

**INNOVATIVE PRACTICES FROM SECTION 1115 DEMONSTRATIONS
SUBSTANCE USE DISORDER STATES: VIRGINIA**

This resource is designed to capture innovative elements of 1115 SUD programs; it is not a comprehensive summary.

As part of the Department of Health and Human Services effort to combat the ongoing opioid crisis, on November 1, 2017, the Centers for Medicare & Medicaid Services issued [guidance](#) describing additional flexibilities to help states improve access to and quality of substance use disorder (SUD) treatment through [Medicaid section 1115 demonstrations](#).

The Medicaid Innovation Accelerator Program (IAP) offered targeted technical support, tool development and cross-state learning opportunities to support states in their ongoing payment and delivery system reforms. IAP has supported a number of states in their Section 1115 demonstration SUD planning efforts, including Virginia.

Area	Features
Objectives	<ul style="list-style-type: none"> • Improve quality of care and population health outcomes • Increase access to and utilization of addiction treatment services • Decrease utilization of high-cost services • Increase the number and type of clinicians providing SUD services
Benefit Enhancements	<ul style="list-style-type: none"> • Full continuum of SUD treatment and recovery supports, including new inpatient detoxification, residential treatment and peer support services
Delivery System	<ul style="list-style-type: none"> • 95% Medicaid beneficiaries are enrolled in fully integrated health plans
Service Models and Delivery	<ul style="list-style-type: none"> • “Gold Card” Preferred Office-Based Opioid Treatment (OBOT) <ul style="list-style-type: none"> ○ Community Service Boards, Federally Qualified Health Centers, outpatient clinics, psychiatric practices, primary care clinics ○ Supports integrated buprenorphine-waivered practitioner with on-site licensed, credentialed addictions treatment professional providing counseling ○ High touch SUD care coordination ○ Higher rates for practitioner induction, individual and group counseling; can bill for Certified Peer Recovery Support Specialists; can bypass prior authorization requirements • Behavioral health professionals performing service assessments must have telehealth capabilities; for enrollees without telehealth access, MCOs must contract with a subset of evaluators to provide in-home evaluations
Payment Methods	<ul style="list-style-type: none"> • Monthly rate for substance use care coordination by member, billed by buprenorphine-waivered practitioners in Preferred OBOTs
Performance/ Quality Measures	<ul style="list-style-type: none"> • Virginia has implemented seven OBOT MAT quality measures to track adherence to best practices, including delivery of psychosocial services, urine drug screens, and monitor concomitant opioid prescriptions.

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Special Populations	<ul style="list-style-type: none"> Health plans are encouraged to develop special care coordination structures for pregnant and post-partum populations with histories of or current use of substances.
Network Development	<ul style="list-style-type: none"> MCOs and BHSA were required to submit a pre-implementation <i>Addiction Treatment Services Network Development Plan</i> and an <i>Addiction Treatment Services Network Readiness Plan</i> Aggressive MAT Expansion Efforts: Comprehensive in-person and online training curricula for hundreds of prescribers, counselors/recovery coaches, care coordinators, and clinic administrators; Saturday CME Seminars; Statewide MAT Support Network hotline for new providers; regional champions (the state’s MAT trainers who are physicians, pharmacists, registered nurses or licensed practical nurses) serve as mentors and hold case conferences; Project ECHO (Extension for Community Healthcare Outcomes) providing ongoing support for new waived practitioners through telemedicine; OBOT quarterly Quality Collaboratives meeting
Stakeholder Engagement	<ul style="list-style-type: none"> SUD Core workgroup provided recommendations on benefit design and included representatives from all state agencies, Chief Medical Officers from all MCOs/BHSA, addiction medicine experts. public and private behavioral health providers, FQHCs, hospitals, peer organizations and consumers.
Resources	<ul style="list-style-type: none"> Virginia Addiction and Recovery Treatment Services website Presentation at CDC-CMCS-SAMHSA State Opioid Workshop Presentation on IAP webinar: Assessing SUD Provider and Service Capacity Presentation on IAP webinar: Leveraging Managed Care Contract Language to Improve SUD Purchasing Strategies
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