

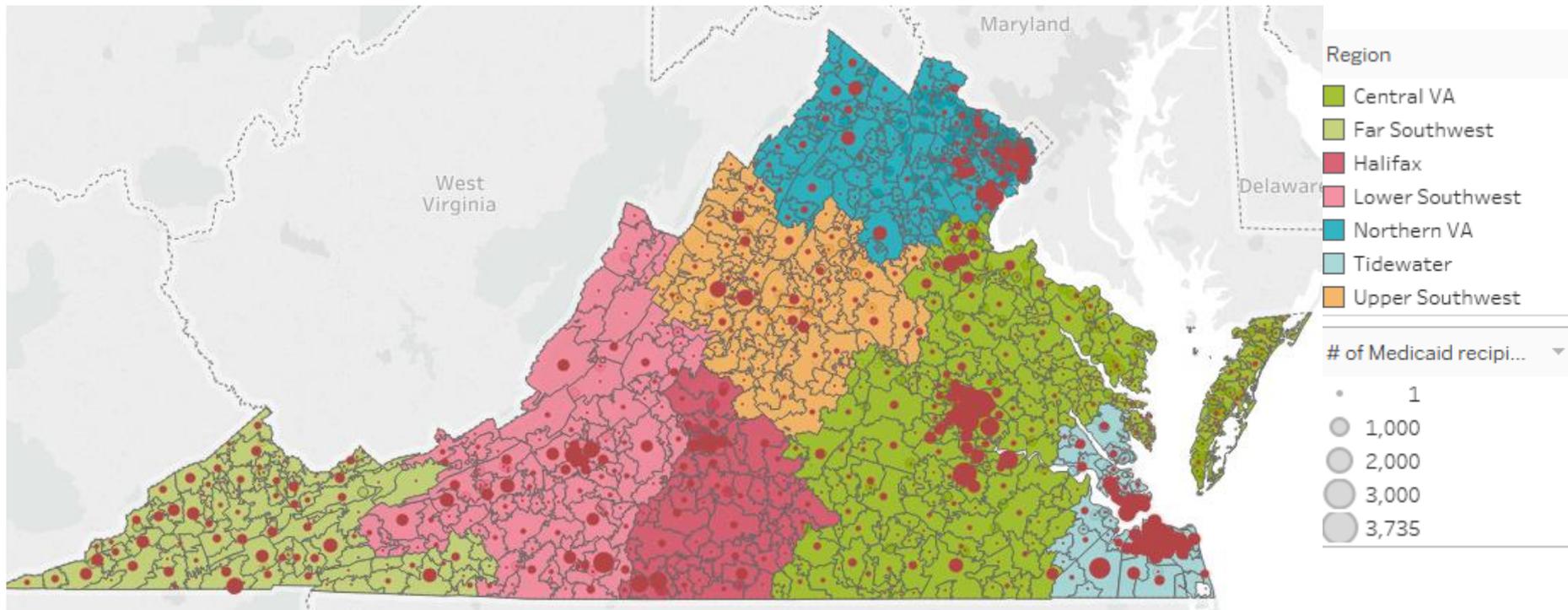


TRANSFORMING MEDICAID'S ADDICTION AND RECOVERY TREATMENT SERVICES BENEFIT

CSA Conference
April 19, 2017

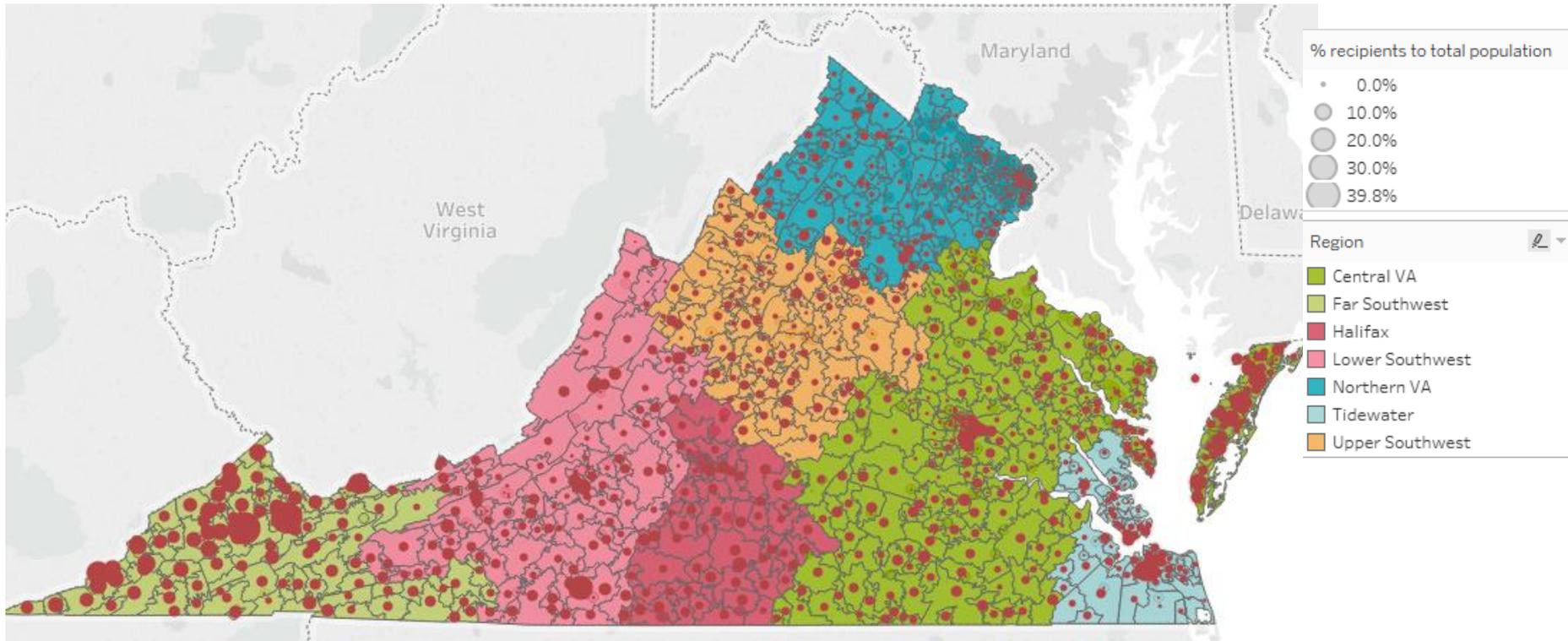


Medicaid Members with Substance Use Disorder Diagnosis



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.

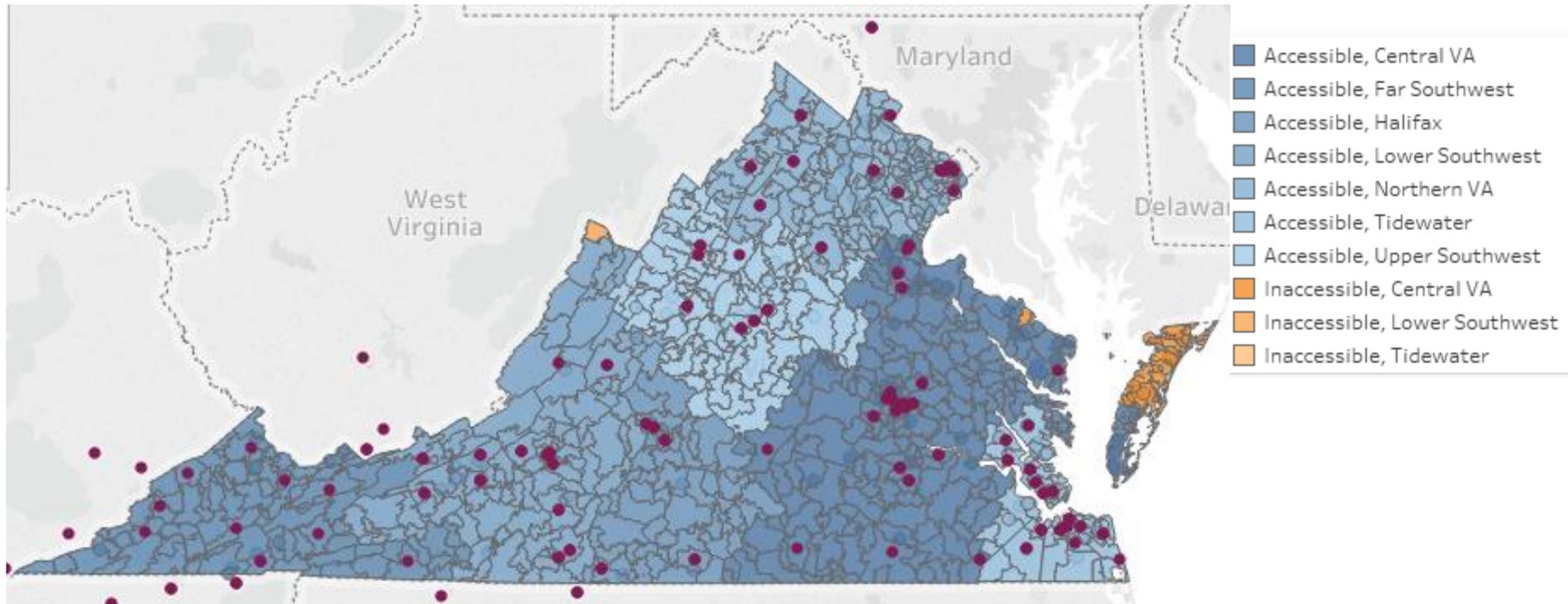
Circles % of Medicaid recipients whose claims/encounter data included an addiction related diagnosis respective to the total population in that zip code.

