



# Examining Residential Substance Use Disorder Treatment and the IMD Exclusion



Medicaid and CHIP Payment and Access Commission

Erin McMullen

# RESIDENTIAL TREATMENT: WHO BENEFITS?

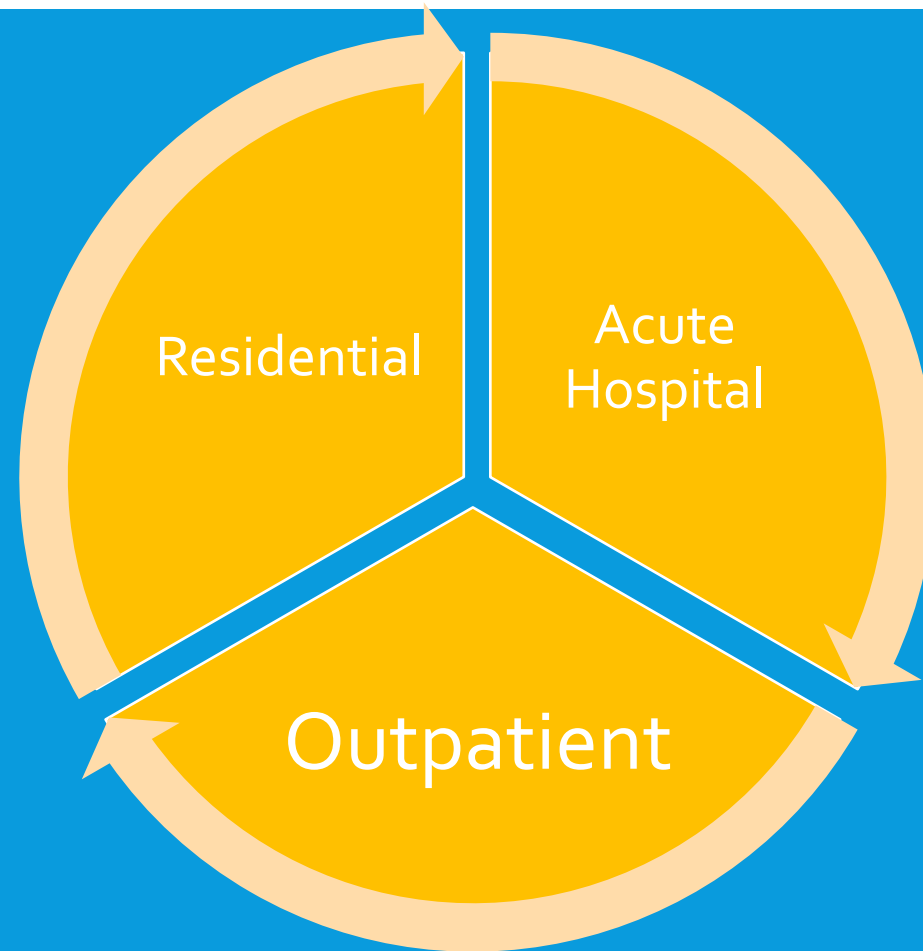
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# RESIDENTIAL TREATMENT IN A CONTINUUM OF CARE



Intensity of the intervention is paired with the intensity of the symptomatology

# ASAM CRITERIA: COMMON FRAMEWORK

- Provides a common nomenclature for describing continuum of addiction services.
- Provides a comprehensive set of guidelines for placement, continued stay, and transfer/discharge of patients with addiction and co-occurring conditions.
- Currently used in over 30 states.
- Residential services spans 4 different levels of care in ASAM Criteria
  - Level 3.1 (“Halfway house”)
  - Level 3.3
  - Level 3.5
  - Level 3.7 (“Medically monitored”)
- Withdrawal management (“detox”) can be an adjunct to any level of care with appropriate staffing based on types of withdrawal management offered

