

VIRGINIA MEDICAID ADDICTION RECOVERY AND TREATMENT SERVICES PROGRAM: INCREASING TREATMENT FOR WOMEN WITH SUBSTANCE USE DISORDER

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Overview

- Medicaid Addiction and Recovery Treatment Services (ARTS) Program
  - Overview of ARTS benefit and 1115 waiver
  - Outcomes from ARTS after first year
  - Increases in Treatment for Pregnant Women with Substance Use Disorder
  - Lessons learned
- Medicaid Managed Care Innovations
- Virginia Neonatal Perinatal Collaborative

Virginia Medicaid Coverage of Substance Use Disorder Services before ARTS

Incomplete Care Continuum

Limited Coverage

- Residential treatment was not covered for non-pregnant adults. Utilizing more expensive inpatient detox.
- Fragmented System: Substance use disorder treatment was separated from mental and physical health services.
- Pregnant women lose eligibility and coverage for treatment 60 days after delivery.

Lack of Providers

- Rates for substance use disorder treatment had not been increased since 2007.
- Providers were not reimbursed for the actual cost of providing care.
- System severely limited the number of providers willing to provide services to Medicaid members.
- Providers struggled to understand who to bill for services. Consumers did not know where to seek services.

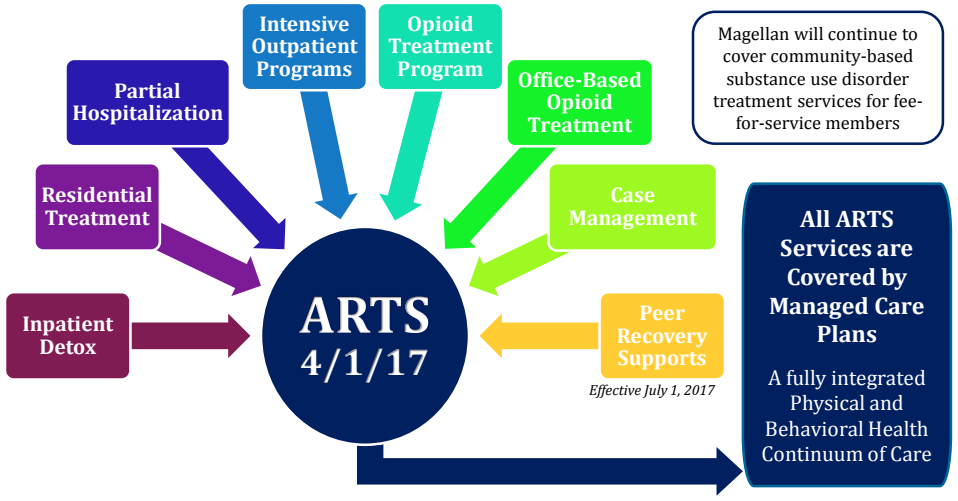
Limited Access to Services

Addiction and Recovery Treatment Services (ARTS) Benefit

Changes to Virginia Medicaid Substance Use Disorder (SUD) Benefit approved in Spring 2016 with Bipartisan Support

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 reimbursement 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

ARTS Program: Transforming the Delivery System of Medicaid SUD Services



SUD Transformation 1115 Demonstration Waiver

Approved by CMS in December 2016

- Allows Virginia to draw down federal matching $ for IMDs – SUD residential treatment facilities > 16 beds
- Resulted in significant increase in number and size of SUD residential treatment facilities
- Requires Virginia to implement national American Society of Addiction Medicine (ASAM) to create evidence-based continuum of addiction treatment
- Requires robust independent waiver evaluation – partnering with Virginia Commonwealth University

ARTS Preferred Office-Based Opioid Treatment Providers

Required Core Team Members

- Member
- Buprenorphine-waivered practitioner (physician, NP or PA)
- Licensed credentialed addiction treatment professionals (e.g., LCSW, LPC, licensed clinical psychologist, etc.)
- Nurse

Optional Team Members

- Pharmacists
- Peer Recovery Specialists
- Substance Use Care Coordination
  - This can be designated team member whose only function is to perform care coordination or a team member such as the nurse or LCSW who performs dual roles in the clinic.

Increases in Addiction Providers Due to ARTS

Over 440 new Addiction Treatment Provider Sites in Medicaid

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	94	↑ 2250%
Partial Hospitalization Program (ASAM 2.5)	0	16	NEW
Intensive Outpatient Program (ASAM 2.1)	49	136	↑178%
Opioid Treatment Program	6	39	↑ 550%
Preferred Office-Based Opioid Treatment Provider	0	91	NEW

VCU Evaluation: Outcomes From First Year of ARTS

Increase in total number of Substance Use Disorder Outpatient Providers

		Before ARTS (Apr 2016-Mar 2017)	After ARTS (Apr 2017-Mar 2018)	% Change
	Total number of SUD Outpatient Providers	1,087	2,965	↑173%
By Provider Type	Physicians	261	1,571	↑502%
	NP	25	188	↑652%
	Counselors and SW	300	457	↑52%
	Other	501	749	↑50%

VCU Evaluation: Outcomes From First Year of ARTS

Increase in total number of Opioid Use Disorder Outpatient Providers

		Before ARTS (Apr 2016-Mar 2017)	After ARTS (Apr 2017-Mar 2018)	% Change
	Total number of OUD Outpatient Providers	570	1,352	↑137%
By Provider Type	Physicians	128	586	↑358%
	NP	13	66	↑408%
	Counselors and SW	142	236	↑66%
	Other	287	464	↑62%