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 Organize Provider Education, Training, and Recruitment Activities

NEW ARTS Medicaid Provider Network Adequacy ASAM 4 Inpatient Detox



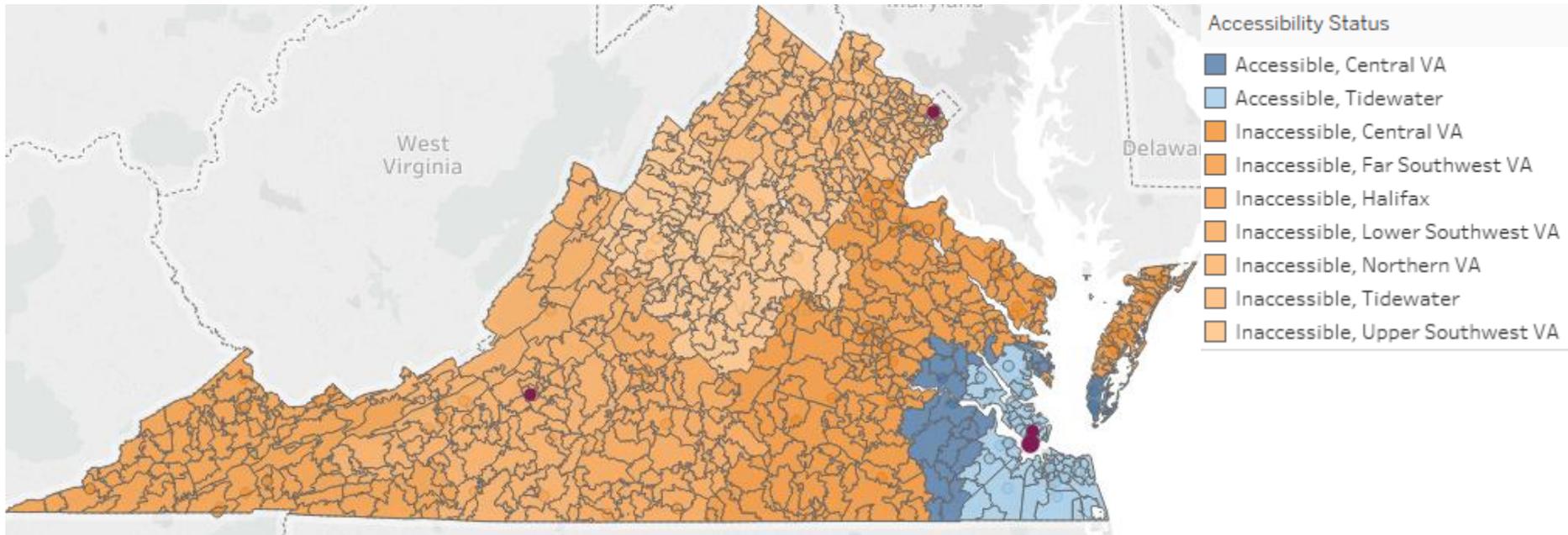
Source: Department of Medical Assistance Services - Provider Network data (March 10, 2017).

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.

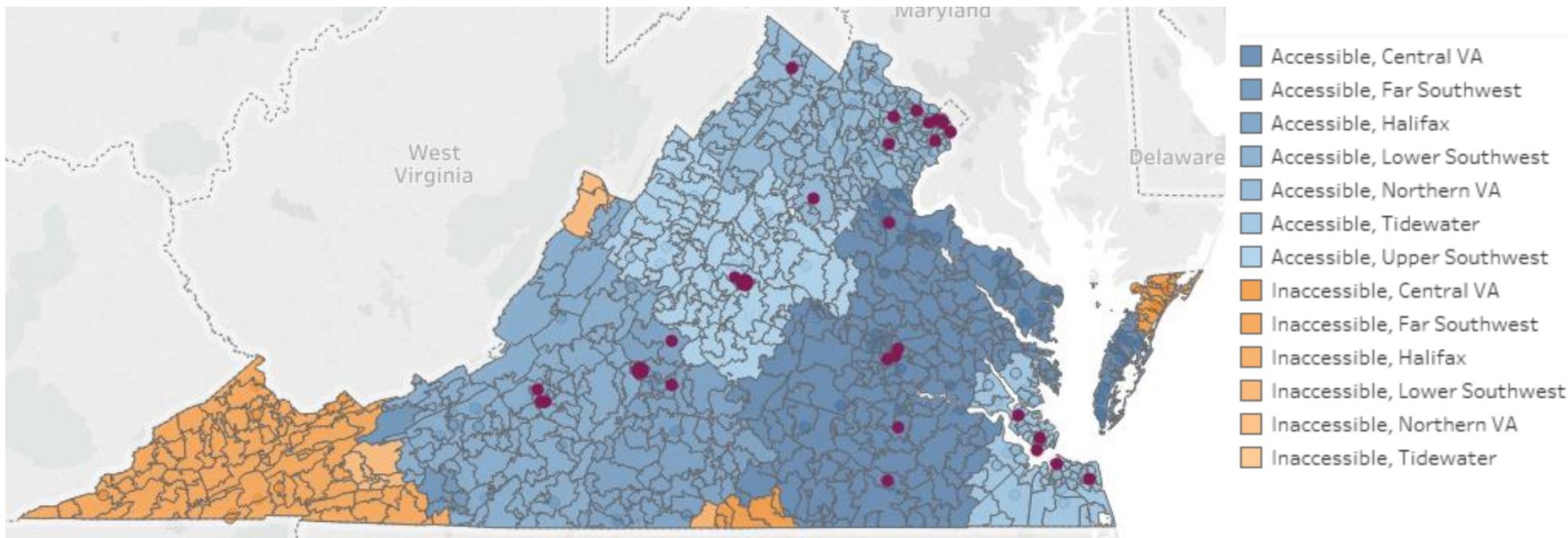
Driving distance is calculated by Google services based on the centroid of each zip code.

Before ARTS Medicaid Provider Network Adequacy Residential Treatment



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 ASAM 3.1/3.3/3.5/3.7 Residential Treatment



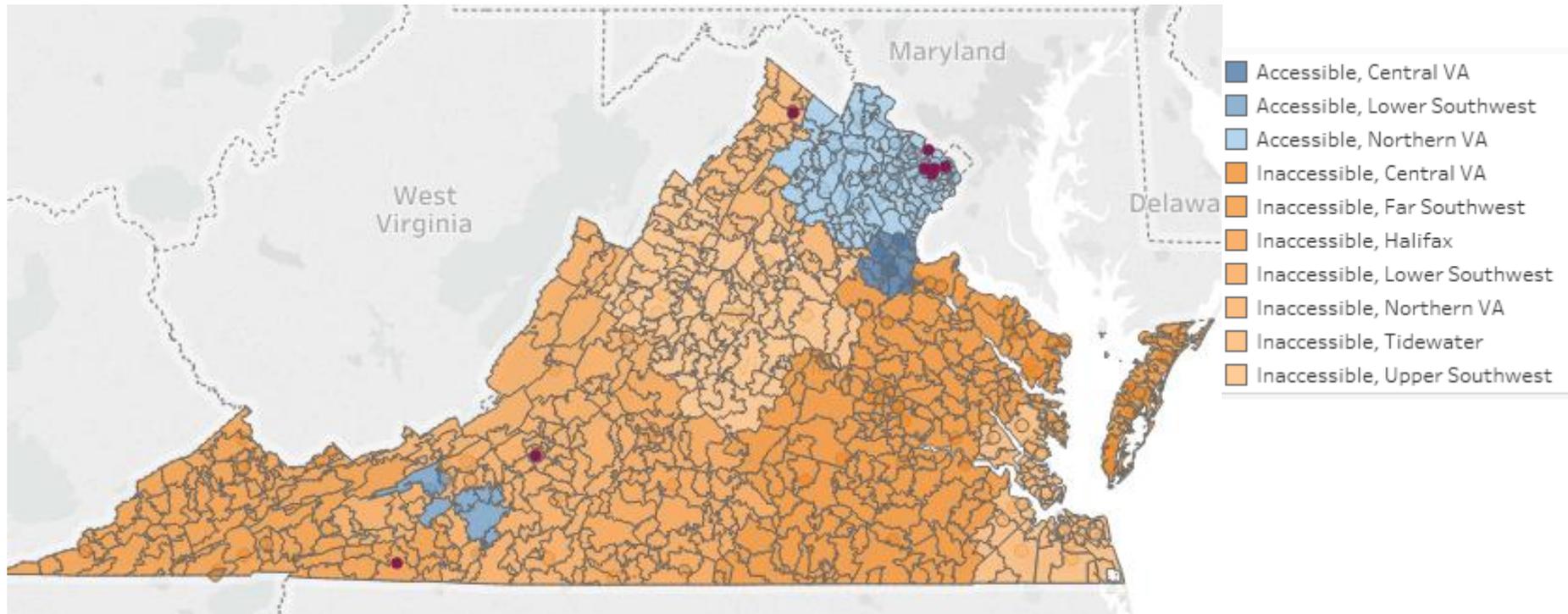
Source: Department of Medical Assistance Services - Provider Network data (March 10, 2017).