# ASAM CONTINUUM OF CARE IN OTHER TERMS

LOC 0.5	LOC 1	LOC 1	LOC 2.1	LOC 2.5	LOC 3.1	LOC 3.3	LOC 3.5	LOC 3.7	LOC 4
Early Intervention	OP	OPT	IOP	PHP	RTC Minimal Clinical Monitored	RTC Specialized Clinical Monitored	RTC Clinical Monitored	RTC Medical Monitored	Inpatient Hospital
assessment and education of at risk individuals who do not meet criteria for substance abuse treatment	Less than 9hrs of service per week adults, less than 6hrs per week adolescents for recovery or motivational enhancement	Daily or several times weekly opioid agonist medication and counseling available to maintain stability for those with severe opioid use disorder	9+ hours per week adults and more than 6hrs per week adolescents.	20+ hours per week not requiring 24hr care	24hr structure with available trained personnel; at least 5hrs per week of clinical service	24hr care with trained counselors to stabilize imminent danger. Less intense milieu group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community. **Not designated for adolescents.	24hr care with trained counselors to stabilize imminent danger and prepare for outpatient. Able to tolerate and use full active milieu or therapeutic community.	24hr nursing care with physician availability for significant problems in Dimensions 1, 2, 3 and 16hr counselor availability.	24hr nursing care and daily physician care for severe, unstable problems in dimensions 1, 2, or 3. Counseling available to engage patient in treatment.

# ASAM DIMENSIONS FOR ADDICTION SYMPTOMATOLOGY

1. Intoxication and Withdrawal Potential
2. Biomedical Conditions
3. Emotional, Cognitive, Behavioral Conditions
4. Readiness to Change
5. Relapse Potential
6. Recovery and Living Environment

# EXAMPLE OF TYPICAL PATIENT CHARACTERISTICS FOR RESIDENTIAL CARE

- Adult, >18 years old, with polysubstance use disorders including alcohol and/or benzodiazepines
  - Alcohol and benzodiazepine withdrawal require medical management and monitoring
  - Opioid use disorders can effectively be managed in outpatient settings with medications
- No acute medical issues needing acute hospital care (eg pancreatitis, unexplained fever in person with IV use)
- Not actively suicidal or homicidal but may have had passive thoughts of suicide in past or remote attempt
- Motivated at the moment for treatment
- Unstable housing and high relapse potential

# SPECIAL POPULATIONS

- Adolescents
  - Lower threshold for residential care
  - May need more focus on sustaining motivation for treatment
  - Fewer biomedical issues
- Pregnant women
  - Lower threshold for residential care
  - May need accommodations for other children
  - May need more focus on medical monitoring due to pregnancy





# PRELIMINARY RESULTS FROM THE IMPLEMENTATION OF VIRGINIA'S ADDICTION AND RECOVERY TREATMENT SERVICES (ARTS) 1115 SUD DEMONSTRATION WAIVER

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# Medicaid Coverage of Substance Use Disorder Services before ARTS

## Incomplete Care Continuum

### Limited Coverage

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

### Lack of Providers

- Rates for substance use disorder treatment have not been increased since 2007
- Providers not getting reimbursed for the actual cost of providing care.
- System severely limits number of providers willing to provide services to Medicaid members.
- Providers also struggle to understand who to bill for services. Consumers do not know where to seek services.

## Limited Access to Services

# Addiction and Recovery Treatment Services (ARTS) Benefit

*Changes to DMAS's Substance Use Disorder (SUD) Services for Medicaid and FAMIS Members approved in Spring 2016*

