



VIRGINIA MEDICAID ADDICTION AND RECOVERY TREATMENT SERVICES (ARTS) OFFICE BASED OPIOID PROVIDER (OBOT) PAYMENT MODEL

3rd Annual Mental Health Summit

May 9, 2017



Virginians Covered by Medicaid and CHIP



1 in 8 Virginians rely on Medicaid

Medicaid is the primary payer for **behavioral health** services



Medicaid covers **1 in 3** births in Virginia

50% of Medicaid beneficiaries are children



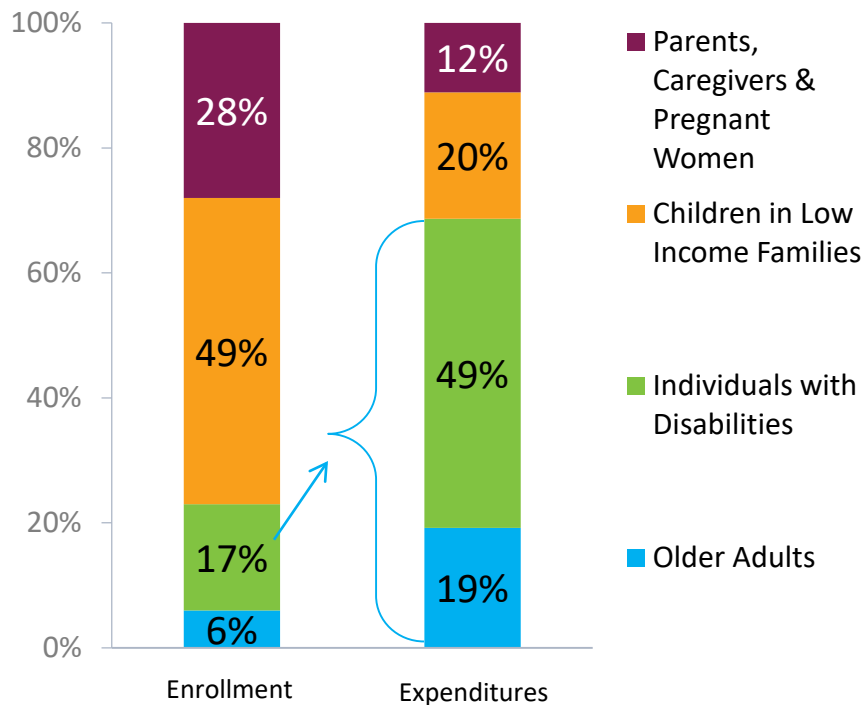
2 in 3 nursing facility residents are supported by Medicaid

62% of long-term services and supports spending is in the community

Medicaid plays a critical role in the lives of over 1 million Virginians

Virginia Medicaid: Enrollment and Expenditures

Enrollment vs. Expenditure SFY 2016



1.3 M
Enrolled

\$8.41 B
Spent

23% of the Medicaid population

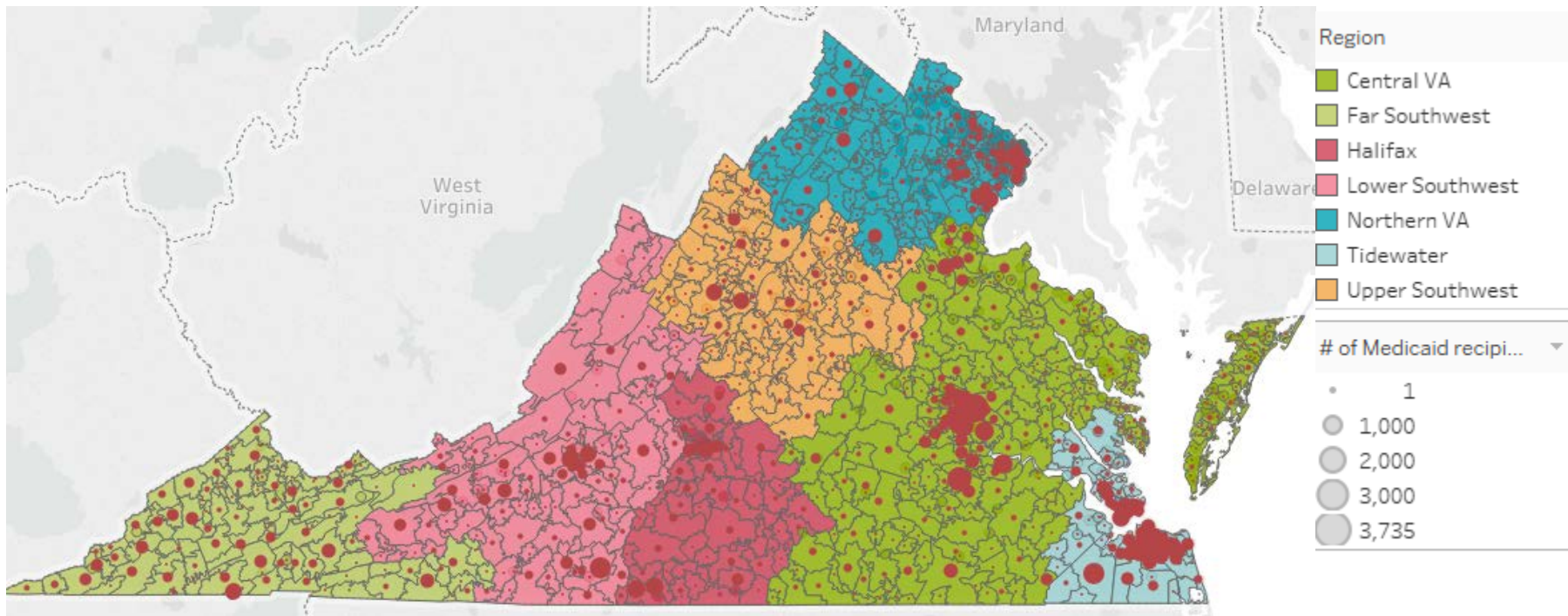


Drives

68% of total expenditures

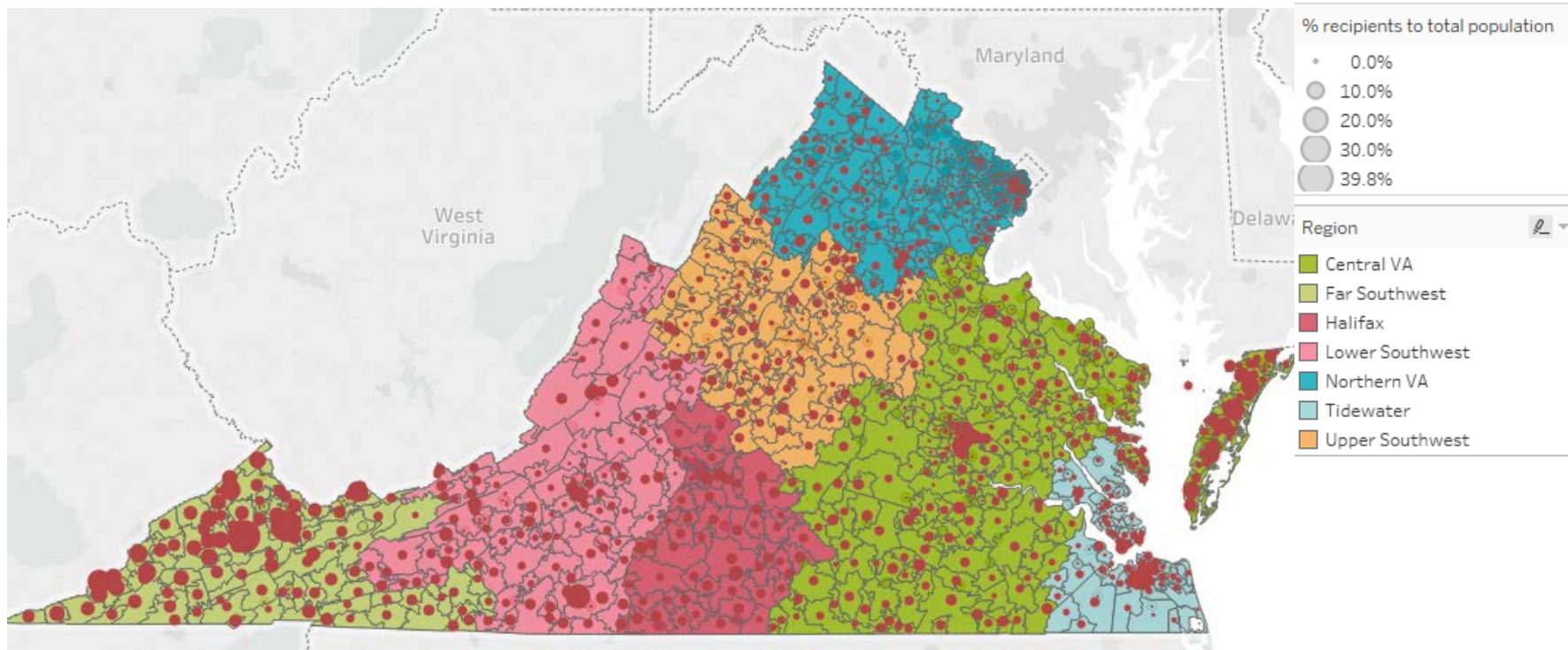
Expenditures are disproportionate to population where services for older adults and individuals drive a significant portion of Medicaid costs

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.

