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)

Program Recommendations/Benefit Design	
Comment Received	**DMAS Response**
Develop a secured centralized behavioral and medical data base.	Due to the complexities of HIPAA and 42 CFR Part 2 privacy limitations DMAS is not yet able to develop a centralized database that all providers are able to use. Instead, the Health Plans, Magellan and DMAS manage PHI in accordance with provider contract limitations and usage in accord with applicable federal law.
Include the credentials/qualifications currently being used for QSAP in the Community Mental Health Rehabilitation Services regulations.	The provider credentials will be aligned to match state practice act standards and ASAM criteria. The current QSAP definitions will be abandoned to match ASAM requirements for provider credentials and qualifications upon implementation of the new ARTS benefit.
Provide Integrated Care to strengthen the coordination of primary and behavioral healthcare for individuals with SUD.	ARTS benefits will be managed using an integrated care approach by the DMAS contracted health plans and Magellan. The ARTS benefits will be carved into Managed Care and CCC/MLTSS coverage which will allow integration of physical and behavioral health care for individuals with SUD.
Expand Medicaid coverage for medically supervised detoxification to strengthen the coordination of primary and behavioral healthcare for individuals with SUD.	The ARTS benefits will be aligned to match ASAM criteria. All ASAM levels of care including medically

	supervised detoxification will be provided in the ARTS benefit. The ARTS benefit already expanded coverage for medically supervised detoxification to all currently eligible Medicaid and FAMIS members.
Targeted use of incentives.	The ARTS benefits will be aligned to match ASAM criteria. Incentives such as higher reimbursement rates are targeted to support providers in expanding their addiction treatment to Medicaid and FAMIS patients. All ASAM levels of care will be provided in the ARTS benefit.
Support the adoption and use of the ASAM Criteria.	The ARTS benefits will be aligned to match ASAM criteria. All ASAM levels of care will be provided in the ARTS benefit. DBHDS will offer 2-day workshops on ASAM throughout the state to train providers and health plans in how to adopt and use the ASAM criteria in patient placement decisions.
Expand Medication Assisted Treatment (MAT) statewide. **Allow for MAT to be provided concurrently with other levels of care.**	All ASAM levels of care including MAT will be provided in the ARTS benefit, and MAT will be allowed to be provided concurrently with other levels of care. To expand MAT statewide, the reimbursement rate for counseling that supports MAT was increased by 400% under the ARTS benefit approved by the General Assembly. Also, DMAS is creating a new substance abuse care coordination code to support integrated MAT in physician's offices and a "Gold Card Office Based Opioid Treatment (OBOT)" program to support providers in expanding MAT. Finally, VDH will offer statewide MAT education and training to physicians, behavioral health providers, and clinic staff to expand access to MAT in Fall 2016 through Spring 2017.
Encourage waiver of the IMD requirement.	DMAS is seeking an 1115 waiver to

	allow for service delivery in IMD settings.
Eliminate any remaining prohibitions against reimbursement for any services delivered to the children of mothers in treatment for SUDs.	The ARTS benefits will be aligned to match ASAM criteria. All ASAM levels of care will be provided in the ARTS benefit. All prohibitions against Medicaid and FAMIS reimbursement for services delivered to the children of mothers in treatment for SUDs have been removed.
Extend Medicaid coverage for women during the postpartum period.	This action is not supported in the current Virginia Budget. Medicaid coverage can only be expanded by the Virginia General Assembly.
Covered services should include residential treatment, detoxification in Crisis Stabilization Environments, and Peer Support at rates that reflect the costs to provide these services.	The ARTS benefits will be aligned to match ASAM criteria. All ASAM levels of care will be provided in the ARTS benefit. Reimbursement rates have been approved by the General Assembly to support effective ASAM standards of care for all covered services including residential treatment and detoxification and to develop new Peer Support services.
Effective and carefully planned community integration.	The SUD/ARTS workgroup extensively discussed how to integrate the ARTS benefit into communities. DMAS will also be providing in-person regional trainings across the state to inform communities about the ARTS benefit and support communities in developing the full continuum of integrated addiction treatment.
Collaboration with Single State Agency for Substance Abuse.	DMAS has collaborated very closely with DBHDS, the single state agency for substance abuse, to design the ARTS benefit and develop provider requirements in accord with DBHDS and DHP standards.