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

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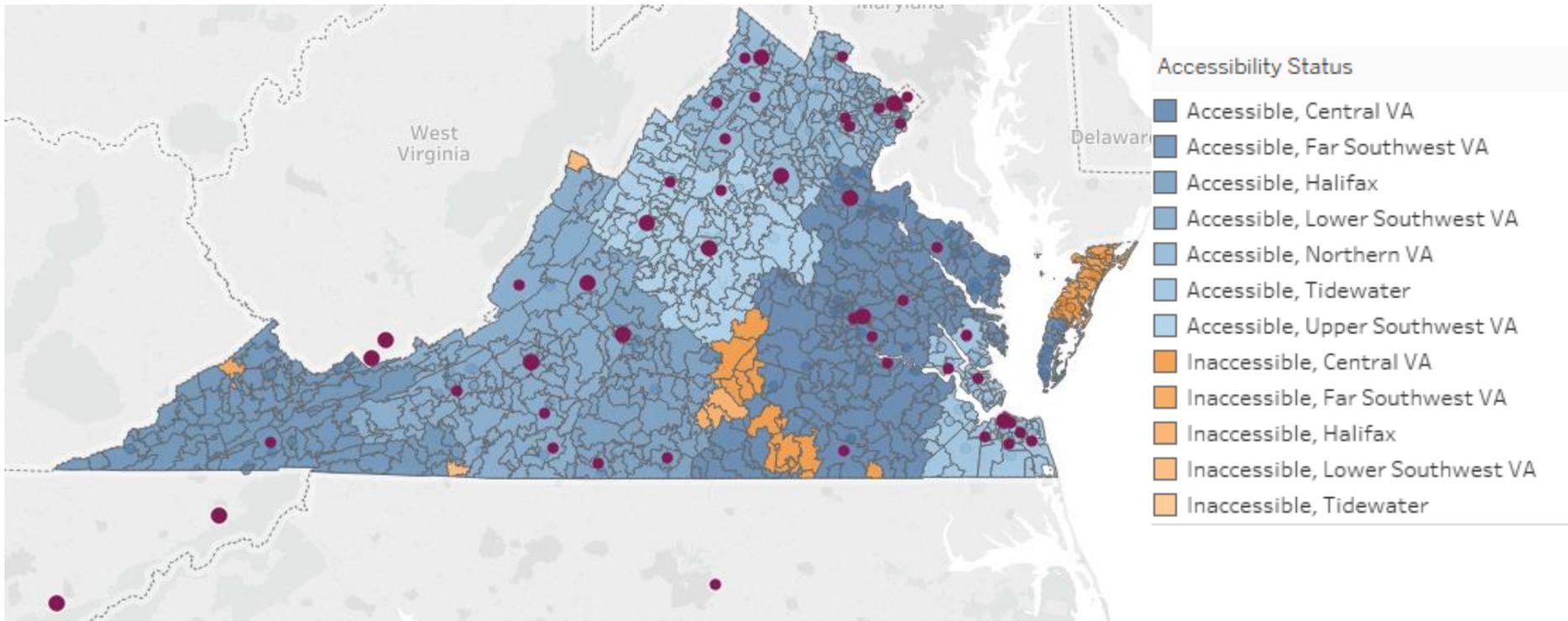
Driving distance is calculated by Google services based on the centroid of each zip code.

NEW ARTS Medicaid Provider Network Adequacy ASAM 2.5 Partial Hospitalization



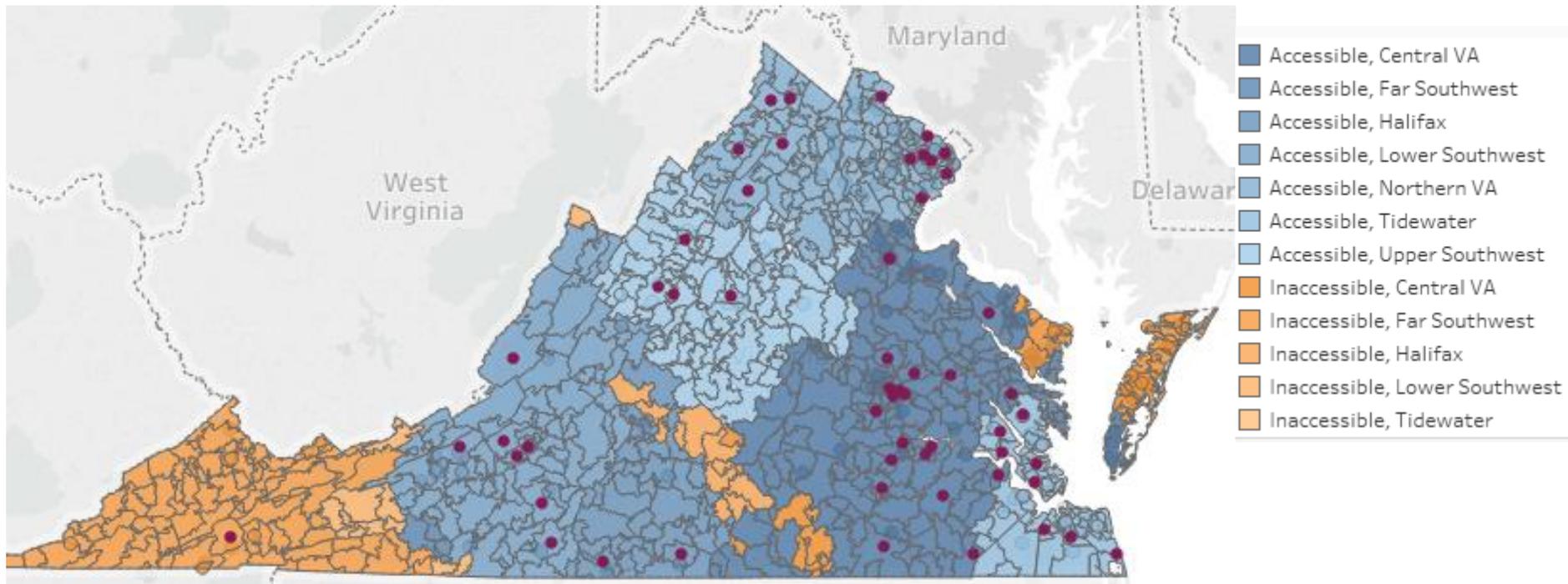
Source: Department of Medical Assistance Services - Provider Network data (March 10, 2017).
Circles # of Medicaid providers included in network adequacy access calculation.
Accessible is considered to be at least two providers within 60 miles of driving distance.
Driving distance is calculated by Google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

Before ARTS Medicaid Provider Network Adequacy Intensive Outpatient Programs



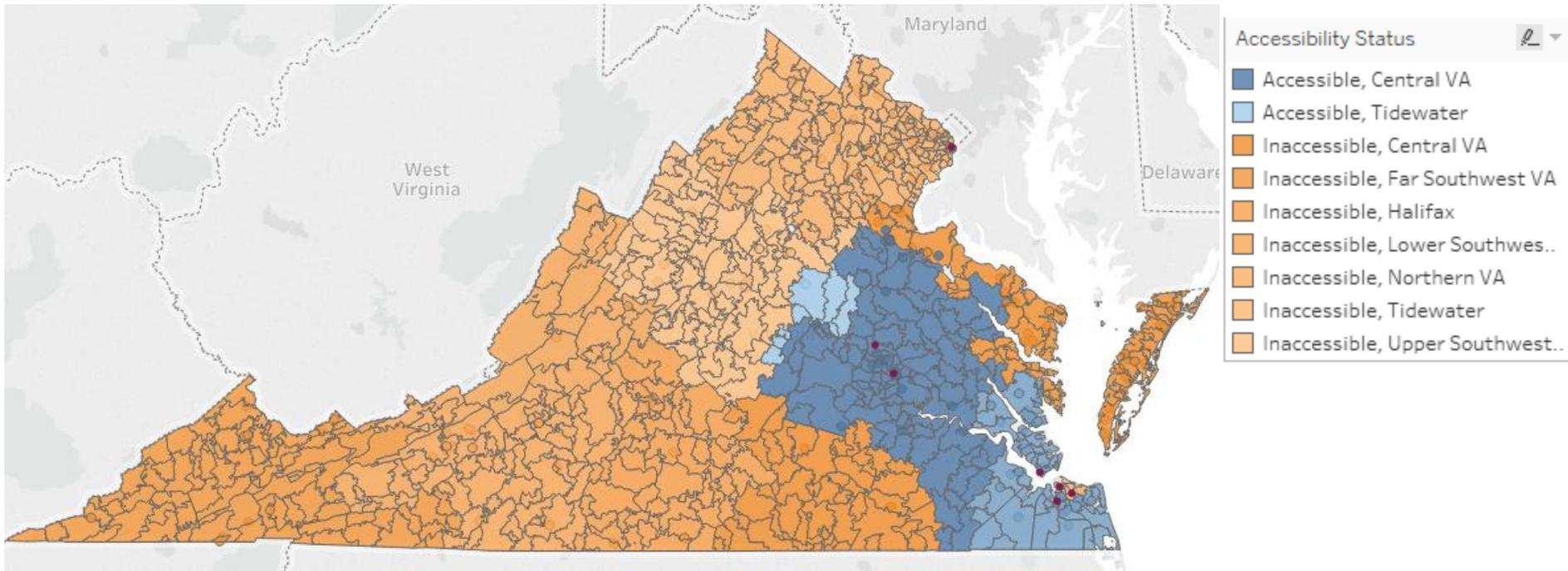
Source: Department of Medical Assistance Services - Provider Network data (March 20, 2017).
Circles # of Medicaid providers included in network adequacy access calculation.
Accessible is considered to be at least two providers within 60 miles of driving distance.
Driving distance is calculated by Google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

After ARTS Medicaid Provider Network Adequacy 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