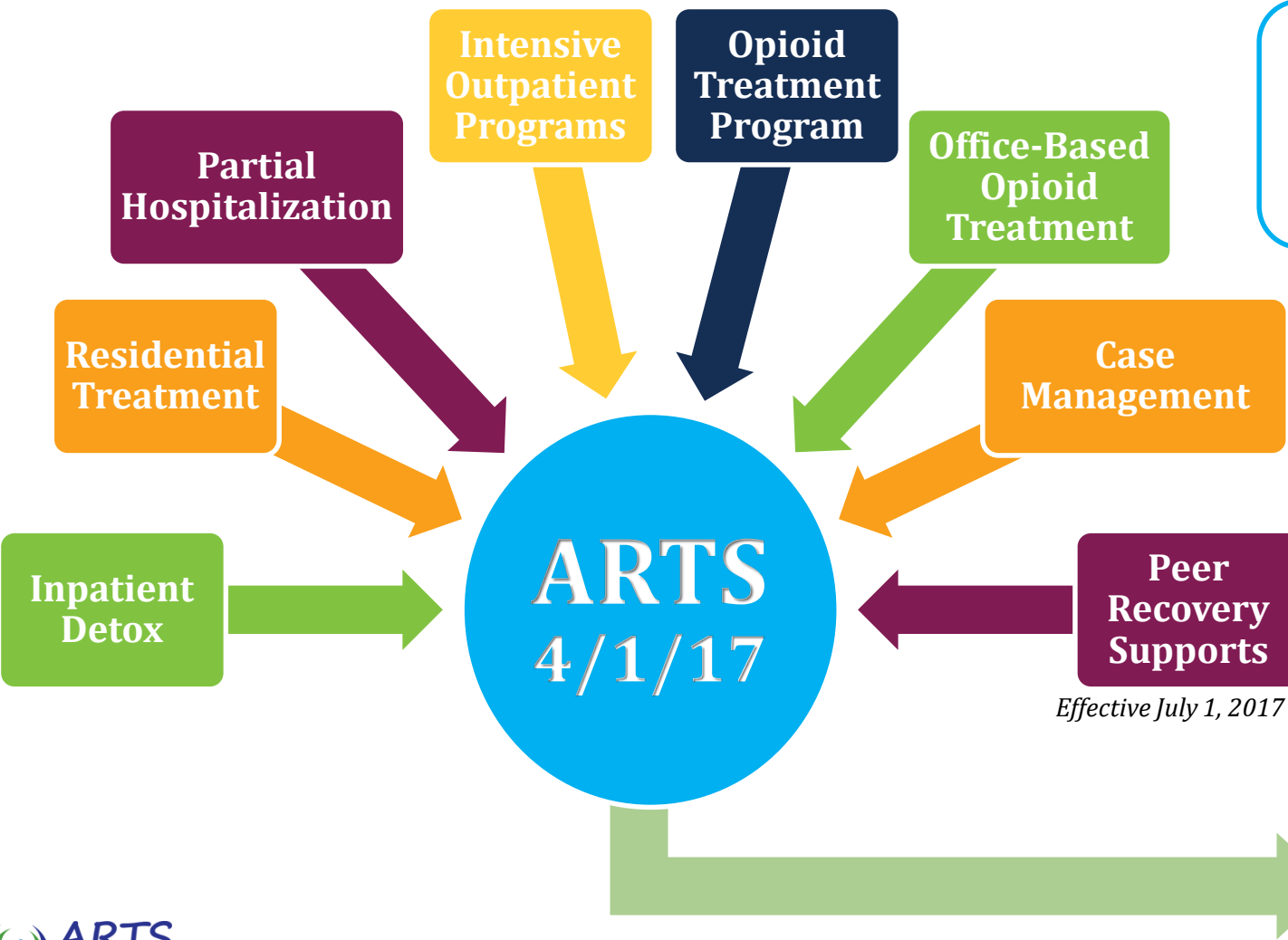
Addiction and Recovery Treatment Services (ARTS) Benefit

Changes to DMAS's Substance Use Disorder (SUD) Services for Medicaid and FAMIS Members

- 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 Provide 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 are Covered by Managed Care Plans

A fully integrated Physical and Behavioral Health Continuum of Care

Effective July 1, 2017

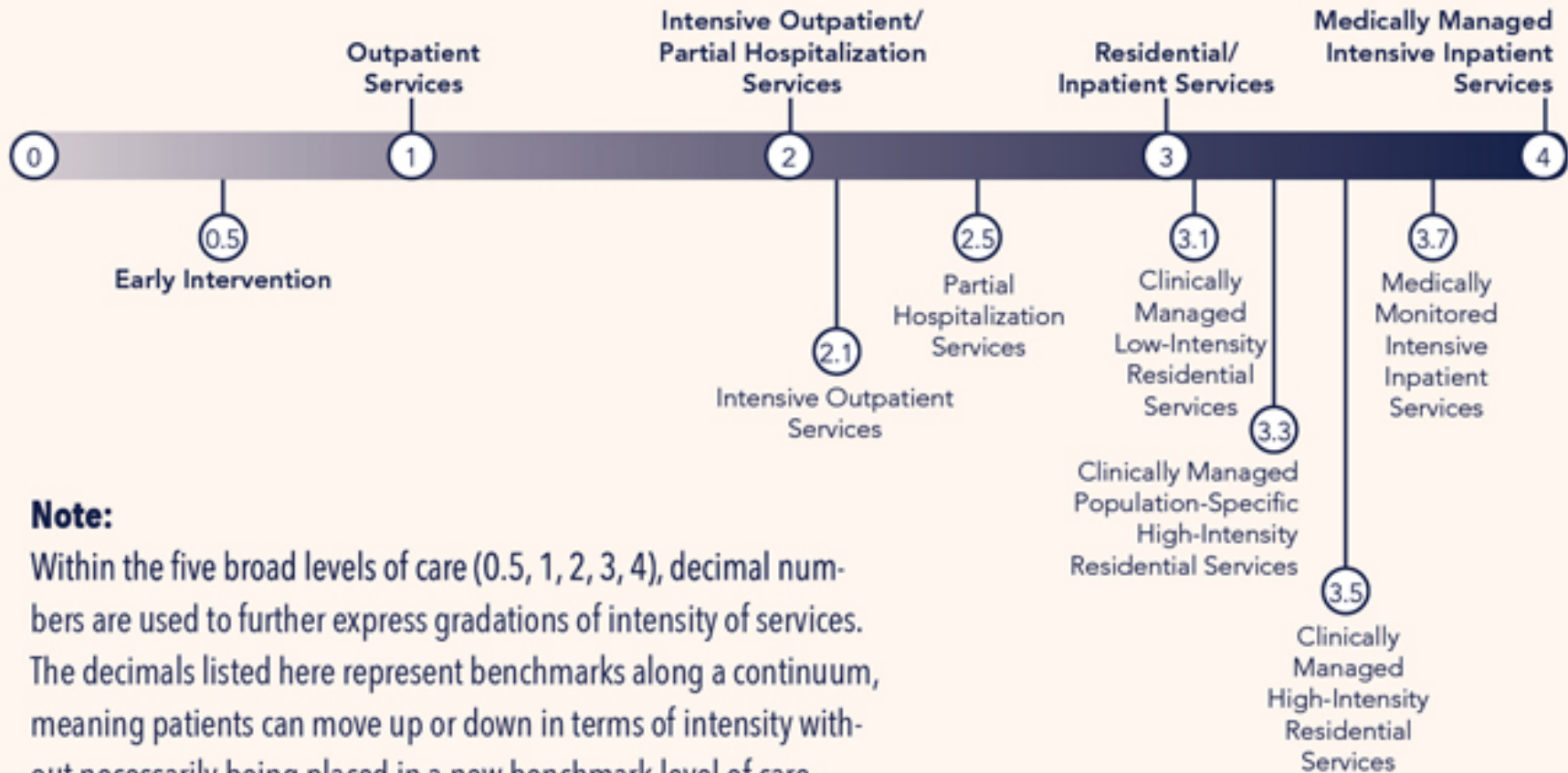


DMAS ADDICTION AND RECOVERY TREATMENT SERVICES

Overview of ASAM Levels of Care

ASAM Continuum of Care

REFLECTING A 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.



ASAM LOC Placement

VDH/DBHDS/DHP License

4
Medically Managed Intensive Inpatient

- Acute Care General Hospital (12VAC5-410)

3.7
Medically Monitored Intensive Inpatient Services (Adult)
Medically Monitored High-Intensity Inpatient Services (Adolescent)

- Freestanding Psychiatric Hospital with a DBHDS Medical Detoxification License or Managed Withdrawal License;
- Inpatient Psychiatric Unit with a DBHDS Medical Detoxification License or Managed Withdrawal License;
- Substance Abuse Residential Treatment Services (RTS) for adults/children with a DBHDS Medical Detoxification License;
- Residential Crisis Stabilization Unit with a DBHDS Medical Detoxification License;
- Substance Abuse Residential Treatment Services (RTS) for Women with Children with a DBHDS Medical Detoxification License;
- Level C or Mental Health Residential Children with a substance abuse residential license and a DBHDS Medical Detox license;
- Managed Withdrawal-Medical Detox Adult Residential Treatment Service (RTS) License; or
- Medical Detox/Chemical Dependency Unit for Adults.

