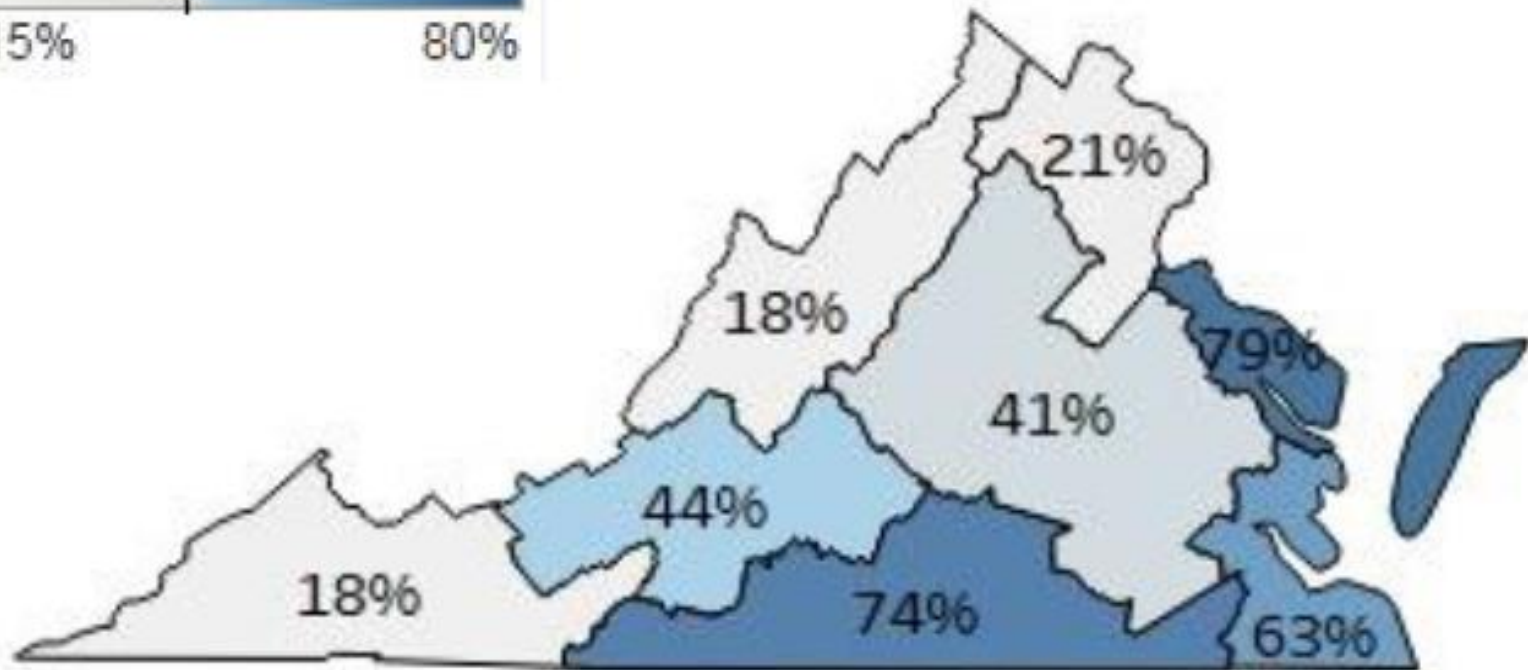
Each person represents 1,000 members



Prevalence of members with SUD is likely higher than the estimates in this report because they include only those who have been diagnosed or treated for SUD.

# Pharmacotherapy for OUD Increasing

Percent increase in pharmacotherapy for OUD treatment after ARTS



ARTS **significantly increased** the number of Medicaid members receiving **pharmacotherapy for OUD** in all regions in Virginia.



# QUESTIONS

For more information, please contact:

[SUD@dmas.virginia.gov](mailto:SUD@dmas.virginia.gov)

[http://www.dmas.virginia.gov/Content\\_pgs/bh-sud.aspx](http://www.dmas.virginia.gov/Content_pgs/bh-sud.aspx)