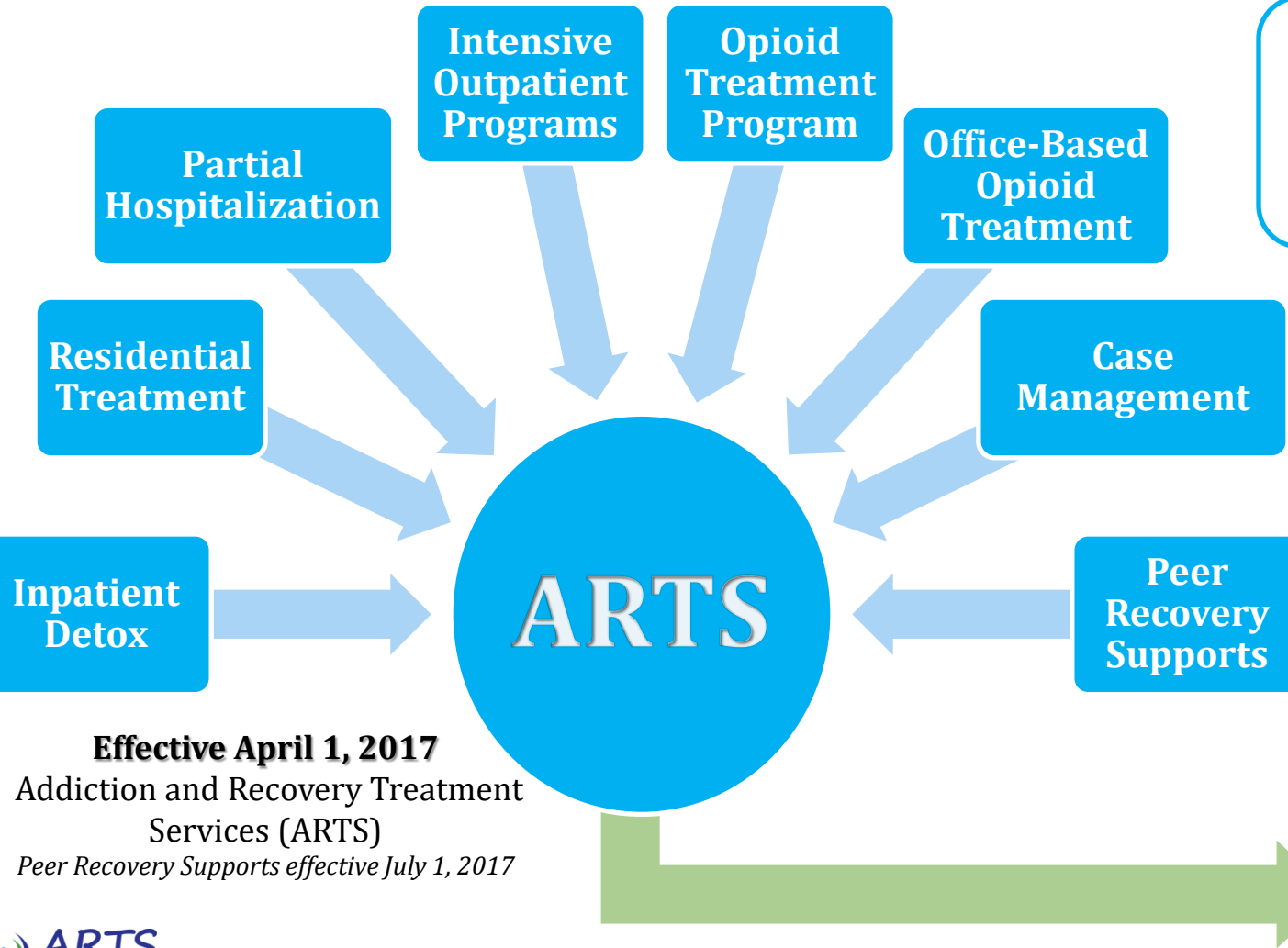
- 1 Expand short-term SUD inpatient detox to all Medicaid /FAMIS members
- 2 Expand short-term SUD residential treatment to all Medicaid members
- 3 Increase rates for existing Medicaid/FAMIS SUD treatment services
- 4 Add Peer Support services for individuals with SUD and/or mental health conditions
- 5 Require SUD Care Coordinators at DMAS contracted Managed Care Plans
- 6 Organize Provider Education, Training, and Recruitment Activities