3.5
Clinically Managed High-Intensity Residential Services (Adults) / Medium Intensity (Adolescent)
3.3
Clinically Managed Population-Specific High-Intensity Residential Services (Adults)

- Substance Abuse Residential Treatment Services (RTS) for Adults or Children;
- Freestanding Psychiatric Hospital or Inpatient Psychiatric Unit that have substance abuse on their license or within the “licensed as statements”;
- Substance Abuse RTS for Women with Children;
- Substance Abuse and Mental Health Residential Treatment Services (RTS) for Adults that have substance abuse on their license or within the “licensed as statements.”; or
- Level C or Mental Health Residential Children that have substance abuse on their license or within the “licensed as statements.”
- Medical Detox License required for 3.2 WM



ASAM LOC Placement	VDH/DBHDS/DHP License
<p style="text-align: center;">3.1 Clinically Managed Low-Intensity Residential Services</p>	<ul style="list-style-type: none"> • Substance Abuse Residential Treatment Services (RTS) for Adults; • Substance Abuse Residential Treatment Services (RTS) for Women with Children; • Substance Abuse and Mental Health Residential Treatment Services (RTS) for Adults that have substance abuse on their license or within the “licensed as statements.” or • Level C or Mental Health Residential Children that have substance abuse on their license or within the “licensed as statements.” • Medical Detox License required for 3.2 WM
<p style="text-align: center;">2.5 Partial Hospitalization Services 2.1 Intensive Outpatient Services</p>	<ul style="list-style-type: none"> • Substance Abuse or SA/Mental Health Partial Hospitalization (2.5) • Outpatient Managed Withdrawal Service Licensed required for 2WM • Substance Abuse Intensive Outpatient for Adults, Children and Adolescents (2.1) • Outpatient Managed Withdrawal Service Licensed required for 2WM
<p style="text-align: center;">1 Outpatient Services</p>	<ul style="list-style-type: none"> • Outpatient Services (Agency Option) • Individual or Groups of Licensed Clinicians
<p style="text-align: center;">0.5 Early Intervention</p>	<ul style="list-style-type: none"> • N/A; All Licensed Providers
<p style="text-align: center;">Opioid Treatment Program (OTP)</p>	<ul style="list-style-type: none"> • Medication Assisted Treatment/Opioid Treatment Services
<p style="text-align: center;">Office-Based Opioid Treatment (OBOT)</p>	<ul style="list-style-type: none"> • Buprenorphine Waivered Practitioners and Licensed Behavioral Health Practitioners

Benefits of ASAM for Providers

Uniform Attestation to Apply with Health Plans and Magellan

- All health plans and Magellan are using uniform attestation based on ASAM to credential providers at all ASAM Levels of Care

Uniform Patient Assessment/ Service Authorization

- One uniform form based on ASAM for providers to request service authorization for all ASAM Levels 2.1 to 4.0 recognized by all health plans and Magellan
- No service authorization for ASAM Level 1.0 Outpatient, Opioid Treatment Program, Office-Based Opioid Treatment Provider, or ASAM Level 0.5 SBIRT
- Health plans and Magellan will review service authorization within 72 hours with retroactive authorization to facilitate immediate access
- Level 4.0 inpatient detox and residential treatment services are reviewed within 24 hours



DMAS ADDICTION AND RECOVERY TREATMENT SERVICES

ARTS Provider Qualifications

Provider Qualifications for ARTS Services

“Addiction Credential Physicians” have achieved professional recognition in the treatment of addiction and have been certified for their expertise in treating addiction by one of the following three pathways:

- Any physician who has completed an addiction medicine fellowship or met other eligibility criteria and then by examination, received certification and diplomate status from the American Board of Addiction Medicine; or
- Psychiatrist who completed a fellowship in addiction psychiatry and then by examination, became certified by the American Board of Psychiatry and Neurology; or
- Doctor of osteopathy (DO) who received certification in addiction medicine through examination and certification by the American Osteopathic Association.
- In situations where a certified addiction physician is not available, physicians treating addiction should have some specialty training and/or experience in addiction medicine or addiction psychiatry. If treating adolescents, they should have experience with adolescent medicine.

“Physician Extenders” are licensed nurse practitioners and physician assistants.

Provider Qualifications for ARTS Services

Credentialed Addiction Treatment Professionals

- Addiction-credentialed physicians or physicians with experience in addiction medicine
- Licensed psychiatrists
- Licensed clinical psychologists
- Licensed clinical social workers
- Licensed professional counselors
- Licensed psychiatric clinical nurse specialists
- Licensed psychiatric nurse practitioner
- Licensed marriage and family therapist
- Licensed substance abuse treatment practitioner

Provider Qualifications for ARTS Services

Credentialed Addiction Treatment Professionals

- “Residents” under supervision of licensed professional counselor, licensed marriage and family therapist or licensed substance abuse treatment practitioner approved by the Virginia Board of Counseling
- “Residents in psychology” under supervision of a licensed clinical psychologist approved by the Virginia Board of Psychology
- “Supervisees in social work” under the supervision of a licensed clinical social worker approved by the Virginia Board of Social Work
- Individual with certification as a substance abuse counselor (CSAC) or certified substance abuse counselor-assistant (CSAC-A) under supervision of licensed provider and within scope of practice



DMAS ADDICTION AND RECOVERY TREATMENT SERVICES

**Medication Assisted Treatment
(MAT): Covered Medications, Rate
Structure, and Office-Based Opioid
Treatment Providers**

Medication Assisted Treatment

Definition and Evidence

- The use of medications in combination with counseling and behavioral therapies for the treatment of substance use disorders.
- Use of MAT for opioid use disorder leads to successful recovery rates of 40-60%, compared to 5-20% with abstinence-only models
- MAT can be provided by:
 - Opioid Treatment Providers (OTPs) – CSBs and private providers licensed by DBHDS
 - Office-Based Opioid Treatment (OBOT) providers – primary care clinics, FQHCs, outpatient psychiatry clinics, physician’s offices; no DBHDS license required
 - Length of treatment is based on patient’s changing multidimensional risk profile.

ARTS Benefit Supports Comprehensive MAT

- Increases rates by 400% for individual and group counseling
- Allows OTPs and OBOT providers to bill for care coordination and peer supports
- Allows providers to bill separately for MAT when members are receiving treatment in community based ASAM levels 1, 2.1, 2.5, 3.1, 3.3, 3.5, and 3.7.

Medications Available for Medication Assisted Therapy for all SUDs

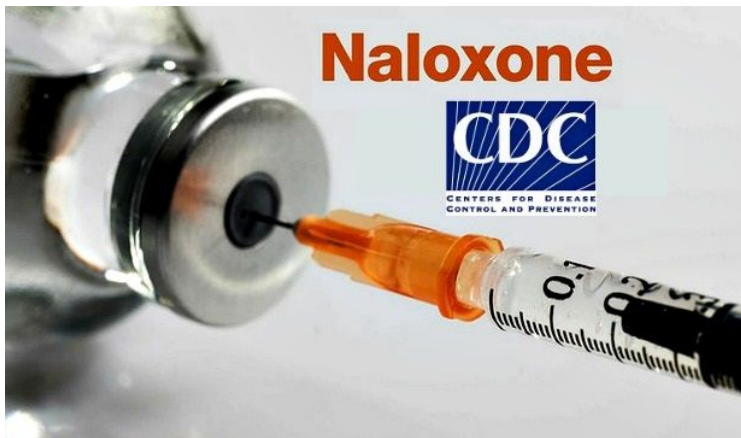
Medication	Prior Authorization Required
Buprenorphine/Naloxone and Buprenorphine (for pregnant women only)	Induction (7 days) – no Initiation (> 7 days) and Maintenance – yes
Methadone	No (for opioid use disorder)
Naltrexone Long-Acting Injection	No
Naltrexone (oral)	No
Naloxone	No
Disulfiram	No
Acamprosate	No

Note: Prior Authorizations are not required for buprenorphine/naloxone or buprenorphine provided by OBOTs or OTPs (if dispensed on-site at OTPs).

Opioid Overdose Fatality Prevention

Increase Access to Naloxone

- FFS and Managed Care Plans Expanded Naloxone Coverage
- Prior Authorization not required for
 - Naloxone injection
 - Naloxone (Narcan[®]) nasal spray



OTP vs. OBOT Licensing

Opioid Treatment Services (OTPs) are licensed by DBHDS

- Methadone and buprenorphine products are dispensed on site; and
- Treatment is combined with outpatient services such as counseling sessions (required) assessments, therapy, psychotherapy, etc; and
- The physician is operating within/under a DBHDS licensed entity.

OBOTs do not need a DBHDS OTP/MAT license

- Are providing opioid treatment under the license of a buprenorphine-waivered practitioner;
- Will not be dispensing methadone or other opioid treatment medication on site **or** will only dispense buprenorphine products during induction, and;
- Will provide prescriptions for buprenorphine products to patients after the induction.