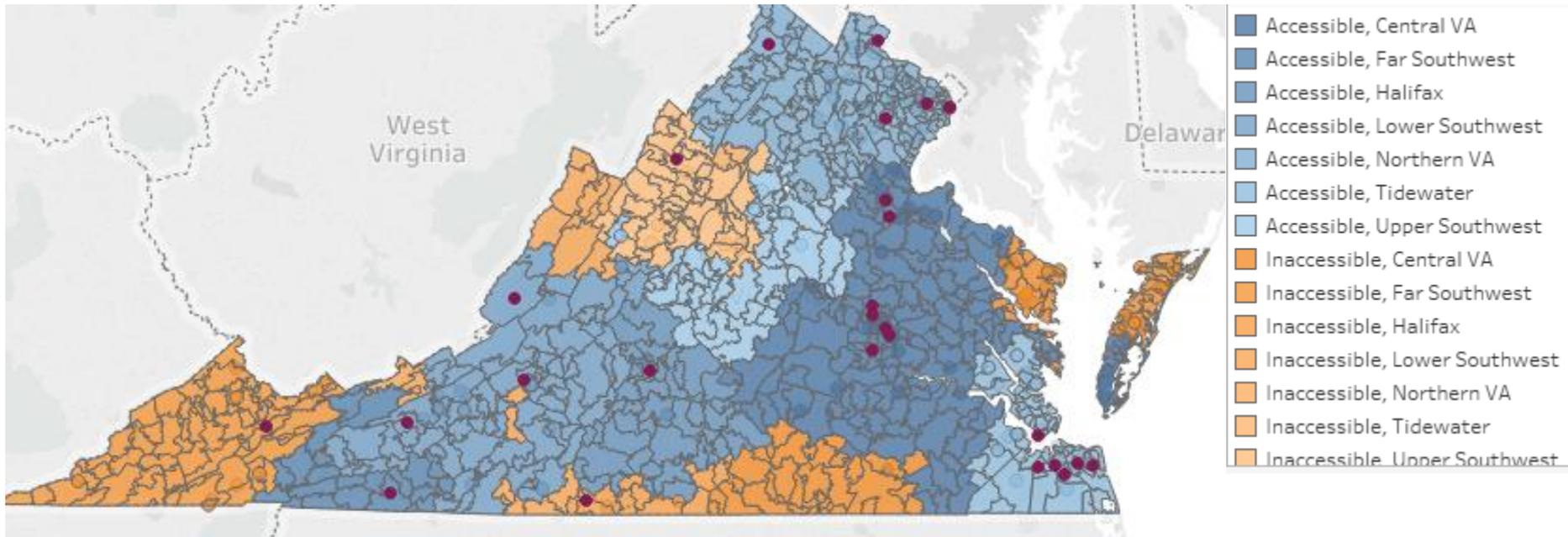
Source: Department of Medical Assistance Services - Provider Network data (March 20, 2017).

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.

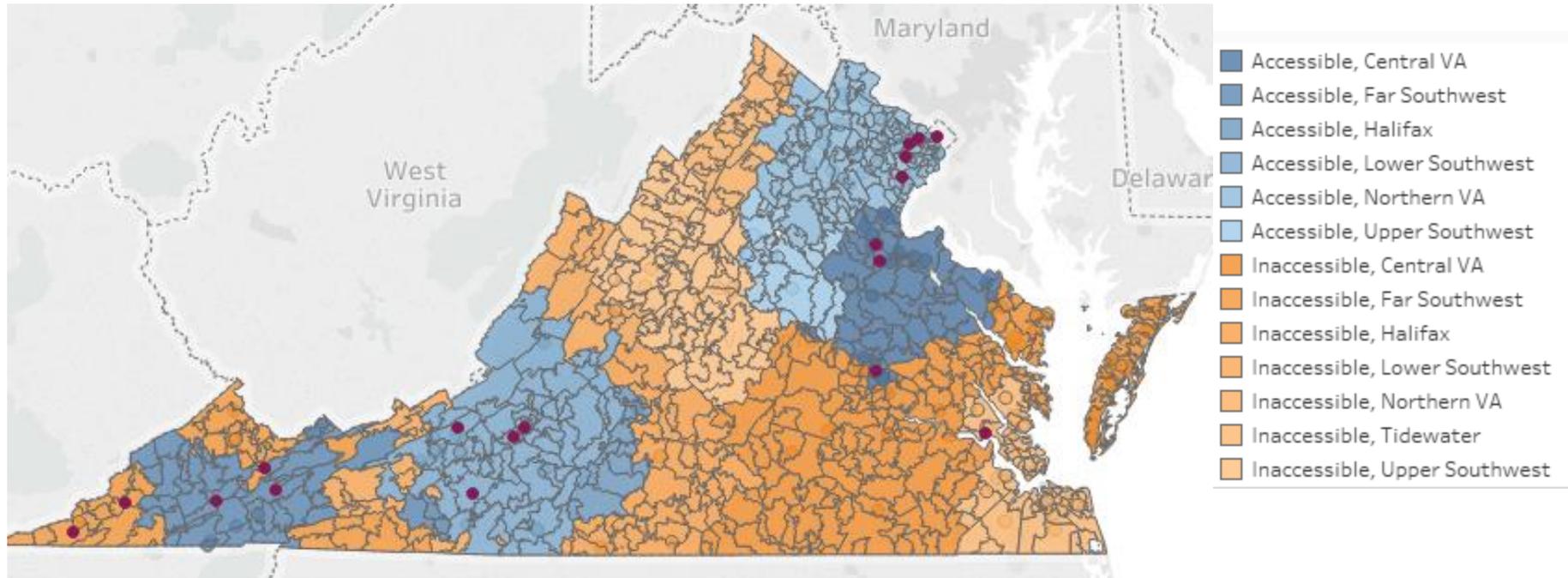
Driving distance is calculated by Google services based on the centroid of each zip code.

After ARTS Medicaid Provider Network Adequacy Opioid Treatment Programs



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.

NEW Medicaid Provider Network Adequacy Office Based Opioid Treatment



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

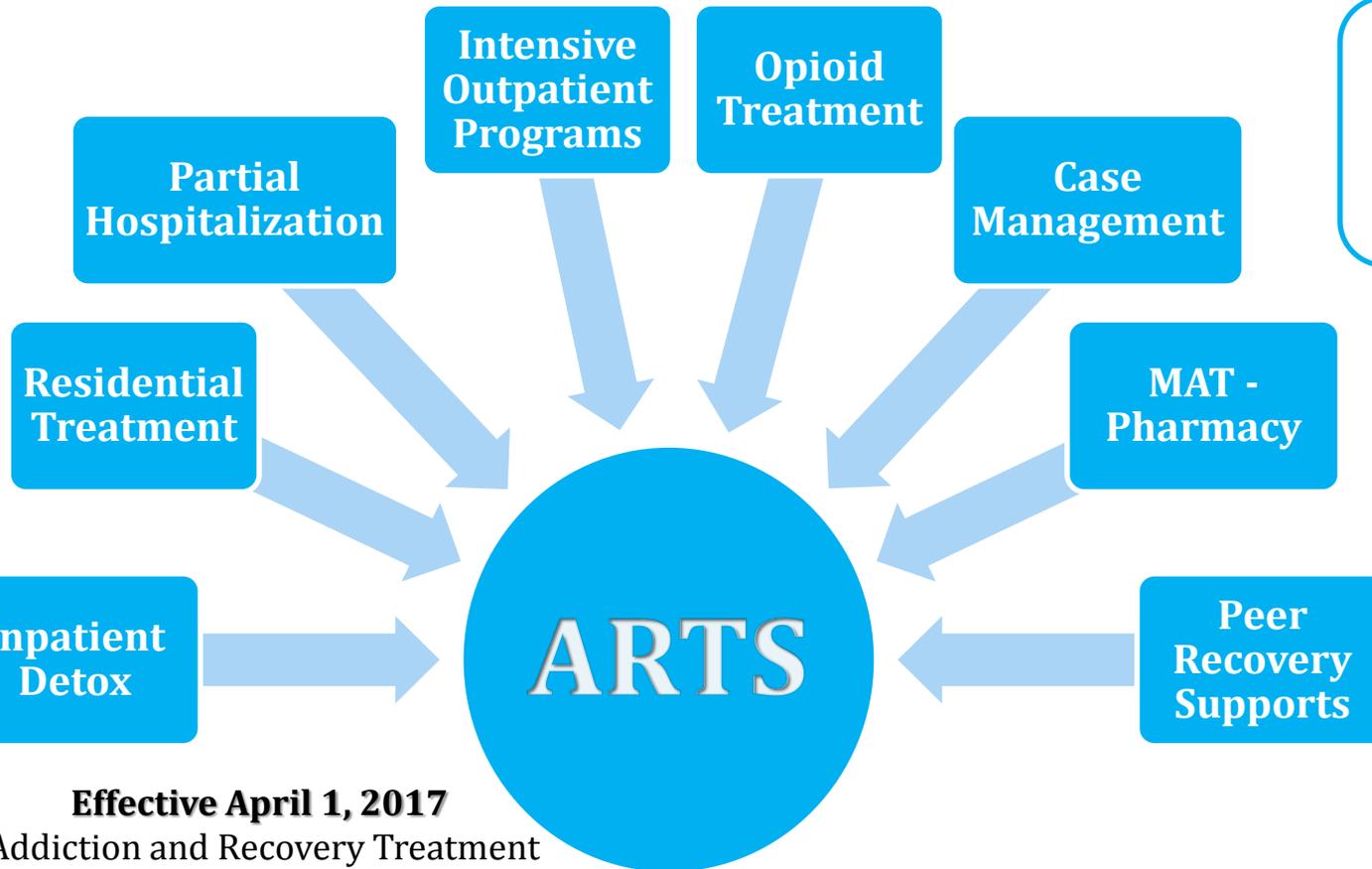
Circles # of Medicaid providers included in network adequacy access calculation.