# 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 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*

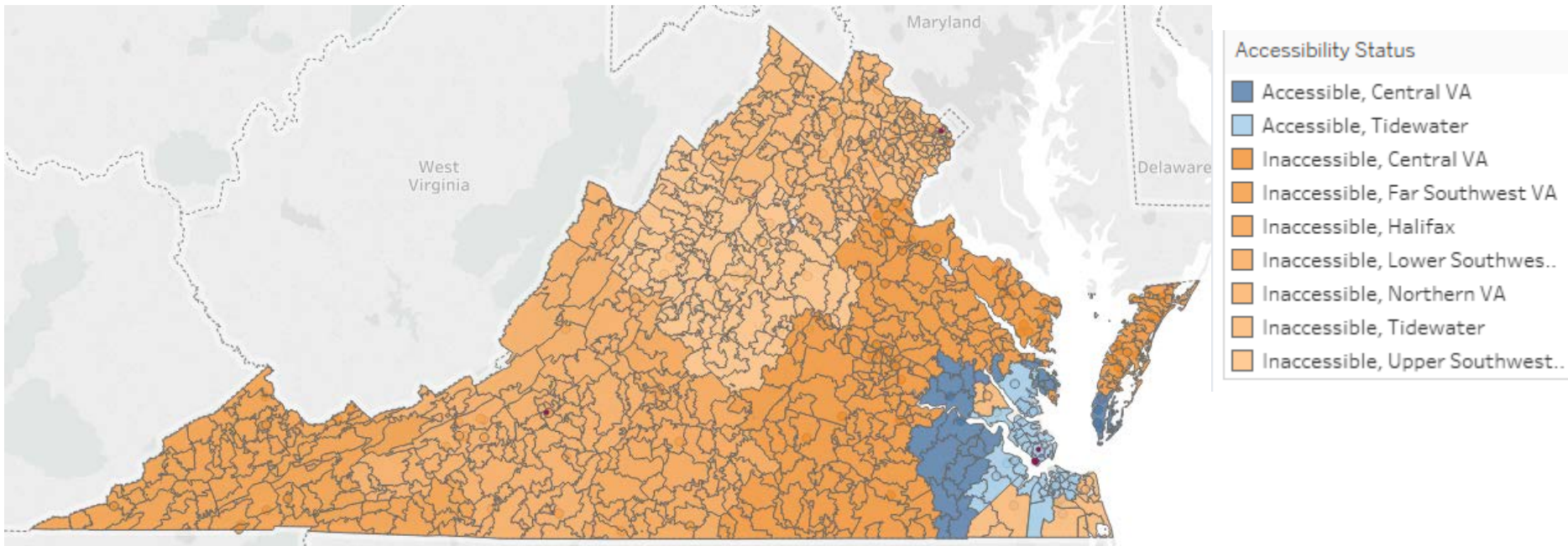
# Medicaid 1115 Demonstration Waiver

- Medicaid 1115 Demonstration waiver was approved by the Centers for Medicare and Medicaid Services:
  - Allows federal matching Medicaid dollars for SUD services provided in an IMD
  - Allows Virginia Medicaid to pay for SUD services provided in residential treatment facilities > 16 beds, significantly increasing SUD treatment capacity
- Does NOT change who is eligible for treatment services
- Requires Medicaid health plans and providers to use American Society of Addiction Medicine (ASAM) criteria in all substance use assessment and treatment services
- Requires independent evaluation of impact of waiver on ED visits and hospitalizations and costs

# 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	103	NEW
Residential Treatment (ASAM 3.1, 3.3, 3.5, 3.7)	4	78	↑ 1850%
Partial Hospitalization Program (ASAM 2.5)	0	13	NEW
Intensive Outpatient Program (ASAM 2.1)	49	72	↑ 47%
Opioid Treatment Program	6	29	↑ 383%
Office-Based Opioid Treatment Provider	0	77	NEW