OTPs need to also be recognized as an OBOT to be exempt from Prior Authorization for prescriptions of buprenorphine products

MAT Payment Model for OTPs and OBOTs

Service Description	Methadone in Opioid Treatment Programs (OTPs)	Buprenorphine in Opioid Treatment Program (OTPs)	Buprenorphine in Office-Based Opioid Treatment (OBOTs)
Setting	DBHDS-Licensed CSBs and Private Methadone Clinics		Primary Care and other Physician Offices, FQHCs, etc.
Physician Visit	H0014 MAT Induction CPT E/M Code: Established Patient		H0014 MAT Induction CPT E/M Code: Est Pt
Counseling	H0004 / H0005 Opioid Treatment - individual, group counseling and family therapy		H0004 / H0005 Opioid Treatment - individual, group counseling and family therapy
Medication	H0020 – Medication administration by RN / LPN RN = Induction LPN = Maintenance		Patient given Rx; billed by Pharmacy
	S0109 Methadone 5 mg oral billed by provider	J0572, J0573, J0574, J0575 Buprenorphine/Naloxone Oral billed by provider J0571 Buprenorphine Oral billed by provider	

MAT Payment Model for OTPs and OBOTs

Service Description	Methadone in Opioid Treatment Programs (OTPs)	Buprenorphine in Opioid Treatment Program (OTPs)	Buprenorphine in Office-Based Opioid Treatment (OBOTs)
Care Coordination	G9012 Substance Use Care Coordination		G9012 Substance Use Care Coordination
Peer Supports	T1012 Peer Support Services S9445 Peer Patient Education - Group		T1012 Peer Support Services S9445 Peer Patient Education - Group
Urine Drug Screen	80305-80307		80305-80307
Labs 23	Examples: Hepatitis B Test (86704), Hepatitis C test (86803), HIV Test (86703), Syphilis Test (86593), Treponema Pallidum (86780), Syphilis Test Non-Treponema (86592), Pregnancy Test (81025), Skin Test-Tuberculin (86585), EKG (93000, 93005, 93010), Alcohol-Breathalyzer (82075)		Examples: Hepatitis B Test (86704), Hepatitis C test (86803), HIV Test (86703), Pregnancy Test (81025), Skin Test-Tuberculin (86585)

MAT Reimbursed Separately

MAT Services	Procedure Code	ASAM Level 2.1 and 2.5	ASAM Level 3.1 RTS	ASAM Level 3.3 RTS	ASAM Level 3.5 RTS	ASAM Level 3.5 Inpt Psych Unit (sub-acute)	ASAM Level 3.7 RTS	ASAM Level 3.7 Inpt Psych Unit (sub-acute)
Physician/NP Visit	E&M Codes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Psychotherapy for MAT	CPT Psychotherapy Codes	No, included in IOP/PHP rate	Yes	Yes	Yes	Yes	Yes	Yes
Medications	<ul style="list-style-type: none"> • Prescription filled at Pharmacy = Pharmacy Bills • Dispensed on site = HCPCS Codes 	Yes	Yes	Yes	Yes	No	Yes	No
Urine drug screens	80305 - 80307	Yes	Yes	Yes	Yes	No	Yes	No
Labs	CPT Codes	Yes	Yes	Yes	Yes	No	Yes	No

Opioid Treatment

Service Description

- Medication Administration (**H0020 OTP only**)
- Psychosocial Treatment for Opioid Use Disorder that includes at a minimum the following components (**H0004 individual / H0005 group**)
 - Assessment of psychosocial needs
 - Supportive individual and/or group counseling
 - Linkages to existing family support systems
 - Referrals to community-based services
 - Care coordination, medical/prescription monitoring, and coordination of on-site and off-site treatment services

Provider Requirements

- Provider Types for Psychosocial Treatment
 - Credentialed Addiction Treatment Professionals
- Provider Types for Medication Administration
 - Induction phase of MAT must be provided by Registered Nurse.
 - Maintenance phase of MAT may be provided by Licensed Practical Nurse or Registered Nurse.

Substance Use Care Coordination G9012

Service Description

- Integrates behavioral health into primary care and specialty medical settings through interdisciplinary care planning and monitoring patient progress and tracking patient outcomes.
- Supports interdisciplinary team meetings with medical and behavioral health staff to develop and monitor individualized treatment plans.
- Links patients community resources (including NA, AA, peer recovery supports, etc.) to facilitate referrals and respond to social service needs.
- Tracks and supports patients when they obtain medical, behavioral health, or social services outside the practice.
- This code must be billed with moderate to severe Opioid Use Disorder as the primary diagnosis by a buprenorphine-waivered practitioner prescribing MAT to the patient.

Provider Requirements

- At least a bachelor's degree in one of the following fields (social work, psychology, psychiatric rehabilitation, sociology, counseling, vocational rehabilitation, human services counseling) and has at least one year of substance abuse related clinical experience providing direct services to persons with a diagnosis of mental illness or substance abuse; or
- Licensure by the Commonwealth as a registered nurse with at least one year of clinical experience; or
- An individual with certification as a substance abuse counselor (CSAC) or CSAC-Assistant under supervision .

Rate Structure for OTPs and OBOTs

Code	Service	Description	Unit	Rate/ Unit
H0014	Medication Assisted Treatment (MAT) induction	Alcohol and/or drug services; ambulatory detoxification Withdrawal Management-Induction	Per encounter	\$140
H0020	Medication Administration (OTP only)	RN / LPN medication dosage	Per encounter	\$8
H0004	Opioid Treatment Services	Opioid Treatment – individual and family therapy	1 unit= 15 min	\$24
H0005	Opioid Treatment Services	Opioid Treatment – group therapy	1 unit = 15 min (per patient)	\$7.25
G9012	Substance Use Care Coordination	Substance Use Care Coordination	1 unit = 1 month	\$243

“Gold Card” OBOT Providers Recognized by DMAS and Credentialed by Health Plans

Care Team Requirements

- Buprenorphine-waivered practitioner may practice in variety of settings such as CSBs, FQHCs, primary care clinics, outpatient clinics, psychiatry practices
- On site credentialed addiction treatment professional (licensed psychiatrist, licensed clinical psychologist, licensed clinical social worker, licensed professional counselor, licensed psychiatric clinical nurse specialist, a licensed psychiatric nurse practitioner, a licensed marriage and family therapist, licensed substance abuse treatment practitioner) providing counseling to patients receiving MAT

MAT Requirements

- Buprenorphine monoprodukt tablets prescribed only to pregnant women..
- Maximum daily buprenorphine/naloxone dose 16 mg unless documentation of ongoing compelling clinical rationale for higher dose up to maximum of 24 mg.
- No tolerance to other opioids, soma, sedative hypnotics, or benzodiazepines except for patients already on benzos for 3 months during a tapering plan

“Gold Card” OBOT Providers Recognized by DMAS and Credentialed by Health Plans

Risk Management and Adherence Monitoring Requirements

- Random urine drug screens, a minimum of 8 times per year for all patients.
- Virginia Prescription Monitoring Program checked at least quarterly for all patients.
- Opioid overdose prevention education including the prescribing of naloxone.
- Patients seen at least weekly by buprenorphine-waivered practitioner or credentialed addiction treatment professional when initiating treatment. Patient must have been seen for at least 3 months with documented clinical stability before spacing out to a minimum of monthly visits.
- Periodic utilization of unused medication and opened medication wrapper counts when indicated.

Benefits

- No Prior Authorizations required for buprenorphine products.
- Buprenorphine-waivered practitioner in the OBOT can bill all Medicaid health plans for substance use care coordination code (monthly per member payment) for members with moderate to severe opioid use disorder receiving MAT.
- Can bill for Certified Peer Recovery Support specialists.
- Can bill higher rates for individual and group opioid counseling.
- Buprenorphine waivered residents can complete structured moonlighting experiences under the supervision of a credentialed attending physician.

OBOT: Possible Models for Waivered Practitioner + Integrated Behavioral Health

Waivered Practitioner + Behavioral Health Professional Employed by Same Site

- FQHC, CSB, or outpatient clinic employs both the buprenorphine-waivered practitioner AND behavioral health professional to offer MAT for opioid use disorder
- Services would be billed through the physician

Waivered Practitioner On-site at Behavioral Health Clinic

- Waivered physician goes on-site to private or public behavioral health provider 2-3x per week to provide MAT
- Services would be billed through the physician

Behavioral Health Professional On-Site at Physician's Office

- Behavioral health professional (LCSW, LPC, etc.) goes on-site to psychiatrist's office or primary care clinic 2-3x per week to provide MAT
- Services would be billed through the physician

Buprenorphine Prior Authorization Requirements

Uniform Requirements Adopted by FFS and Health Plans that Align with the Board of Medicine Buprenorphine Regulations

- Diagnosis of Opioid Use Disorder, and
- > 16 years of age; and
- Prescriber's personal DEA and XDEA numbers are required; and
- Individual is participating in psychosocial counseling
- Maximum of 16 mg per day
- Initial authorization for 3 months; subsequent authorizations for 6 months
- **No set time limit or duration of treatment**
- Buprenorphine only products for pregnant women
- Patient is locked-in to prescribing physician and dispensing pharmacy
- No concurrent use with benzodiazepines, tramadol, carisoprodol, other opiates or sedative hypnotics
- Urine drug testing at least quarterly



GOVERNOR'S ACCESS PLAN FOR THE SERIOUSLY MENTALLY ILL (GAP)

GAP and ARTS



Bridging the Mental Health Coverage Gap in Virginia

So what is GAP?

Governor's Access Plan for the Seriously Mentally Ill

- A targeted benefit package for uninsured, low income Virginians who have a serious mental illness (SMI).
- The GAP provides basic medical and targeted behavioral health care services through an integrated and coordinated delivery model to qualifying individuals with SMI.