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.

Reforming the Current Delivery System for Community-Based Services

Magellan will continue to cover 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

ARTS and Managed Care

The MCOs, MMPs and the BHSA administer a comprehensive care coordination model:

- Comprehensive care coordination including coordination with Medicaid/FAMIS managed care plans providing coverage of acute care services;
- Promotion of evidenced based best practices and more efficient utilization of services;
- Development and monitoring of progress towards outcomes-based quality measures;
- Management of a centralized call center to provide eligibility, benefits, referral and appeal information with access to emergency services after hours;
- Provider recruitment, issue resolution, network management, and training;
- Service authorization;
- Member outreach, education and issue resolution;
- Claims processing and reimbursement for provision of ARTS benefits for enrolled members; and
- Promotion of a comprehensive Recovery-Oriented System of Care.

Medallion 3.0 Managed Care Organizations

- Medallion 3.0 is a statewide mandatory Medicaid program for Medicaid and FAMIS members. These Managed Care Organizations (MCOs) provide medical and traditional behavioral health services including psychiatric and therapy services in outpatient and inpatient settings, and pharmacy services to primarily children, pregnant women and adults who are not enrolled in Medicare. The program is approved by the Centers for Medicare & Medicaid Services through a 1915(b) waiver.
- **Effective April 1, 2017, the Medallion 3.0 MCOs under contract with DMAS are responsible for the management and direction of the ARTS benefit for their enrolled members.**
- Additional information about the Medicaid MCO Medallion 3.0 program can be found at http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx.

Commonwealth Coordinated Care – Medicare and Medicaid Plans (MMPs)

- The Commonwealth Coordinated Care (CCC) program is a demonstration program operating under a three way contract with DMAS, the contracted Medicare and Medicaid Plans (MMPs), and the Centers for Medicare and Medicaid Services (CMS) for individuals who are dually eligible for Medicare and Medicaid many of whom receive their services in a nursing facility or through a Home and Community Based Waiver. The program operates under 1932 (a) authority and includes the delivery of acute and primary medical care, behavioral health, pharmacy, and long-term services and supports.
- **Effective April 1, 2017, the CCC MMPs under contract with DMAS are responsible for the management and direction of the ARTS benefit for their enrolled members.**
- Please visit the website to learn more:
http://www.dmas.virginia.gov/Content_pgs/alrc-home.aspx

Behavioral Health Services Administrator

- Magellan Health serves as the DMAS contracted Behavioral Health Services Administrator (BHSA). The BHSA is responsible for the management of the behavioral health benefits program and ARTS benefit for fee-for-service members in Medicaid, FAMIS and the Governor's Access Plan (GAP).
- Providers under contract with Magellan of Virginia should consult Magellan's National Provider Handbook, the Magellan Virginia Provider Handbook
- **Effective April 1, 2017, Magellan is responsible for the management and direction of the ARTS benefit for fee-for-service (straight Medicaid, FAMIS or GAP) enrolled members.**
- Contact Magellan of Virginia at 800-424-4536 or VAProviderQuestions@MagellanHealth.com
- Visit the provider website at <https://www.magellanprovider.com/MagellanProvider>.

New with ARTS!

- The MCOs/MMPs and Magellan will reimburse the Medicaid fee schedule for ARTS services. This is the baseline payment.
- ARTS Attestation Forms, Staff Rosters and Credentialing Checklists are all accepted by all health plans and Magellan. One packet = all plans.
- ARTS Service Authorizations Forms are all accepted by all health plans and Magellan. ARTS Services Authorization Form = all plans.
- Health plans may ask for additional documentation for credentialing and clinical documentation for service authorization.



CONTACTS FOR COORDINATION OF ARTS SERVICES

Care Coordinators

- The MCOs and Magellan will provide ARTS Care Coordinators who are Licensed Practitioners of the Healing Arts including Licensed Clinical Psychologists, Licensed Clinical Social Workers, Licensed Professional Counselors, Nurse Practitioners, or Registered Nurses with substance abuse experience and the necessary competencies to use the ASAM Patient Placement Criteria .
- For residential treatment services, MCO and Magellan Care Coordinators will use ASAM to perform independent assessments to determine level of care and length of stay recommendations.

Medallion 3.0 MCO Contacts

Anthem HealthKeepers Plus	<ul style="list-style-type: none">• Member Services - 800-901-0020• Nurse Line - 800-901-0020• www.anthem.com/vamedicaid
Aetna Better Health	<ul style="list-style-type: none">• Member Services - 800-279-1878• 24/7 Nurse Advice Line - 877-878-8940• www.aetnabetterhealth.com/virginia
INTotal Health	<ul style="list-style-type: none">• Member Services - 855-323-5588, TTY 800-855-2880• 24/7 Nurse Advice Line - 855-323-5588• www.intotalhealth.org
Kaiser Permanente	<ul style="list-style-type: none">• Member Services - 855-249-5025• Medical Advice Line - 800-777-7904, 800-700-4901 TTY/TDD• www.kp.org/medicaid/va
Optima Family Care	<ul style="list-style-type: none">• Member Services - 800-881-2166 or 757-552-8975• TTY/TDD - 1-800-828-1140• Nurse Advice Line - 800-394-2237 or 757-552-7250• www.optimahealth.com
Virginia Premier Health Plan	<ul style="list-style-type: none">• Member Services Tidewater - 800-828-7989• Richmond/Central/Western - 800-727-7536• Roanoke/Danville/Lynchburg - 888-338-4579• TTY (text) - 800-828-1120 - TDD (voice) - 800-828-1140• Nurse Advice Line - 800-256-1982• www.vapremier.com

CCC and Magellan

- CCC Plan Contacts

http://www.dmas.virginia.gov/Content_atchs/alte/MMP%20Contact%20Info%20Jan%202015.pdf

- Magellan (fee for service members)

1-800-424-4046



DMAS ADDICTION AND RECOVERY TREATMENT SERVICES

ARTS Provider Qualifications

Provider Enrollment

- To be a network provider of ARTS with the DMAS contracted MCOs, MMPs and BHSA, providers must be credentialed and enrolled according to all applicable MCO, MMP, BHSA and DMAS standards.
- Providers are subject to applicable Department of Health Professions (DHP), Department of Behavioral Health and Developmental Services (DBHDS) and/or Virginia Department of Health licensing requirements.

Provider Enrollment-Attestation

To initiate becoming a participating ARTS provider, submit to the health plans with whom you wish to credential and Magellan:

- ASAM Levels 2.1/2.5/3.1/3.3/3.5/3.7/4.0
 - [ARTS Attestation Form for ASAM Level 2.1 to 4.0](#)
 - [ARTS Organizational Staff Roster](#) with licensed providers
 - Copy of relevant licenses
 - Medically Managed Intensive Inpatient Services (ASAM Level 4) (VDH license);
 - Substance Use Residential/Inpatient Services (ASAM Levels 3.1, 3.3, 3.5, and 3.7) (DBHDS license); and
 - Substance Use Intensive Outpatient and Partial Hospitalization Programs (ASAM Level 2.1 and 2.5) (DBHDS license).
- Opioid Treatment Program
 - [ARTS Attestation Form for Opioid Treatment Programs](#)
 - [ARTS Organizational Staff Roster](#) and copy of relevant DBHDS OTP license
- Office Based Opioid Treatment (OBOT) – updated as of 3/10/17
 - [ARTS Attestation Form for Office Based Opioid Treatment \(OBOT\) Programs](#)
 - [ARTS OBOT Organizational Staff Roster](#)
 - [ARTS OBOT Credentialing Checklist](#)

Residential Certification Process

- DMAS has contracted with Westat, Inc. to provide an ASAM Level of Care certification to residential providers.
- Certification by Westat, Inc. is required prior to contracting as an ARTS Level 3 provider.
- ASAM Level 3.1-3.7 providers must file an application with DMAS at SUD@dmas.virginia.gov and be certified with a designated ASAM Level of Care by Westat, Inc.
- Facilities should also begin the credentialing process with the MCO's, MMP's and Magellan at that time.
- The MCO's, MMP's and Magellan will not finalize the credentialing process until the Westat, Inc. certification has been finalized.

ASAM Inpatient and Residential LOC

VDH/DBHDS License

4 Medically Managed Intensive Inpatient	<ul style="list-style-type: none">• Acute Care General Hospital (12VAC5-410)
3.7 Medically Monitored Intensive Inpatient Services (Adult) Medically Monitored High-Intensity Inpatient Services (Adolescent)	<ul style="list-style-type: none">• 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)	<ul style="list-style-type: none">• 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
3.3 Clinically Managed Population-Specific High-Intensity Residential Services (Adults)	<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

ASAM 3.1 Residential and Community Based

DBHDS/DHP License

3.1 Clinically Managed Low-Intensity Residential Services	<ul style="list-style-type: none">• Mental Health & Substance Abuse Group Home Service for Adults or Children; or• Supervised Residential Treatment Services for Adults.
2.5 Partial Hospitalization Services	<ul style="list-style-type: none">• Substance Abuse or SA/Mental Health Partial Hospitalization (2.5)• Outpatient Managed Withdrawal Service Licensed required for 2WM
2.1 Intensive Outpatient Services	<ul style="list-style-type: none">• Substance Abuse Intensive Outpatient for Adults, Children and Adolescents (2.1)• Outpatient Managed Withdrawal Service Licensed required for 2WM
1 Outpatient Services	<ul style="list-style-type: none">• Outpatient Services (Agency Option)• Individual or Groups of Licensed Clinicians
0.5 Early Intervention	<ul style="list-style-type: none">• N/A; All Licensed Providers
Opioid Treatment Program (OTP)	<ul style="list-style-type: none">• Medication Assisted Treatment/Opioid Treatment Services
Office-Based Opioid Treatment (OBOT)	<ul style="list-style-type: none">• Buprenorphine-Waivered Physician with Individual or Groups of Licensed Clinicians in a variety of office settings.