# Before ARTS Medicaid Provider Network Adequacy Residential Treatment



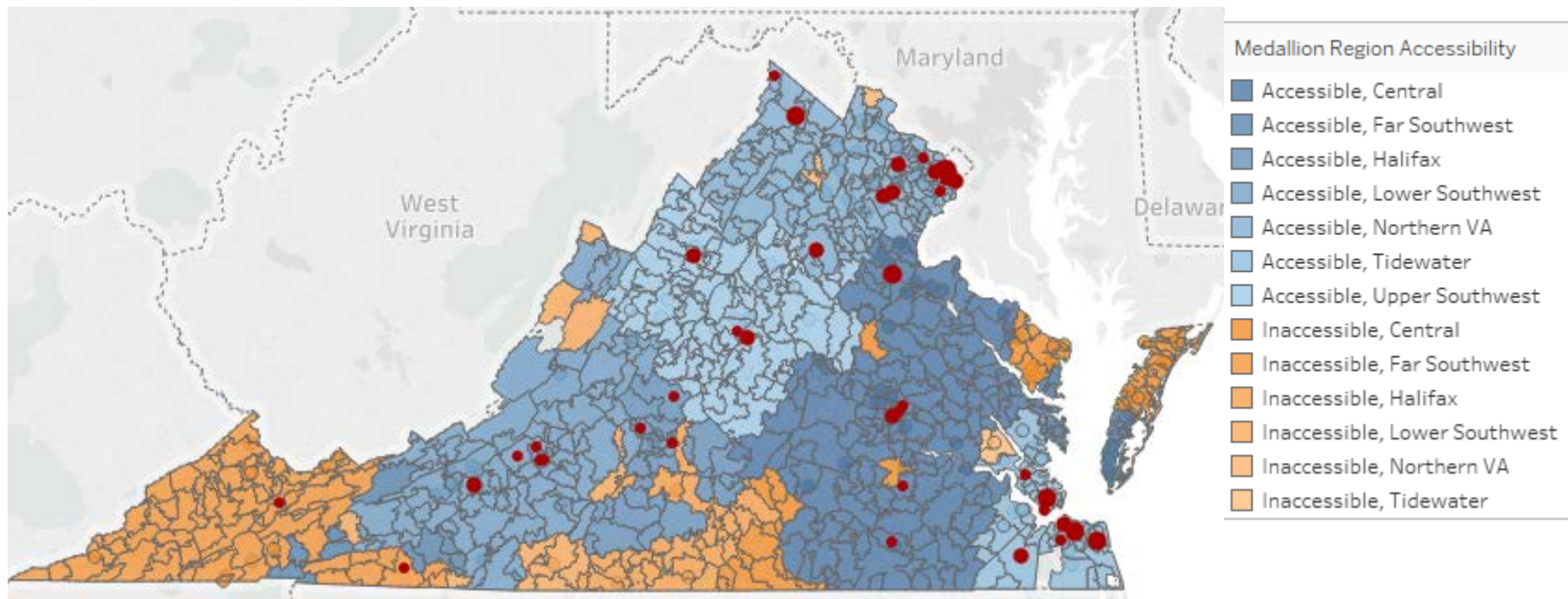
**Source:** Department of Medical Assistance Services - Provider Network data (March 20, 2017).

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

For a zip code to be considered accessible, there must be at least two providers within 30 miles (urban) or 60 miles (rural) 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 (July 15 2017).

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

For a zip code to be considered accessible, there must be at least two providers within 30 miles (urban) or 60 miles (rural) driving distance.