Medication Recommendations	
Comment Received	**DMAS Response**
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.	A medication therapy management program is beyond the scope of the ARTS benefit and waiver. Pharmacists were engaged in the design of the ARTS benefit. DMAS will reimburse pharmacies for face-to-face SBIRT screenings provided by pharmacists.
Remove the duration limits on the use of buprenorphine.	Medicaid and FAMIS Fee-for-Service and the health plans have all agreed to remove the duration limits on the use of buprenorphine as part of the ARTS benefit. This will also be mandated in the health plans' contracts.
Use Buprenorphine as the primary evidence-based medication.	All evidence-based medications recommended by ASAM and SAMHSA for MAT for opioid addiction including methadone, buprenorphine, and naltrexone injections will be supported by the ARTS benefit. DMAS has designed payment incentives specifically to expand access to MAT with buprenorphine including a new substance abuse care coordination code to support counseling and psychosocial supports delivered by clinics with buprenorphine-waivered physicians and a "Gold Card OBOT" program to support high quality buprenorphine providers.
Expand Medicaid coverage for Suboxone, as current treatment plans using Suboxone are limited to a maximum of two years.	Medicaid and FAMIS Fee-for-Service and the health plans have all agreed to remove the duration limits on the use of buprenorphine as part of the ARTS benefit. This will also be mandated in the health plans' contracts.

Network Development	
Comment Received	**DMAS Response**
Create a strong network development plan.	ARTS benefits will be managed using an integrated care approach by the DMAS-contracted health plans and Magellan. The ARTS benefits will be carved into Managed Care and CCC/MLTSS coverage and will benefit from comprehensive network development plans.
The inclusion of pediatricians in network development.	See above. Pediatricians will be encouraged to participate in the statewide VDH training and obtain their buprenorphine waivers so they can deliver MAT in clinic settings..

Billing and Reimbursement Concerns/Recommendations	
Comment Received	**DMAS Response**
Medicaid reimbursement rates for SUD services need to be increased.	Significant Medicaid and FAMIS reimbursement rate increases from 50% to 400% were approved by the General Assembly to support effective ASAM standards of care.
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.	Significant Medicaid and FAMIS reimbursement rate increases from 50% to 400% were approved by the General Assembly to support effective ASAM standards of care. Medicaid and FAMIS rates for certain SUD services will be higher than commercial rates. The new rates for all services reflect the costs required to deliver services designed based on ASAM criteria which include the providers, support systems, and therapies required by ASAM for each level of care.
Bundle the service reimbursement rate.	Bundling of services does not enhance reimbursement and does not allow for

	effective service delivery oversight by payers. MAT models have been redesigned to incentivize ASAM care models and ensure comprehensive patient management occurs for all cases based on the individual medical necessity.
Increase reimbursement rates for Substance Abuse Case Management (SACM).	Significant Medicaid and FAMIS reimbursement rate increases from 50% to 400% were approved by the General Assembly to support effective ASAM standards of care. The ARTS benefit increased rates for substance abuse case management by 50%.
Reimburse DBHDS Certified Peer Recovery Specialists (CPRS) as a distinct service through Medicaid.	The ARTS benefit approved by the General Assembly added certified peer recovery specialists for Medicaid members with mental illness and/or a SUD as a distinct service that can be reimbursed by 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.	The provider credentials will be aligned to match state practice act standards and ASAM criteria. CSACs were added to the list of providers who can be reimbursed by Medicaid and FAMIS for delivering SUD treatment. The Virginia Community College System developed a CSAC curriculum that will be offered online throughout Virginia starting in Fall 2016. Please review the August 10, 2016 ARTS Medicaid Memo for more detail on ARTS provider requirements including the CSAC requirement and training opportunities.
Inclusion of coverage for drug screenings, which are a vital part of the treatment of SUDs.	Urine drug screenings have always been covered by Medicaid and FAMIS Fee-for-Service and the Managed Care plans and will continue