Eligibility & Enrollment

Requirements

Ages 21 through 64

U.S. Citizen or lawfully residing immigrant

Not eligible for any existing entitlement program

Resident of VA

Income below 80%* of Federal Poverty Level (FPL) (*80% + 5% disregard)
- Increasing to 100% FPL October 1, 2017

Uninsured

Does not reside in long term care facility, mental health facility or penal institution

Screened and meet GAP SMI criteria



GAP Delivery System

GAP leverages the DMAS established infrastructure to administer the GAP program

- Utilizes the same formulary as Medicaid
- Utilizes existing Medicaid fee-for-service provider networks, coverage rules and reimbursement policies
- Medical service authorization performed by KePRO
- Behavioral health including ARTS network management, service authorizations, and claims managed by Magellan of Virginia, DMAS' Behavioral Health Services Administrator (BHSA).
- **GAP eligibility is based on SMI diagnoses. However a GAP member experiencing SUD can receive ARTS Services - ARTS Billable Services must include the SUD diagnosis as primary.**



GAP Covered Benefits

Integrating care coordination, primary care, specialty care, pharmacy and behavioral health services

Outpatient Medical	Outpatient Behavioral Health
Primary & Specialty Care	GAP Case Management
Laboratory	Psychiatric Evaluation, Management and Treatment
Pharmacy	Crisis Intervention and Stabilization
Diabetic Supplies	Psychosocial Rehabilitation
Diagnostic Services/Physician's office	Peer Supports- Recovery Navigation
Outpatient hospital coverage limited to: diagnostic ultrasound, diagnostic radiology (including MRI and CAT) and EKG including stress	Effective July 1, 2017 – MH Peer Supports

Addiction and Recovery Treatment Services

Currently Covered: Outpatient Substance Use Disorder (SUD) Treatment Services Substance Use Intensive Outpatient Medication Assisted Treatment including OTP and OBOTs	Effective July 1, 2017 - SUD Peer Supports Effective October 1, 2017 – Partial Hospitalization (ASAM Level 2.5) and Community Based Residential (ASAM Level 3.1, 3.3, 3.5 and 3.7)
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GAP Resources



- 24/7 toll-free line for GAP members to obtain information
- GAP Care Manager (800) 424-4279 or (800) 424-GAP9
- Recovery Navigation Line (800) 424-4520



- For assistance with:
 - applications and renewals over the phone
- Questions about application status, coverage or benefits
- To report changes, especially address changes
- (855) 869-8190



- To learn more about GAP & GAP educational material- www.dmas.virginia.gov
- Questions about covered/non-covered services– DMAS provider helpline (800) 552-8627
- Questions about the GAP program email: BridgetheGAP@dmas.virginia.gov



DMAS ADDICTION AND RECOVERY TREATMENT SERVICES

Provider Education and ARTS Provider Manual Trainings

ARTS Provider Education, and Training

Partnership of DMAS, Department of Behavioral Health and Developmental Services, and Virginia Department of Health

- Over **800** providers attended 12 DMAS “ARTS 101” in-person sessions across the Commonwealth in the Fall, and an additional 140 providers attended ARTS webinars.
- Over **750** physicians, NPs, PAs, behavioral health clinicians, and practice administrators attended VDH Addiction Disease Management trainings
- Over **500** providers attended DBHDS trainings on ASAM patient placement criteria
- Over **800** providers attended 10 “ARTS provider manual trainings”



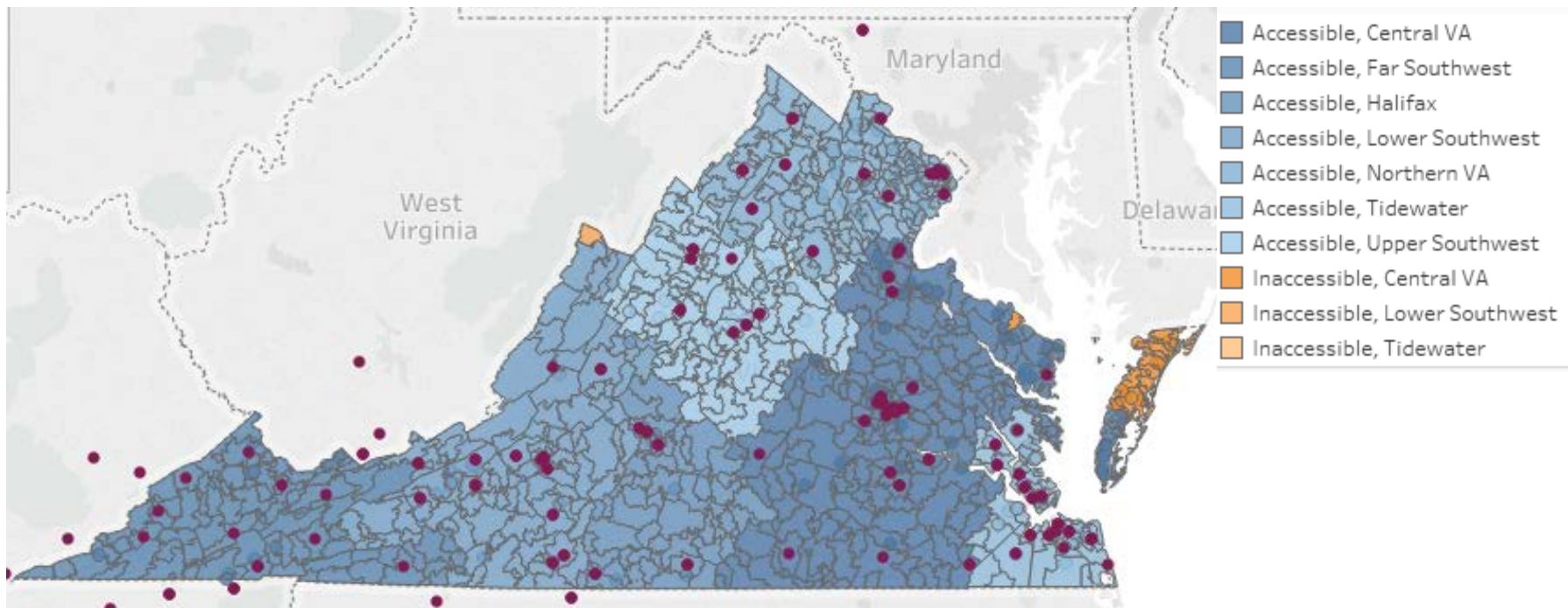
DMAS ADDICTION AND RECOVERY TREATMENT SERVICES

**Preliminary Increase in Medicaid
Addiction Treatment Providers Due
to ARTS**

Preliminary Increases in Addiction Providers Due to ARTS

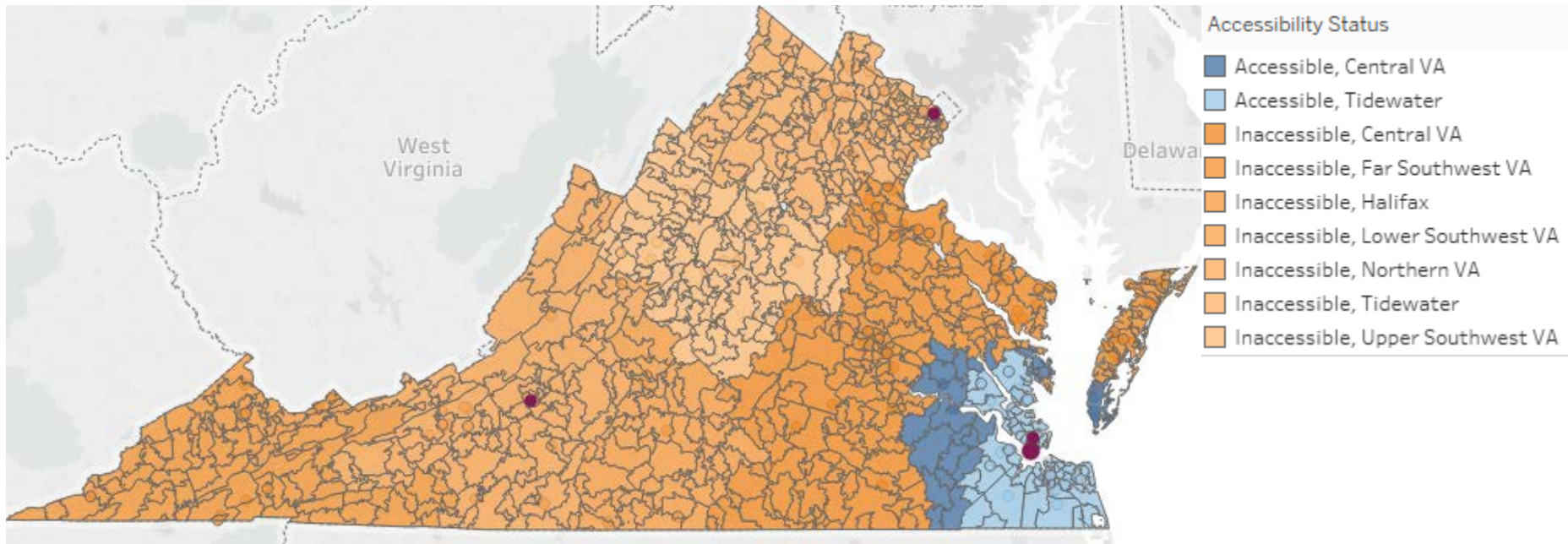
Addiction Provider Type	# of Providers before ARTS	# of Providers after ARTS	% Increase in Providers
Inpatient Detox (ASAM 4.0)	Unknown	86	NEW
Residential Treatment (ASAM 3.1, 3.3, 3.5, 3.7)	4	71	↑ 1675%
Partial Hospitalization Program (ASAM 2.5)	0	14	NEW
Intensive Outpatient Program (ASAM 2.1)	49	70	↑ 43%
Opioid Treatment Program	6	22	↑ 267%
Office-Based Opioid Treatment Provider	0	31	NEW