Physician Qualifications for ARTS

“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
- a psychiatrist who completed a fellowship in addiction psychiatry and then by examination, became certified by the American Board of Psychiatry and Neurology; or
- a 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.

Clinician Qualifications for ARTS

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

Clinician Qualifications for ARTS Covered Services

Credentialed Addiction Treatment Professionals cont.

- “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
- An 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

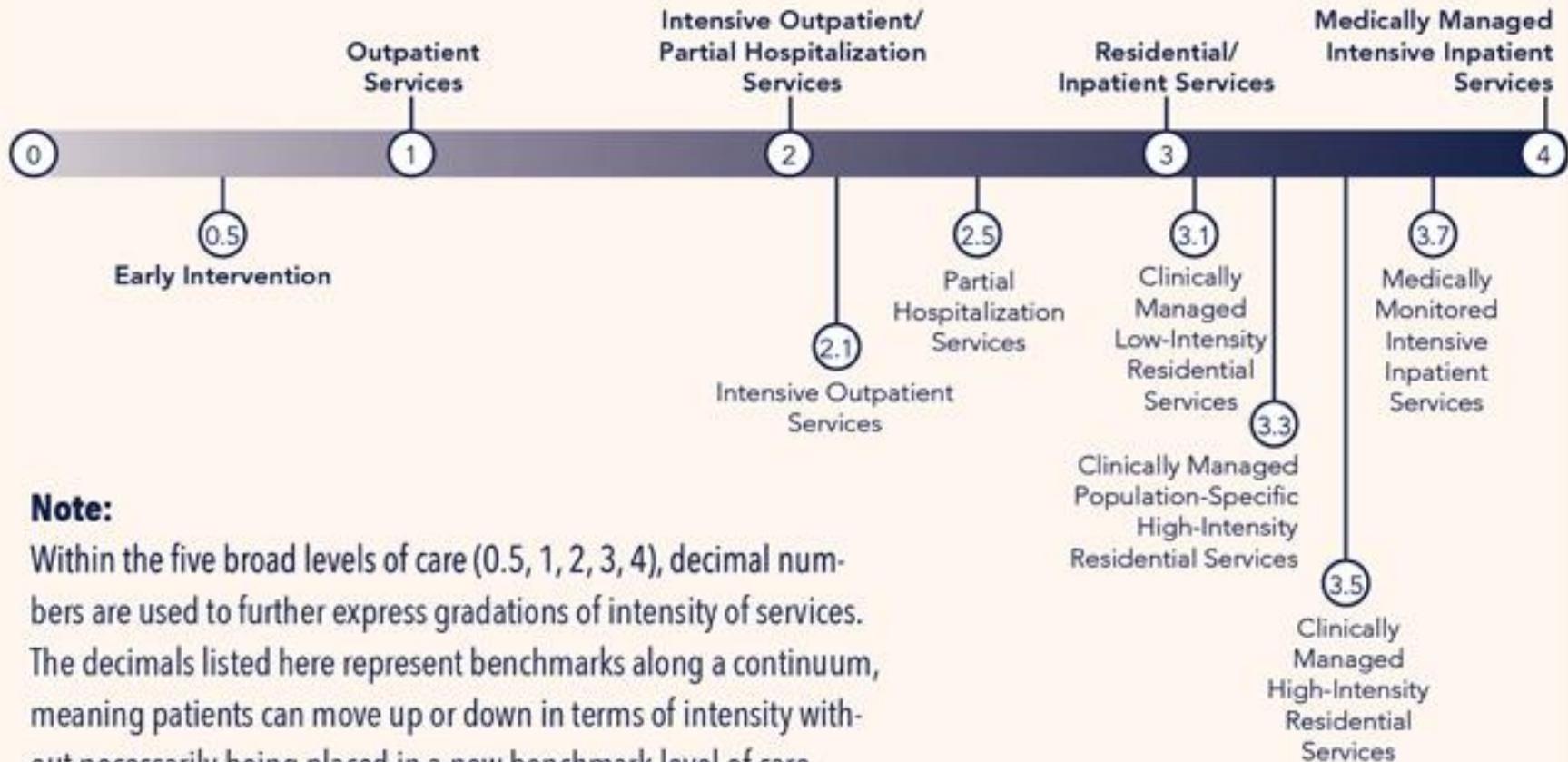


DMAS ADDICTION AND RECOVERY TREATMENT SERVICES

Assessment, Service Planning and Service Requirements Overview

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.

ARTS Medical Necessity Criteria

- At least one diagnosis from the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) for Substance-Related and Addictive Disorders with the exception of tobacco-related disorders, caffeine use disorder or dependence, and non-substance-related addictive disorders
 - Or be assessed to be at risk for developing substance use disorder for youth under the age of twenty-one using the ASAM multidimensional assessment).
- Meet the severity and intensity of treatment requirements for each service level defined by the most current version of the American Society of Addiction Medicine (ASAM) Treatment Criteria for Addictive, Substance-Related and Co-Occurring Conditions (Third Edition, 2013). Medical necessity for ASAM levels of care shall be based on the outcome of the member's documented multidimensional assessment.
 - Overview summary on pages 174-178 of the ASAM Manual).
- Members younger than the age of 21 who do not meet the ASAM medical necessity criteria upon initial assessment, a second individualized review by a licensed physician shall be conducted to determine if the member needs medically necessary treatment under the Early Periodic Screening Diagnosis and Treatment (EPSDT) benefit described in Social Security Act § 1905(a) to correct or ameliorate defects and physical and mental illnesses and conditions, including SUD, discovered by the screening.

Co-Occurring Disorders

- Members who are experiencing a co-occurring substance use and mental health disorder may experience greater impairments in functioning.
- Providers shall be trained and practicing within the scope of their practice, in working with members with both substance use and mental health disorders should ensure both conditions are addressed in treatment.
 - If not available, should be referred to an appropriate service provider with a current signed consent and authorization to exchange/disclose personal health information
 - Both providers should collaborate to coordinate effective treatment.
- Persons with co-occurring psychiatric and substance abuse conditions, providers are expected to integrate the treatment needs.
- There may be concurrent authorizations for psychiatric services and substance abuse services if medical necessity criteria are met for the requested service.
- Collaboration and coordination of care among all treating practitioners shall be documented.

ASAM Assessment Criteria

AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

ASAM's criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:

1	DIMENSION 1	Acute Intoxication and/or Withdrawal Potential Exploring an individual's past and current experiences of substance use and withdrawal
2	DIMENSION 2	Biomedical Conditions and Complications Exploring an individual's health history and current physical condition
3	DIMENSION 3	Emotional, Behavioral, or Cognitive Conditions and Complications Exploring an individual's thoughts, emotions, and mental health issues
4	DIMENSION 4	Readiness to Change Exploring an individual's readiness and interest in changing
5	DIMENSION 5	Relapse, Continued Use, or Continued Problem Potential Exploring an individual's unique relationship with relapse or continued use or problems
6	DIMENSION 6	Recovery/Living Environment Exploring an individual's recovery or living situation, and the surrounding people, places, and things

Multidimensional Assessment

- DMAS requires a multidimensional assessment which shall be completed and documented by a credentialed addiction treatment professional within the scope of their practice, as defined in 12VAC30-130-5020, for ASAM levels of care 2.1 through 4.0.
- The multidimensional assessment shall be maintained in the member's medical record by the provider.
- Medical necessity for all ASAM levels of care shall be determined based on the outcome of the member's multidimensional assessment.



ARTS SERVICE AUTHORIZATION

Service Transition

- Transitioning Services from Magellan to Health Plans:
 - SA Case Management, OTP, IOP, PHP/Day Treatment, Residential Treatment for Pregnant Women
- Active Magellan service authorizations will transition to members in MCOs and MMPs as of April 1, 2017.
- MCO's and MMP's will follow the current continuity of care requirements which honor authorizations issued by Magellan for the duration of the Service Authorization or for ninety (90) calendar days from enrollment, whichever comes first.

ARTS Service Review

- DMAS contracted MCOs, MMPs and the BHSA shall apply the ASAM criteria to review and coordinate service needs when administering ARTS benefits.
- The MCOs, MMPs and the BHSA shall use an ARTS care coordinator (licensed behavioral health professional), a licensed physician or medical director employed by the MCO, MMP or BHSA to perform an independent assessment of all requests for ARTS residential treatment services (ASAM Levels 3.1, 3.3, 3.5, 3.7) and ARTS inpatient treatment services (ASAM Level 4.0).
- The length of treatment and service limits shall be determined by the ARTS care coordinator, a licensed physician or medical director employed by the BHSA, MMP or MCO who is applying the ASAM criteria.