	to be covered under the ARTS benefit.
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.	The ARTS benefit will allow reimbursement for MAT delivered concurrently with other ASAM levels of care and services for all currently eligible Medicaid and FAMIS members including opioid dependent pregnant and parenting women and other individuals with opioid dependence.
Reimburse for court ordered SUDS services if medical necessity can be clearly supported in the clinical documentation.	The ARTS benefit will allow reimbursement for court-ordered SUD services if the services are included in the benefit and if the individual is covered by Medicaid and FAMIS.
Reimburse for transportation to treatment and medical appointments.	Transportation has always been covered by Medicaid and FAMIS MOMS Fee-for-Service and the Managed Care plans and will continue to be covered under the ARTS benefit. FAMIS enrollees are not eligible for transportation services for routine access to and from providers of covered medical services.
Allow people to maintain their Medicaid coverage while incarcerated and reimburse for medical and SUDS services while incarcerated.	CMS prohibits states to provide Medicaid/CHIP coverage during periods of incarceration. Therefore, Virginia Medicaid and FAMIS cannot reimburse for medical and SUD services that incarcerated individuals receive.
Reimburse OB-GYN physicians who are willing to treat women with SUDS at a higher rate to provide incentive for their participation.	This action is not supported in the current Virginia Budget approved by the Governor and General Assembly.
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.	ARTS benefits will be managed using an integrated care approach by the DMAS contracted health plans and Magellan. The ARTS benefits will be carved into managed Care and CCC/MLTSS coverage to allow for centralized administrative supports and to allow for treatment providers to

	access SUD specific care coordination.
Case rates (at targeted and whole population groups) tied to performance.	This action is not supported in the current Virginia Budget approved by the Governor and General Assembly.

Reporting of Quality Measures	
Comment Received	**DMAS Response**
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.	This action is not supported in the current Virginia Budget approved by the Governor and General Assembly. .

Addiction and Recovery Treatment Services (ARTS)
Virginia Department of Medical Assistance Services
Substance Use Disorder Benefit
Themes from the Public Comment Period: July 1, 2016 to August 1, 2016

Public Comments Received:
Advocates (3) / Associations (4) / Providers (5) / Health Plans (3)

Program Recommendations / Benefit Design	
Comment Received	**DMAS Response**
Increase funding to the Community Services Board (CSB) to expand mental health treatment services to prevent/reduce impact of individuals self-medicating.	Significant Medicaid and FAMIS reimbursement rate increases from 50% to 400% were approved by the General Assembly to support effective ASAM standards of care by all eligible providers including Community Service Board.
Increasing resources for mental health treatment should be primary focus and serve as prevention measure for substance abuse.	This action is not supported in the current Virginia Budget approved by the Governor and General Assembly.
Allow non-Medicaid recipients to participate in Peer Support Service Group sessions along with Medicaid members.	Peer support services may be delivered in group sessions using a variety of funding supports. However, Medicaid can only provide reimbursement for peer support services delivered to Medicaid members. Non-Medicaid members can participate in the peer support service groups but providers cannot bill for the services provided to the non-Medicaid members.
Support for the expansion of addiction treatment services and using the American Society of Addiction Medicine (ASAM) Criteria.	The ARTS benefit expanded Medicaid coverage (and FAMIS/FAMIS MOMS where eligible) of the full continuum of addiction treatment services defined by the ASAM criteria including ASAM Levels 0.5, 1.0, 2.1, 2.5, 3.1, 3.3, 3.5, 3.7, and 4.0. All addiction treatment services will be aligned to match ASAM criteria. All ASAM levels of care will be provided in the ARTS benefit. Significant increases in reimbursement rates were approved by the General Assembly to support