ARTS Medicaid Provider Network Adequacy ASAM 4 Inpatient Detox



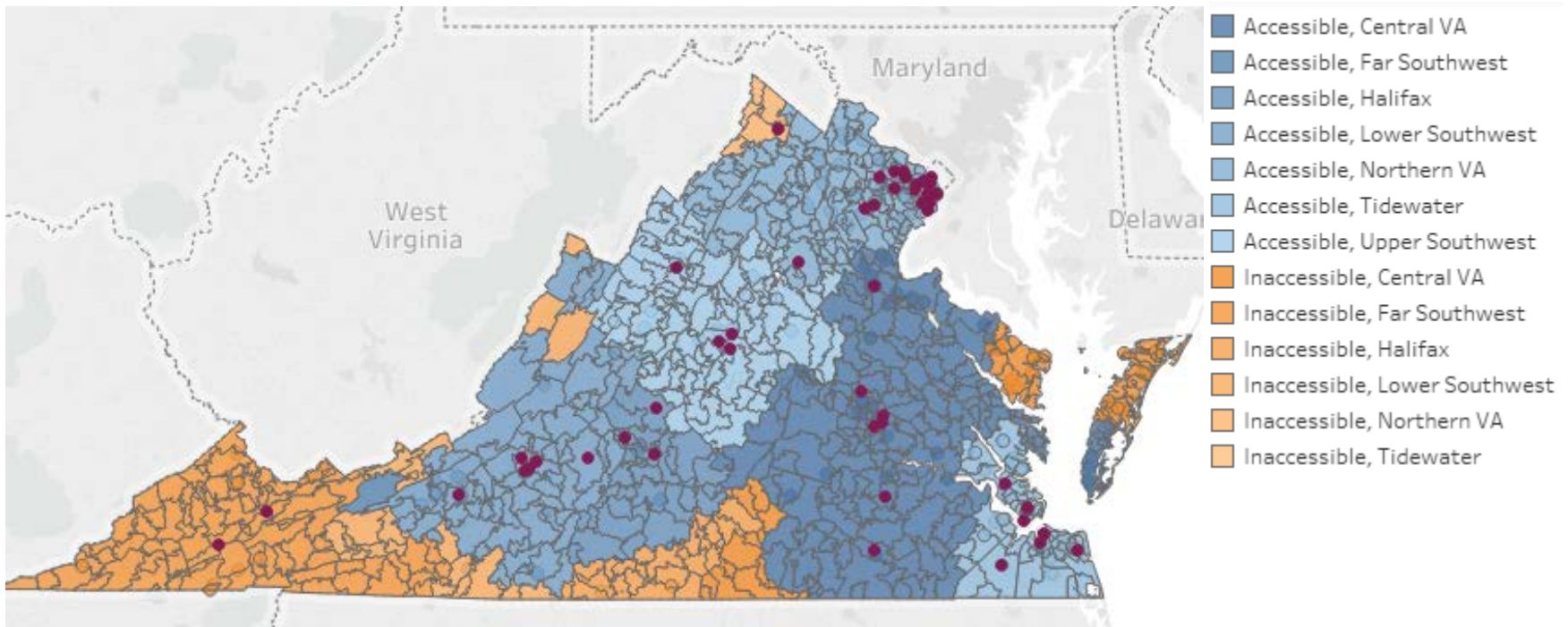
Source: Department of Medical Assistance Services - Provider Network data (March 10, 2017).
Circles # of Medicaid providers included in network adequacy access calculation.
Accessible is considered to be at least two providers within 60 miles of driving distance.
Driving distance is calculated by Google services based on the centroid of each zip code.

Before ARTS Medicaid Provider Network Adequacy Residential Treatment



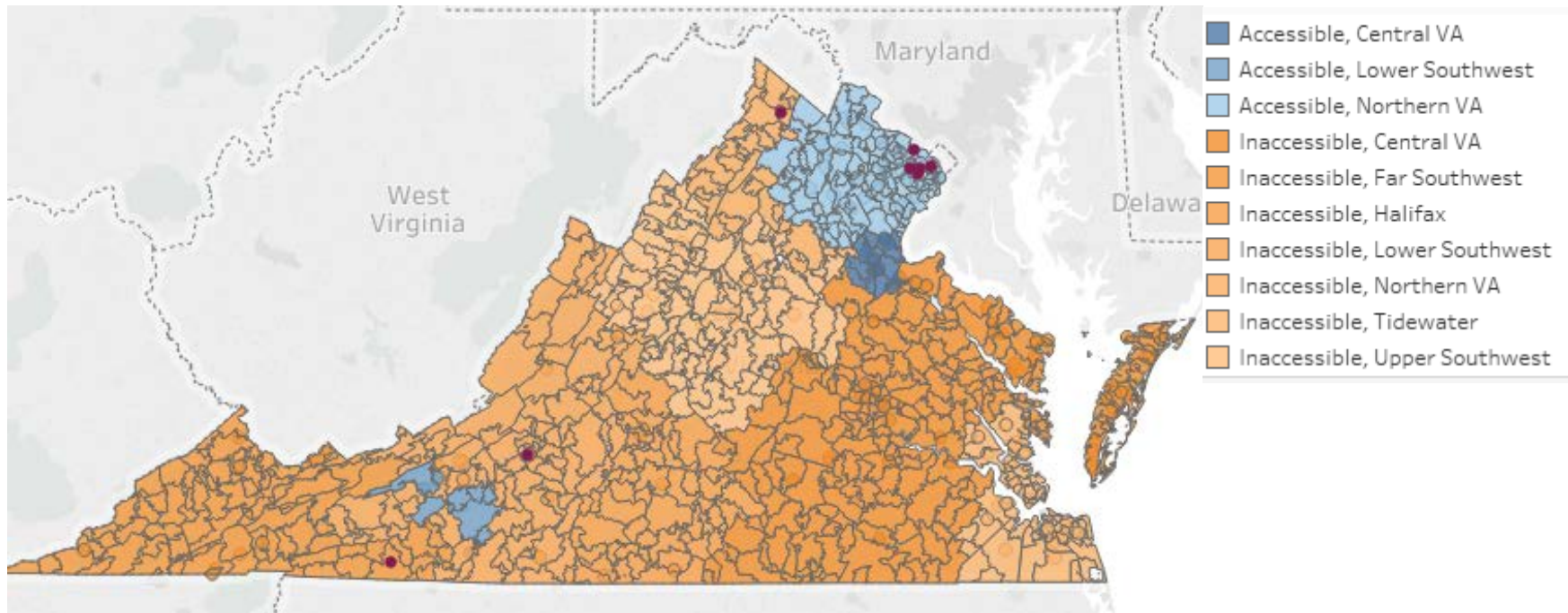
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After ARTS Medicaid Provider Network Adequacy ASAM 3.1/3.3/3.5/3.7 Residential Treatment



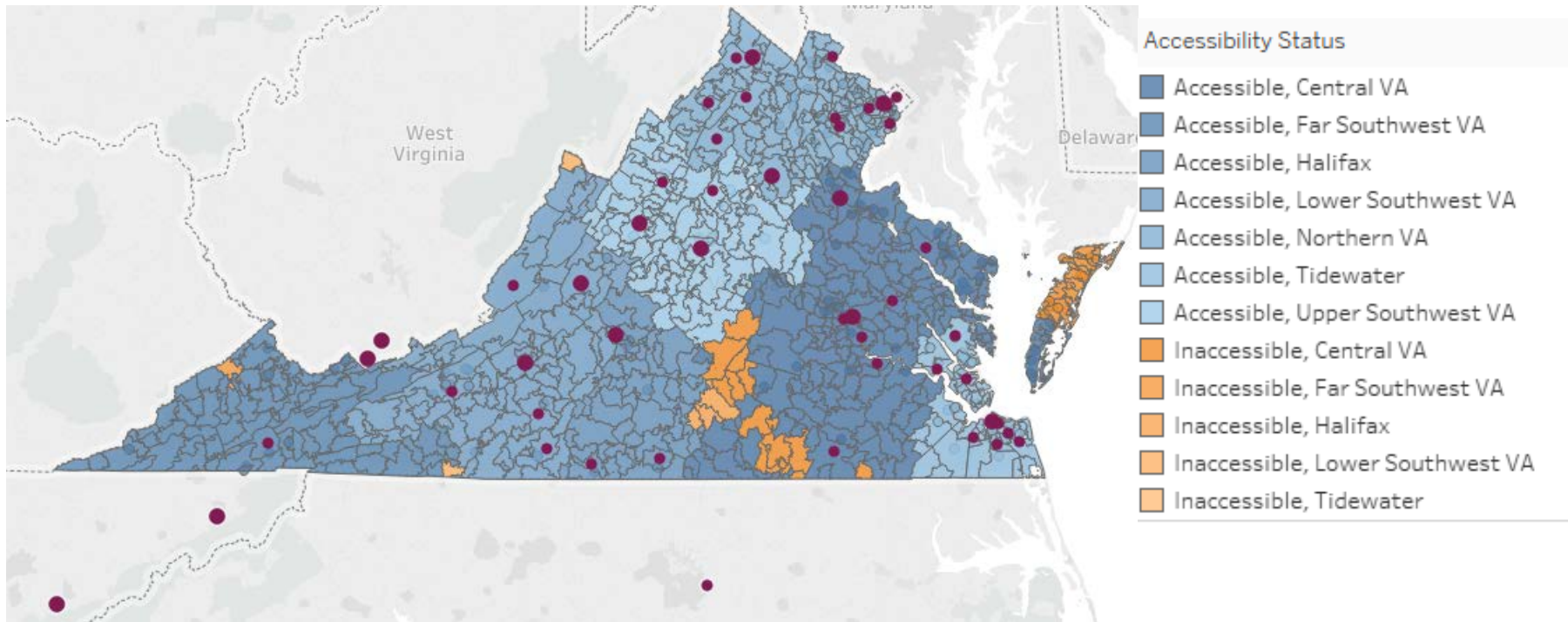
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NEW ARTS Medicaid Provider Network Adequacy ASAM 2.5 Partial Hospitalization