ARTS Service Authorization Forms

Medication Assisted Treatment (not OBOTs or OTPs)

[DMAS Pharmacy Service Authorization Forms](#) - including oral buprenorphine (DMAS-P182), short-acting opioids (DMAS - P227) and long acting opioids (DMAS-168)

ARTS Service Authorization Forms for ASAM Levels 2.1/2.5/3.1/3.5/3.7/4.0

- [ARTS Initial Service Authorization Request form - pdf fillable - Effective 4/1/17](#)
- [ARTS Initial Service Authorization Request form - word fillable - Effective 4/1/17](#)
- [ARTS Service Authorization Extension Request form - pdf fillable - Effective 4/1/17](#)
- [ARTS Service Authorization Extension Request form - word fillable - Effective 4/1/17](#)

Covered Services and Limitations

These ARTS services, with their service definitions, shall be covered*:

- Medically Managed Intensive Inpatient Services (ASAM Level 4);
- Substance Use Residential/Inpatient Services (ASAM Levels 3.1, 3.3, 3.5, and 3.7);
- Substance Use Intensive Outpatient (ASAM Level 2.1)
- Substance Use Partial Hospitalization Programs (ASAM Level 2.5);
- Opioid Treatment Services (Opioid Treatment Programs (OTP) and Office Based Opioid Treatment (OBOT);
- Substance Use Outpatient Services (ASAM Level 1);
- Early Intervention Services/SBIRT (ASAM 0.5);
- Substance Use Care Coordination; and
- Substance Use Case Management Services.

*Support Systems, Staff and Therapy requirements must follow ASAM

Covered Services and Limitations-WM

Withdrawal Management services shall be covered when medically necessary as a component of the following:

- Medically Managed Inpatient Services (ASAM Level 4);
- Substance Use Residential/Inpatient Services (ASAM Levels 3.3, 3.5, and 3.7);
- Substance Use Intensive Outpatient and Partial Hospitalization Programs (ASAM Level 2.1 and 2.5);
- Opioid Treatment Services (Opioid Treatment Programs (OTP) and Office Based Opioid Treatment (OBOT); and
- Substance Use Outpatient Services (ASAM Level 1).

Reimbursement Information

Service reimbursement details can be found on the DMAS website :

http://www.dmas.virginia.gov/Content_atchs/bh/ARTS%20Reimbursement%20Structure%2002242017.pdf

Service Requirements

Service Requirement details can be found on the DMAS website in the ARTS Program Manual:

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

- The ARTS Provider Manual is open for public comment on Town Hall and will be finalized April 1, 2017.
- DMAS will be scheduling more service specific webinars to provide further guidance on specific service areas
- After Implementation on April 1 DMAS will be hosting weekly ARTS provider calls-*Stay Tuned!*

Resources

- DMAS Addiction and Recovery Treatment Services (ARTS) Provider Manual
- 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:

SUD@dmas.virginia.gov

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



COMMONWEALTH COORDINATED CARE PLUS UPDATE

A Managed Long Term Services and
Supports Program

Overview of Commonwealth Coordinated Care Plus (CCC Plus)

Primary goal is to improve health outcomes

- New statewide Medicaid managed care program beginning August 2017 for over 215,000 individuals
- Participation is required for qualifying populations
- Integrated delivery model that includes medical services, behavioral health services and long term services and supports (LTSS)
- Care coordination and person centered care with an interdisciplinary team approach

CCC Plus Advantages

- Improves **quality of care** for the individual
- Offers a network of **high quality providers**
- More **flexible** – may include additional benefits
- Care coordinators help individuals **navigate** the health care system
- MCOs provide **comprehensive** health coverage
- Local providers, MCOs and health care agencies **collaborate**



CCC Plus Person Centered Delivery Model



CCC Plus Populations



- 65 and older
- Adults and children living with disabilities
- Individuals living in Nursing Facilities (NFs)
- Individuals in Tech Assisted Waiver
- Individuals in Elderly or Disabled Consumer Direction Waiver
- Individuals in the 3 waivers serving the DD populations for their acute and primary services
- *CCC and Medallion 3.0 ABD populations transition to CCC Plus
- See handout for specific aid categories

Excluded Populations

Limited Coverage Groups

- Governor's Access Plan (GAP)
- Family Planning
- Qualified Medicare Beneficiaries only
- Special Low-Income Medicare Beneficiaries
- Health Insurance Premium Payment (HIPP)
- Qualified Disabled Working Individuals
- Qualifying Individuals

Other Programs

- Members of Medicaid Medallion and FAMIS managed care
- PACE (Program of All –Inclusive Care for the Elderly)
- Money Follows the Person (MFP)
- Alzheimer's Assisted Living Waiver (AAL)

Specialized Settings

- Intermediate Care Facilities for Individuals with Intellectual Disability
- Veterans Nursing Facilities
- Psychiatric Residential Treatment Level C
- State facilities: Piedmont, Catawba and Hancock
- VA Home

Special Conditions

- Hospice and End Stage Renal Disease (CCC Plus enrolled individuals who elect hospice or have ESRD will remain CCC Plus enrolled)

Coordination with Medicare and Medicaid

Medicare covers:

- Hospital care
- Physician & ancillary services
- Skilled nursing facility (SNF) care
- Home health care
- Hospice care
- Prescription drugs
- Durable medical equipment

Medicaid covers:

- Medicare Cost Sharing
- Hospital and SNF (when Medicare benefits are exhausted)
- Nursing facility(custodial)
- HCBS waiver services
- Community behavioral health and substance use disorder services
- Medicare non-covered services, like OTC drugs, some DME and supplies, etc.

CCC Plus covers:

- Medicaid services
- Medicare coinsurance and deductibles
- Coordination with the members Medicare health plan
- Dual Special Needs Plan (DSNP) contracts facilitate care coordination across the full delivery system
- Option to choose the same health plan for Medicare and Medicaid

Current Waivers

Elderly or Disabled with Consumer Direction (EDCD)

- Aging or have a physical disability

Technology Assisted (Tech) Waiver

- dependent on technological support and require substantial, on-going skilled nursing care

CCC+ Waiver Services

- Adult Day Health Care
- Personal Assistance Services
- Private Duty Nursing
- Respite care
- Services Facilitation
- Assistive Technology
- Environmental Modifications
- Personal Emergency Response System
- Transition Services



Commonwealth Coordinated Care Plus Waiver

- Combines EDCD and Tech Waiver populations
- Includes comprehensive service array
- Effective 7/1/2017

Commonwealth Coordinated
Elderly Disabled Technology
Care Plus Waiver
Consumer Directed Assisted

Developmental Disabilities Waivers

Day
Support
Waiver

**Building
Independence
Waiver**

**For adults (18+)
able to live
independently in
the community**

DD
Waiver

**Family &
Individual
Supports Waiver**
**For
children/adults
living with their
families, friends,
or in their own
homes**

ID
Waiver

**Community
Living Waiver**

**Includes residential
supports and a
full array of
medical,
behavioral, and
non-medical
supports for
children/adults**

Carved Out Services

Services for CCC Plus enrolled individuals that are paid for through fee-for-service.

- Dental Services (*Smiles for Children*)
- School Health Services
- Preadmission Screening
- Developmental Disabilities (DD) Waivers – Carve out includes waiver services, related transportation, case management and support coordination. Also includes waiver services covered through EPSDT for DD Waiver enrolled individuals.

(DD Waiver services covered through EPSDT includes: Private duty nursing, Skilled nursing, Personal care, Assistive Technology, Center-based Crisis, Community-based Crisis.)

Non-waiver services are covered under CCC Plus program.

Carved Out Services

Community Mental Health Rehabilitation Services will be carved out until Jan 1, 2018. These services will be covered by Magellan, the behavioral health services contractor for DMAS.

Services include:

- Mental Health Case Management
- Therapeutic Day Treatment (TDT) for Children
- Day Treatment/ Partial Hospitalization for Adults
- Crisis Intervention and Stabilization
- Intensive Community Treatment
- Mental Health Skill-building Services (MHSS)
- Intensive In-Home
- Psychosocial Rehab
- Level A and B Group Home
- Treatment Foster Care Case Management
- Behavioral Therapy
- Mental Health Peer Supports