VCU Evaluation: Outcomes From First Year of ARTS

More members are receiving treatment for all Substance Use Disorders (SUD) and Opioid Use Disorder (OUD)

	Before ARTS (Apr 2016-Mar 2017)	**After ARTS** (Apr 2017-Mar 2018)	% Change
Members with SUD receiving treatment	 15,703	 24,615	↑ 57%
Members with OUD receiving treatment	 10,092	 14,917	↑ 48%

VCU Evaluation: Outcomes From First Nine Months of ARTS

Decrease in total number of prescriptions and members with prescriptions for Opioid pain medications

	Before ARTS (Apr 2016-Mar 2017)	**After ARTS** (Apr 2017-Mar 2018)	% Change
Total number of prescriptions for opioid pain medication	 549,442	 399,678	↓ 27%
Number of prescriptions per 10,000 members	 3,811	 2,761	↓ 28%

VCU Evaluation: Outcomes From First Ten Months of ARTS

Fewer Emergency Department visits related to Substance Use Disorder (SUD) and Opioid Use Disorder (SUD)

	Before ARTS (Apr 2016-Jan 2017)	**After ARTS** (Apr 2017-Jan 2018)	% Change
ED Visits Related to SUD	24,962	21,445	↓ 14%
ED Visits Related to OUD	5,016	3,756	↓ 25%

VCU Evaluation: Outcomes From First Ten Months of ARTS

Fewer inpatient hospitalizations related to Substance Use Disorder (SUD) and Opioid Use Disorder (SUD)

	Before ARTS (Apr 2016-Jan 2017)	**After ARTS** (Apr 2017-Jan 2018)	% Change
Hospitalizations Related to SUD	13,182	12,650	↓ 4%
Hospitalizations Related to OUD	3,520	3,315	↓ 6%

VCU Evaluation: Outcomes for Pregnant Women

Increase in pregnant members with Substance Use Disorder receiving treatment

	Before ARTS Apr, 2016 - Mar, 2017	After ARTS Apr, 2017 - Mar, 2018	Percent Change
Total number of pregnant members with a substance use disorder (SUD)	2,993	3,188	7%
Pregnant members with SUD receiving any SUD treatment	**62**	**575**	**827%**
Percent receiving treatment	2%	18%	780%

VCU Evaluation: Outcomes for Pregnant Women

Increase in pregnant members with Opioid Use Disorder receiving treatment

	Before ARTS Apr, 2016 - Mar, 2017	After ARTS Apr, 2017 - Mar, 2018	Percent Change
Total number of pregnant members with an opioid use disorder (OUD)	1,028	1,056	3%
Pregnant members with OUD receiving any OUD treatment	42	262	524%
Percent receiving OUD treatment	4%	25%	507%

Why ARTS is Achieving These Outcomes

Critical Elements for Successful ARTS Implementation

- Intensive stakeholder engagement – collaborated with MCOs, state agencies, and providers to design and implement ARTS
- System transformation using national ASAM criteria
- Increased reimbursement for evidence-based treatment
- Innovative delivery models for Medication Assisted Treatment – Preferred Office-Based Opioid Treatment providers
- Implementation of CDC Opioid Prescribing Guidelines with MCOs
- Collaboration with other state agencies
  - *Department of Health*: trained over 850 providers in Addiction Disease Management and launched Project ECHO for providers
  - *Department of Behavioral Health*: trained over 400 providers in ASAM; and trained over 1,000 Peer Recovery Support Specialists
  - *Department of Health Professions*: Boards of Medicine, Nursing, and Dentistry implemented opioid regulations based on CDC guidelines

Leveraging Medicaid Managed Care

Medicaid Managed Care RFP and Contracts

- In recent RFP for Medallion 4.0 program, Medicaid Managed Care plans were required to propose:
  - Innovations to increase access to treatment for pregnant women with Substance Use Disorder
  - Innovations to improve outcomes for Substance-Exposed Infants including infants with Neonatal Abstinence Syndrome

Leveraging Medicaid Managed Care

Magellan Complete Care of Florida Mother Baby Connections

- Obstetrics Integrated Care Case Management (OB-ICCM)
  - Specialized, intensive intervention for pregnant moms with SMI and SUD
  - Addresses the increased risk of perinatal complications for mother and infant
  - Promotes medication assisted treatment for opioid use disorder
  - Promotes psychiatric treatment adherence for SMI
  - Acknowledges longer post-partum follow up needs
- Role of OB Integrated Case Manager
  - RNs or Masters-level professionals who provide intensive case management through pregnancy and up to 8 weeks post-partum
  - Assists with coordination of care, working closely with the enrollee's OB, often in consultation with a perinatologist, primary behavioral health specialist, and the local addiction medicine specialist at the treatment program for opioid addiction
  - Coordinates complex care arrangements and connect members to services
  - Supports and empowers members and caregivers to effectively manage their ongoing conditions, adhere to treatment and medication, adopt a healthy lifestyle

Virginia Neonatal Perinatal Collaborative (VNPC)

Implementation of SAMHSA Maternal Opioid Bundle

- Team of expert clinicians providing technical assistance and education to support hospitals in implementation of SAMHSA AIM bundle for Obstetric Care for Women with Opioid Use Disorder
- Identifying resources for care in the community and help hospital system identify services that are lacking
- Exploring use of Virginia Department of Health led Project ECHO to support implementation by multiple hospitals simultaneously

Resources

DMAS ARTS website:
http://www.dmas.virginia.gov/#/arts

Please email questions regarding the ARTS program to
sud@dmas.virginia.gov