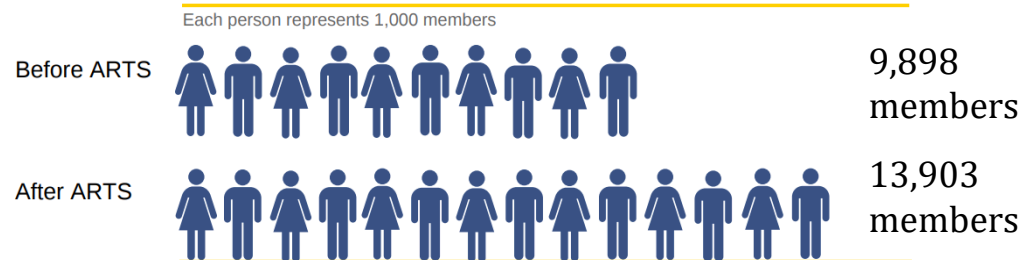
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# ARTS Results Based on VCU Evaluation April-August 2017

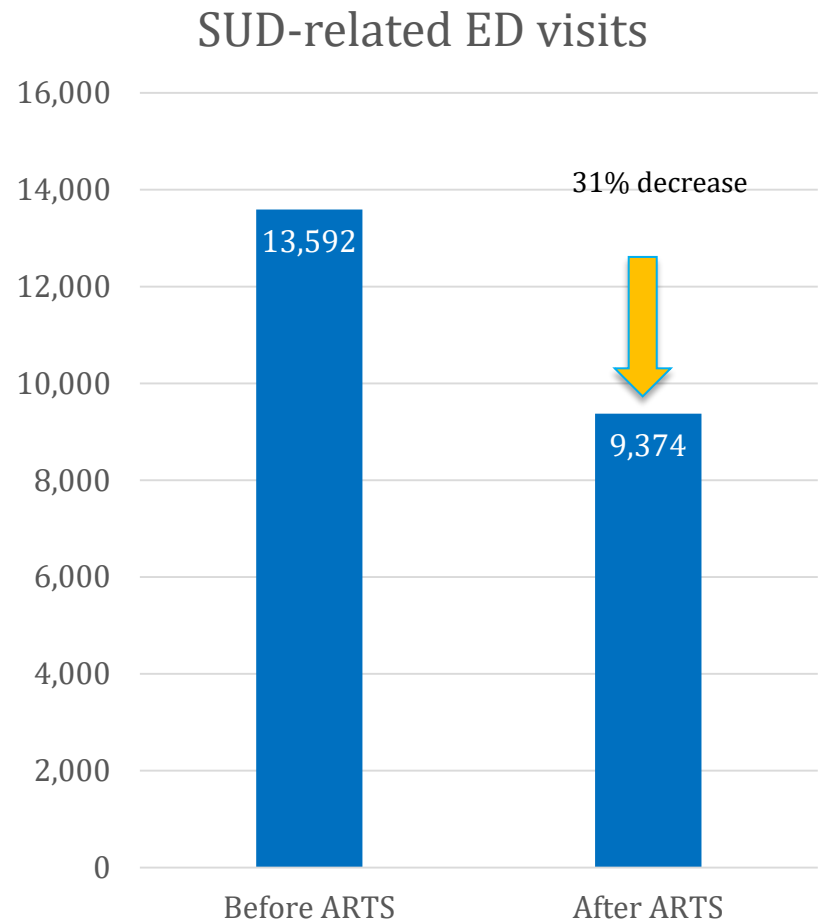
- 13,903 Medicaid members used a Substance Use Disorder (SUD) service – increased by **40%**
- Number of members using Opioid Use Disorder services increased by **49%**
- Total spending on SUD services increased by **32%**

Medicaid members receiving a SUD-related service



# Decrease in Emergency Department Utilization

- ED visits declined in the first 5 months
- All Substance Use Disorder related visits declined by **31%**
- **Opioid Use Disorder related visits decreased by 39%**
- Alcohol Use Disorder related visits were down **36%**
- Total ED visits for all Medicaid Members decreased by **24%**





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