VA Medicaid Behavioral Health Service Delivery Systems

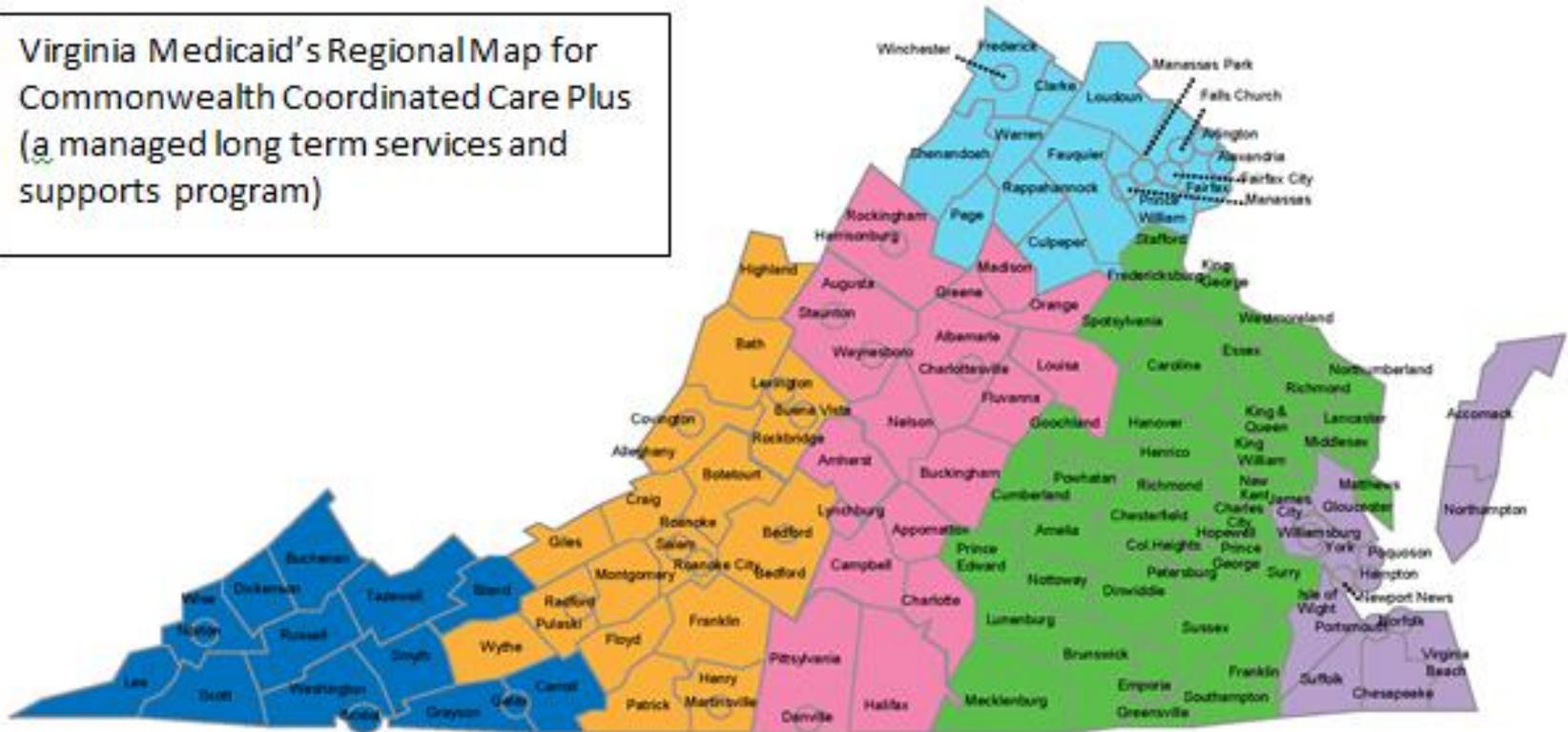
	Fee For Service	CCC Plus 2017	CCC Plus Jan 2018
In Patient/ Out Patient/ARTS	Magellan	Health Plan	Health Plan
Community Mental Health Rehabilitation Services	Magellan	Magellan	Health Plan

Coverage Requirements and Service Authorizations

- MCOs must cover services at least to the extent covered under the Medicaid fee-for-service program
- MCOs may establish different service authorization requirements
 - Cannot impose more restrictive benefit maximums than those that exist under the DMAS fee-for-service program
 - Can require authorization for any services
 - The rendering provider is responsible for obtaining service authorization from the MCO.
- Most MCOs use a portal for service authorizations
- DMAS is working with the MCOs to streamline claims and service authorization processes

CCC Plus Regions

Virginia Medicaid's Regional Map for Commonwealth Coordinated Care Plus (a managed long term services and supports program)



Southwest

Roanoke/Alleghany

Western/Charlottesville

Northern/Winchester

Central

Tidewater

CCC Plus Enrollment by Region & Launch Date

Date	Regions	Regional Launch
Aug 1, 2017	Tidewater	20,212
September 1, 2017	Central	22,788
October 1, 2017	Charlottesville/Western	17,014
November 1, 2017	Roanoke/Alleghany	10,787
November 1, 2017	Southwest	12,714
December 1, 2017	Northern/Winchester	26,018
January 2018	CCC Demonstration (Transition plan determined with CMS)	29,268
January 2018	Persons who are Aged, Blind, Disabled (ABD) (Transitioning from Medallion 3.0)	76,554
Total	All Regions	215,355

Model of Care Elements

- Specific approaches for vulnerable subpopulations
- Staff and provider training
- Provider networks having specialized expertise and use of clinical practice guidelines and protocols
- Assessments
- Interdisciplinary care teams
- Individualized care plans
- Care coordination
- Transition programs



Care Coordination

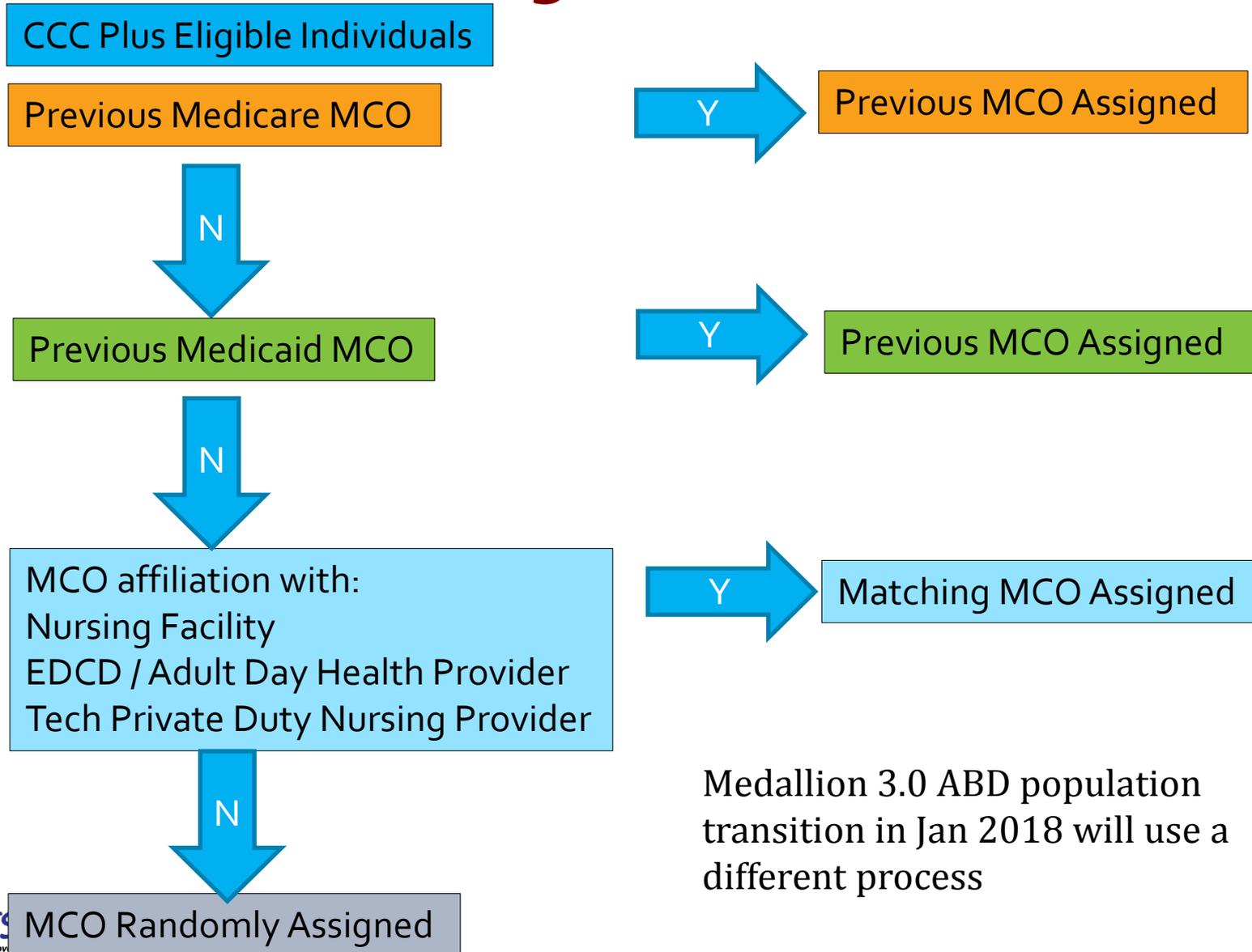
- During the **continuity of care** period of 90 days, MCOs have to pay existing providers
- Care Coordinator – a point of contact for members and health professionals. Can help find in network providers and assist with transitions.



6 Health Plans Contracted Statewide

- Aetna Better Health of Virginia
- Anthem HealthKeepers Plus
- Magellan Complete Care of Virginia
- Optima Health
- United Healthcare
- Virginia Premier Health Plan

MCO Assignment Process



Medallion 3.0 ABD population transition in Jan 2018 will use a different process

Initial Enrollment Package

Letter

Brochure

Comparison
Chart

Town Hall
Invitation

Choosing an MCO

1. Enrollees will receive an “**Initial Assignment Letter**” with an initial assignment into an MCO and a comparison chart of all the MCOs in their region.
 - Enrollees can change their MCO by contacting Maximus by the “**call by date**” in their Initial Assignment Letter.
 - Enrollees will be informed of the potential option of a **Program of All-Inclusive Care for the Elderly (PACE)**.
2. A “**Confirmation Letter**” will be mailed to the member confirming MCO final assignment
 - Enrollees have **90 days** from the Confirmation Letter to change final MCO assignment through Maximus.
 - An annual open enrollment period will occur in October through December, effective January 1.

Enrollment Website



Commonwealth
Coordinated Care

Contact Us

The **Commonwealth Coordinated Care** program is here to help you choose the best health plans and providers for you and your family.

Learn ▾

Learn about the Commonwealth Coordinated Care program

Choose ▾

Find health plans and providers

Enroll

Join a health plan

What's New?

Effective October 1, 2016, Humana and Anthem HealthKeepers are available in:

Find a Provider



Questions?

Call our Commonwealth Coordinated Care HelpLine. We can help!

Member Materials Provided by Health Plans

Welcome letter

ID card

PCP assignment (for non-duals)

Care Coordinator Name and Contact Information

Member Handbook

Provider Directory

Prescription Drug Formulary

Thank You!

For More Information . . .

Additional CCC Plus information is available at:

http://www.dmas.virginia.gov/Content_pgs/mltss-home.aspx

Send CCC Plus questions, comments, and suggestions
to:

CCCPlus@dmas.virginia.gov