	effective ASAM standards of care at all levels of care
Include the standard practice of assessing/treating members who are using substances for communicable diseases (i.e., HPV, HIV, HCV).	This practice will be included as a standard of care for all ASAM service levels as part of an integrated care approach.
Expand Screening, Brief Intervention and Referral to Treatment (SBIRT) provider types to include Pharmacists.	DMAS consulted with the Board of Pharmacy and will allow pharmacists to provide SBIRT in accordance with the state practice act. The pharmacies will be reimbursed for the SBIRT services.
Expand Pharmacist's role by allowing them to prescribe naloxone in crisis situations and coordinating with other prescribers.	Pharmacists are already allowed to dispense naloxone based on an oral, written, or standing order to a person in a crisis situation experiencing a life threatening opioid overdose under state legislation that went into effect in July 2015.
Apply the same rule of being "at-risk for harming self or others" to individuals who abuse substances.	Clinical discretion must be applied on a case by case basis in Temporary Detention Order (TDO) situations that apply the rule of being "at risk for haring self or others" and when delivering crisis services.
Longer treatment time frames are needed in an inpatient setting of at least 30 days and up to twelve months for individuals who test positive for opiates over a 3 month period. Long term treatment options are critical.	The ARTS benefit was developed based on the CMS Letter to State Medicaid Directors from July 27, 2015 on "New Service Delivery Opportunities for Individuals with SUD." Based on the guidance from CMS, the ARTS benefit included reimbursement for inpatient detoxification up to 15 days and for residential treatment for an average length of stay of 30 days for Medicaid members. This coverage was approved by the General Assembly and the Governor and funding based on these treatment durations was included in the Virginia Budget.

Support for the expansion and increased reimbursement of opiate treatment/Medication Assisted Treatment (MAT).	To expand MAT statewide, the reimbursement rate for counseling that supports MAT was increased by 400% under the ARTS benefit approved by the General Assembly. Also, DMAS is creating a new substance abuse care coordination code to support integrated MAT in physician's offices and a "Gold Card OBOT" program to support providers in expanding MAT. Finally, VDH and DMAS will offer statewide MAT education and training to physicians, behavioral health providers, and clinic staff to expand access to MAT.

Medication Recommendations	
Comments Received	**DMAS Response**
Reimburse for the FDA approved buprenorphine implant which has been utilized in other States.	Since the buprenorphine implant is an FDA-approved medication, Medicaid and FAMIS Fee-for-Service and the Medicaid/FAMIS Managed Care plans will reimburse for it. However, after reviewing the evidence for the buprenorphine implant with the addiction psychiatrists and Board-certified addiction medicine physicians on the ARTS workgroup, DMAS determined that there was not compelling evidence that the implant is more effective than the buprenorphine/naloxone films and tablets that are currently the preferred medication covered by Fee-for-Service and the health plans.
Discharge individuals from hospital/ED settings who have a substance use diagnosis or presented with opiate overdose with naloxone.	DMAS Fee-for-Service and Managed Care plans have all agreed that a PA will not be required for naloxone and will work with the hospitals and EDs to provide naloxone to all individuals with a SUD diagnosis or who present with opioid overdose. DMAS is also working with the health plans to implement the *CDC Guidelines for*

	Prescribing Opioids for Chronic Pain, which include encouraging prescribers to co-prescribe naloxone for any individuals taking greater than 50 MME of opioids.

Network Development	
Comments Received	**DMAS Response**
Concern over the lack of skilled professionals to handle the demand for services. Inclusion of "qualified" and "credentialed" professionals working together to provide services.	ARTS Services will be delivered using ASAM level of care criteria and delivered by licensed and certified staff in accordance with the state practice act. Licensed behavioral health providers and CSACs will be required to deliver all services based on the provider types defined by ASAM at each level of care. To support "qualified" professionals in obtaining the required CSAC credential, the Virginia Community College System is offering an affordable, online CSAC curriculum starting in Fall 2016 that will prepare "qualified" professionals to take the CSAC exam by April 2017.
Concern with network capacity and Hospitals meeting the State licensing requirements for ASAM levels of care. Systems/Providers will need assistance in meeting the licensing requirements.	DMAS has shared licensing guidance from DBHDS and VDH to help facilities better understand the licensing requirements for delivering SUD services. DMAS will be presenting licensing requirements in webinars and at in-personal informational sessions held around the state beginning in early September, 2016.
Allow pharmacist to assist with monitoring drug abuse by working with the Prescription Monitoring Program (PMP).	Pharmacists are already required to assist with monitoring drug abuse by working with the PMP.
Pharmacists are integral component to multidisciplinary team and should have integral role in MAT in an Opiate Treatment Program (OTP).	Virginia's MAT clinical and payment model was designed with input from a psychiatric pharmacist and includes pharmacists as integral members of the multidisciplinary team that will provide MAT.