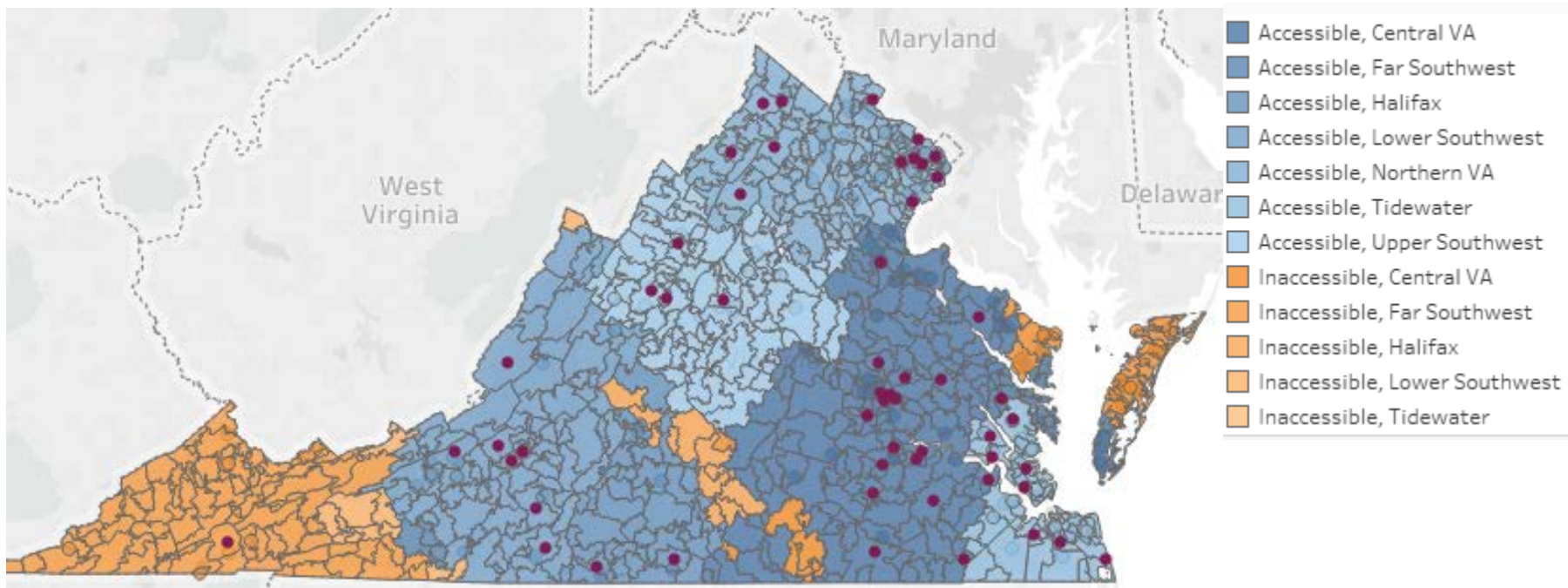
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Before ARTS Medicaid Provider Network Adequacy Intensive Outpatient Programs



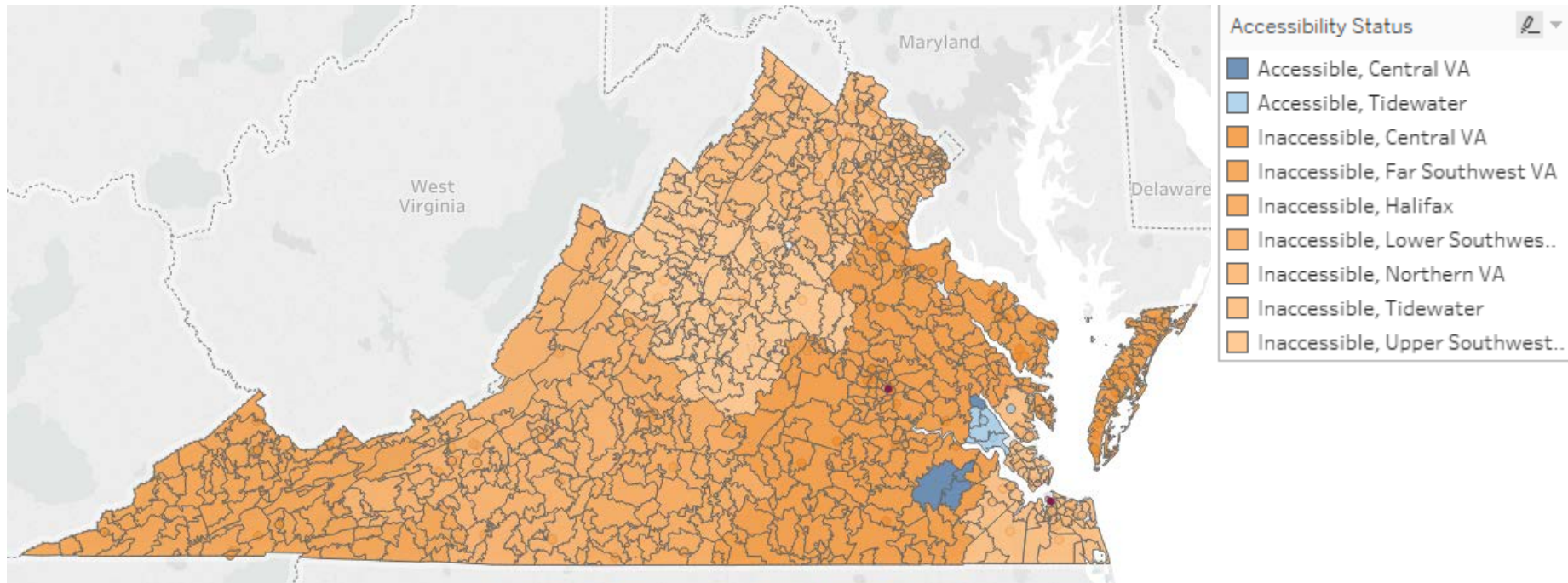
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Accessible is considered to be at least two providers within 60 miles of driving distance.
Driving distance is calculated by Google services based on the centroid of each zip code.

After ARTS Medicaid Provider Network Adequacy ASAM 2.1 Intensive Outpatient



Source: Department of Medical Assistance Services - Provider Network data (March 10, 2017).
Circles # of Medicaid providers included in network adequacy access calculation.
Accessible is considered to be at least two providers within 60 miles of driving distance.
Driving distance is calculated by Google services based on the centroid of each zip code.

Before ARTS Medicaid Provider Network Adequacy Opioid Treatment Program



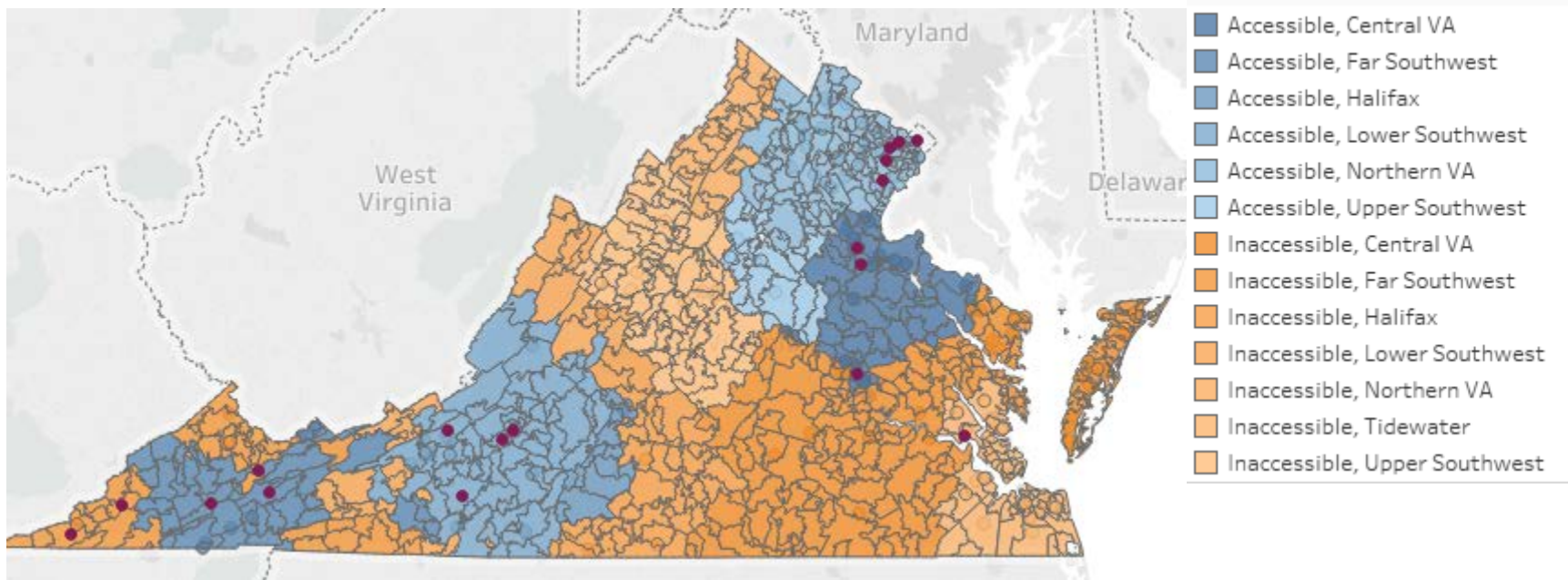
Source: Department of Medical Assistance Services - Provider Network data (March 20, 2017).

