Governor’s Task Force on Prescription Drug & Heroin Abuse

Treatment Workgroup Implementation Plan Updates

September 21, 2015
Ensure health plans are complying with the Mental Health Parity and Addiction Equity Act (MHPAEA) by providing adequate coverage for treatment, including medication-assisted treatment. Implementation steps include:

- DBHDS will work with the Bureau of Insurance to explore opportunities to make provider directories a strong, effective tool for purchasing a health insurance plan.

- DBHDS will work with the Bureau of Insurance to ensure that drug formularies accommodate individuals with limited-English proficiency and those with disabilities.
Treatment Workgroup Implementation Plan Updates

Virginia Medicaid Substance Use Disorders (SUD) Services

Karen Kimsey
Deputy Director of Complex Care & Services
Virginia Department of Medical Assistance Services
September 2015
Overview

- Background
- Current Medicaid SUD Services
- Proposed Strategy for Improvement
- Request for Public Comment
- Next Steps
On September 26, 2014, Virginia Governor, Terry McAuliffe, put Executive Order 29 into place, creating the Governor’s Task Force on Prescription Drug and Heroin Abuse.

In July 2015, CMS issued CMS Letter, SMD #15-003 to Medicaid directors, highlighting CMS’ new service delivery opportunities for Medicaid members with SUD.

The Task Force identified 51 recommendations in five areas of opportunity: education, treatment, data and monitoring, storage and disposal, and enforcement.

CMS guidance aligns with Virginia’s belief that prescription drug and heroin overdoses are a public health and public safety crisis that is indiscriminately taking the lives of Virginians.

WORK TO BE DONE
Virginia Medicaid SUD Services Today

**COVERAGE**

- Scope of service varies by population
- Inpatient SUD coverage is only available to children
- Coverage for residential treatment services is limited to children, pregnant and postpartum women
- Outpatient coverage for adults and children includes:

<table>
<thead>
<tr>
<th>Traditional</th>
<th>Intensive</th>
<th>Day Treatment</th>
<th>Crisis Intervention</th>
<th>Medication-assisted Treatment (MAT)</th>
<th>Case Management</th>
</tr>
</thead>
</table>

**REIMBURSEMENT**

- SUD rate structure has not been adjusted since 2007
- Low reimbursement rates adversely impact provider participation and member access to care
- Reimbursement is generally “fee-for-service” versus through “bundled” or value based payment models
# Current SUD Services

<table>
<thead>
<tr>
<th></th>
<th>Children Under 21</th>
<th>Adults *</th>
<th>Pregnant Women</th>
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</thead>
<tbody>
<tr>
<td><strong>Traditional Services</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient</td>
<td>X</td>
<td>*</td>
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<tr>
<td>Outpatient</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Medication Assisted</td>
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<tr>
<td>Treatment (MAT)</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Non-Traditional Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residential</td>
<td>X</td>
<td>*</td>
<td>X**</td>
</tr>
<tr>
<td>Day Treatment</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Intensive Outpatient</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Opioid Treatment</td>
<td>X</td>
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<tr>
<td>Crisis Intervention</td>
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<tr>
<td>Case Management</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

* Dual eligibles have coverage for inpatient and residential treatment services through Medicare.

** Residential for pregnant women is limited to substance abuse residential treatment facilities; no coverage is available in a facility that meets the CMS definition of an institution for mental disease (IMD).
Virginia’s proposed strategy to improve the delivery of SUD services would be built on its current Medicaid delivery system and include a restructuring of the SUD benefit design.

**Proposed Strategy for Improvement**

**CMS 1115 Demonstration Waiver**

DMAS plans to seek CMS waiver authority using the Governor’s Task Force recommendations, input from relevant stakeholders, and CMS guidance to:

- strengthen how Virginia educates individuals, providers, and communities;
- treats individuals with SUD;
- collects data and monitors health outcomes for these individuals;
- and enforces new policies and practices.
Critical Elements of Virginia’s Proposed SUD System of Care

1. Comprehensive Evidence-based Benefit Design
2. Appropriate Standards of Care
3. Strong Network Development Plan
4. Care Coordination Design
5. Integration of Physical Health and SUD
6. Program Integrity Safeguards
7. Benefit Management
8. Community Integration
9. Strategies to Address Prescription Drug Abuse and Opioid Use Disorder
10. Services for Adolescents and Youth with SUD
11. Collection and Reporting of Quality Measures
12. Collaboration with DBHDS and other SUD Stakeholders
13. Improved Reimbursement and Value Based Payment Strategies
DMAS is interested in public input concerning:
- SUD benefit design (including treatment and recovery supports),
- coverage criteria,
- provider requirements and capacity,
- reimbursement strategies that reward quality outcomes, and
- features necessary to ensure high quality and program integrity
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Instructions For Public Comment Submission

Comments are Due by:
5:00 p.m. on October 19, 2015

Send By Email to:
SUD@dmas.virginia.gov

OR

Send By Mail to:
Brian Campbell, Senior Policy Analyst
Division of Integrated Care and Behavioral Services
Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, VA 23219

DMAS will make available additional opportunities for public comment into the SUD design and implementation

Stakeholder input is key!
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NEXT STEPS

1. Solicit and gather stakeholder feedback
2. Evaluate the CMS waiver opportunity
3. Decision on whether to proceed with waiver application
4. Seek legislative authority to initiate changes
5. Continue to keep stakeholders engaged and informed
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Questions & Comments?