Billing and Reimbursement Concerns/Recommendations	
Comments Received	**DMAS Response**
DMAS should reimburse for all levels of care to include individual and group counseling provided by a Licensed Mental Health Professional or Certified Substance Abuse Counselor, Intensive Outpatient therapy, detoxification, MAT, inpatient, recovery coaching, and half way houses.	Under the ARTS benefit approved by the General Assembly, DMAS will provide Medicaid (and FAMIS where eligible) reimbursement for services delivered by LMHPs and CSACs at all ASAM levels of care including inpatient and outpatient detoxification/withdrawal management, residential treatment, partial hospitalization, intensive outpatient programs, outpatient treatment including MAT as well as SBIRT and peer recovery coaching.
Concern over the financial strain on providers for the injectable medications-buy-and-bill program.	To decrease the financial strain on providers, DMAS is exploring working with the manufacturer of injectable naltrexone to arrange for the medication to be provided free up-front to providers, who can inject it and then bill Magellan or the managed care plans before having to reimburse the manufacturer. .
Support for increase in rate reimbursements.	Significant reimbursement rates ranging from 50% to 400% for all addiction treatment services were approved by the General Assembly to support effective ASAM standards of care.
Allow reimbursement for residential facilities.	The ARTS benefit will allow Medicaid reimbursement for residential treatment for an average length of stay of 30 days for all Medicaid members.

Education	
Comments Received	**DMAS Response**
Provide resources to staff in office settings (i.e., doctor office) to assist individuals in need of services.	DMAS developed a substance abuse care coordination code to support psychosocial supports delivered in office settings by buprenorphine-waivered physicians who are treating individuals with opioid addiction.

Training administrators and program directors on ASAM is important to ensure compliance.	DMAS, DBHDS, VDH, Magellan and the MCOs are designing a coordinated and comprehensive training program that will begin with in-person informational sessions on the ARTS benefit and ASAM levels of care in September 2016 and continue through the implementation process for the ARTS benefit program. DBHDS will also offer in-depth 2-day sessions for frontline clinicians and program directors on the ASAM criteria by Training for Change throughout the state.
Ensure compliance of the ASAM criteria through training, program review, and monitoring.	The DBHDS sessions on the ASAM criteria will provide the initial training providers need to ensure their programs are compliant with ASAM. The MCOs and Magellan will provide program review and monitoring to ensure compliance with ASAM criteria.
Allow pharmacist to assist in developing and conducting the training curriculum for Medication Assisted Treatment (MAT).	Virginia's MAT clinical and payment model was designed with input from a psychiatric pharmacist and includes pharmacists as integral members of the multidisciplinary team that will provide MAT.
Provide training opportunities for pharmacists including certified pain educator through The American Society of Pain Educators.	Training opportunities for pharmacists in pain management is beyond the scope of the ARTS benefit and waiver. However, pharmacists will be provided with online training opportunities in SBIRT and will be allowed to deliver SBIRT and obtain Medicaid reimbursement.
Support for training professionals. Suggestion to align DMAS training efforts with the Comprehensive Addiction and Recovery Act (CARA).	VDH is developing statewide MAT education and training for physicians, behavioral health providers, and clinic staff in partnership with SAMHSA and HRSA, which will be providing free CME and free access to online buprenorphine waiver training under CARA from Fall 2016 to Spring 2017. VDH and DMAS will align their training with CARA and will take advantage of any new federal

	resources available to expand provider training.
Train pharmacists in administration of naloxone.	The Virginia REVIVE! Program administered by DBHDS already trains pharmacists in the administration of naloxone: http://www.dbhds.virginia.gov/individuals-and-families/substance-abuse/revive