Circles # of Medicaid providers included in network adequacy access calculation.

Accessible is considered to be at least two providers within 60 miles of driving distance.

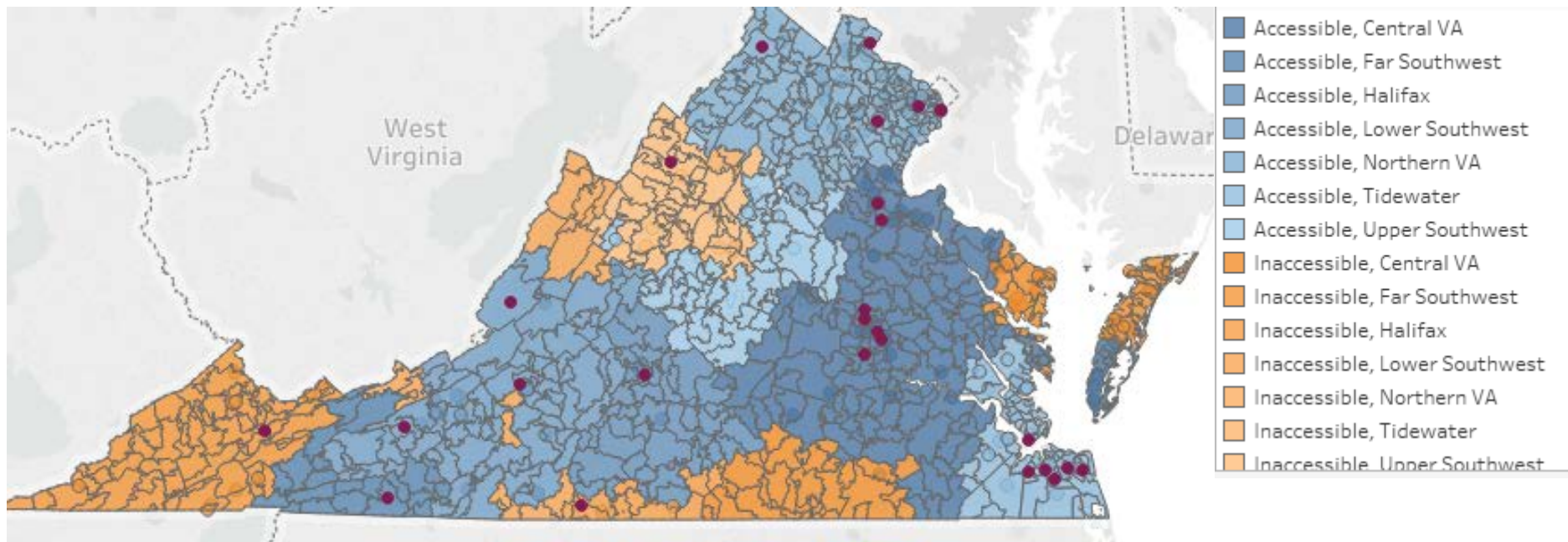
Driving distance is calculated by Google services based on the centroid of each zip code.

After ARTS Medicaid Provider Network Adequacy Opioid Treatment Program



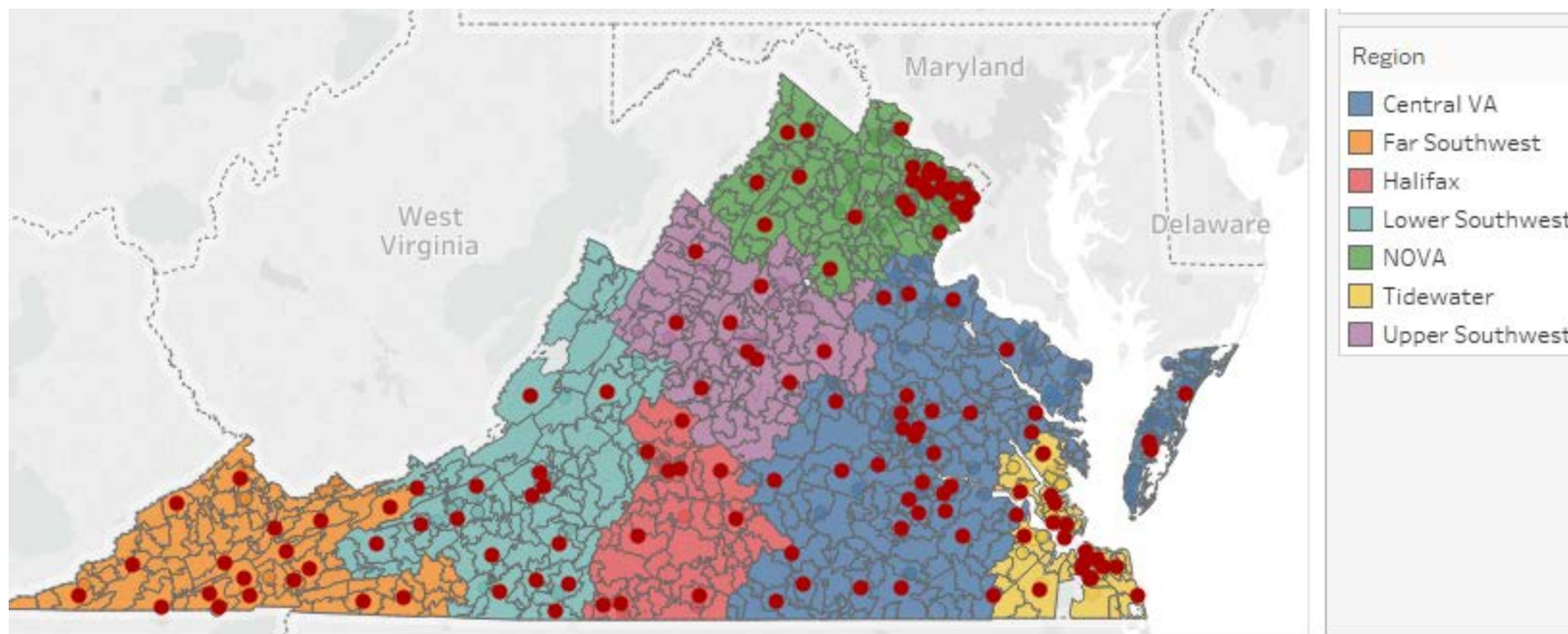
Source: Department of Medical Assistance Services - Provider Network data (March 20, 2017).
Circles # of Medicaid providers included in network adequacy access calculation.
Accessible is considered to be at least two providers within 60 miles of driving distance.
Driving distance is calculated by Google services based on the centroid of each zip code.

NEW Medicaid Provider Network Adequacy Office Based Opioid Treatment



Source: Department of Medical Assistance Services - Provider Network data (March 10, 2017).
Circles # of Medicaid providers included in network adequacy access calculation.
Accessible is considered to be at least two providers within 60 miles of driving distance.
Driving distance is calculated by Google services based on the centroid of each zip code.

CSBs and ARTS



CSB Unique Provider/Locations in ARTS

Asamfinal (group)	Central VA	Southwest	Halifax	Southwest	VA	Tidewater	Southwest	Grand Total
ASAM 2.1 Intensive Outpatient	11	4		4	10	7	2	38
ASAM 2.5 Partial Hospitalization				2			1	3
ASAM 3.1/3.3/3.5/3.7 Residential Treatment	3		2	1	4	2	1	13
ASAM 4 Inpatient Detox	3	3	1	2	3			12
Office Based Opioid Treatment		2		3	1	3		9
Opioid Treatment Program					1	2		3
Substance Use Case Management	37	17	9	17	22	17	9	128
Grand Total	40	21	10	19	28	22	9	149

Resources

- DMAS ARTS Provider Manual
- Virginia Administrative Codes-regulations for community based substance abuse services
- The ASAM Criteria; Treatment Criteria for Addictive, Substance –Related and Co-Occurring Conditions, 3rd edition, 2013
- ASAM Guidelines and Consensus Documents:
<http://www.asam.org/quality-practice/guidelines-and-consensus-documents/the-asam-criteria>



QUESTIONS

For more information, please contact:

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http://www.dmas.virginia.gov/Content_pgs/bh-sud.aspx