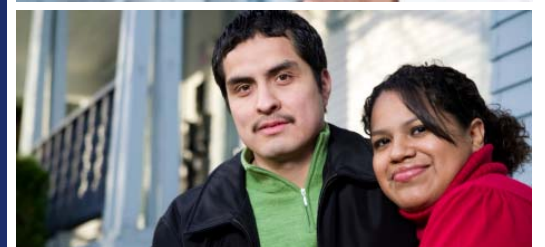


Creating a Continuum of Care for Substance Use Disorder Treatment in West Virginia:

A Medicaid Section 1115 Waiver Proposal

SEPTEMBER 2016



The Facts



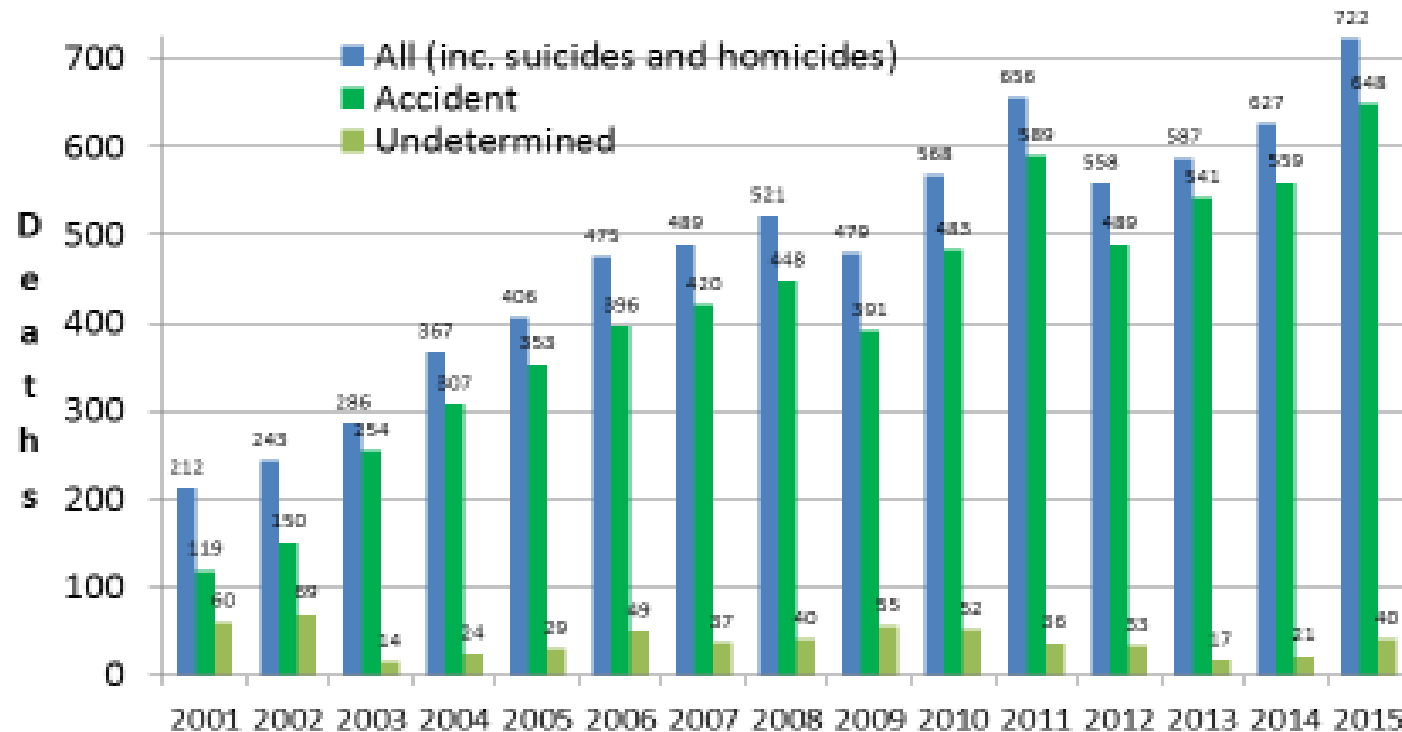
- West Virginia has the highest rate of drug overdose deaths in the country (39.5 deaths per 100,000 residents), more than double the national average.
- Between 2012 and 2015, the death count increased by 29%.
- 31 of every 1,000 births in the state involve babies born with Neonatal Abstinence Syndrome (NAS) resulting from substance abuse among pregnant women.
- Our annual average per capita income was \$28,555 in 2014, with nearly 15% of the population living in poverty.
- The Medicaid program in West Virginia currently serves more than 660,000 residents, about 1/3 of the state's population.
 - Nearly 220,000 individuals have enrolled in Medicaid since the enactment of the Affordable Care Act's Medicaid expansion in 2014.

The Substance Use Epidemic

Trend in Deaths

WV Drug Overdose Deaths by Year & Manner

2001-2015 Occurrences



Data Source: WV Health Statistics Center, Vital Statistics System

2 2015 preliminary data

Medicaid Waiver Overview



- The federal government is encouraging states to use their Medicaid programs to promote access to substance use disorder (SUD) treatment and prevention services.
 - Medicaid “Section 1115 waivers” allow states to make system-wide changes to their programs that are not normally permitted.
 - Detailed guidance about the SUD waiver opportunity was provided in a [July 2015 letter to State Medicaid Directors](#)
- The Department of Health and Human Resources has prepared a draft section 1115 waiver application that describes an approach to addressing the SUD epidemic for Medicaid enrollees in West Virginia.
- The waiver opportunity will enable our state to access additional federal funding to build a stronger continuum of care for SUD treatment and prevention.

Medicaid Waiver Process



- Draft waiver application developed and circulated for public comment across the state.
 - 30 day public comment period open **until October 20, 2016**
- The Department of Health and Human Resources will incorporate and respond to public comments received before finalizing the application for submission to the Centers for Medicare & Medicaid Services (CMS).
- CMS will provide a second public comment opportunity through its website www.Medicaid.gov.
- Formal negotiations with CMS will begin after the federal comment period closes.

Waiver Goal



Goal: To build a comprehensive continuum of care across the state to more effectively prevent and treat substance use disorders in West Virginia by:

- Providing additional Medicaid services to promote SUD treatment
- Further integrating efforts currently underway through the Bureau for Behavioral Health and Health Facilities
- Looking across all state agencies to ensure resources are being leveraged wisely and efficiently; and
- Accessing additional federal Medicaid funding to supplement existing state funding.

Waiver Objectives



- **Improve health outcomes** for Medicaid enrollees with SUD issues and **reduce the overdose death rate** in West Virginia.
- **Increase access to SUD treatment services**, including expanded residential treatment, coverage of Methadone, and offer a robust set of community based supports to promote and sustain recovery.
- **Reduce utilization of high-cost emergency department** and hospital care in favor of less-costly measures.
- **Improve care coordination** across the SUD treatment continuum and ensure that transitions between treatment levels are executed effectively.

Target Populations



- **All Medicaid members enrolled in managed care** will be eligible for an enhanced set of substance use disorder treatment services under the waiver.
 - ✓ By the end of 2016, approximately 80% of our Medicaid members will be served through managed care.
- Waiver will include strategies focused on SUD prevention and treatment among **adolescents**.
 - ✓ At-risk families will be eligible for SUD treatment services to allow for community based treatment and supports to **prevent the child being placed out of home**.
 - ✓ **Foster care youth** will be able to receive SUD treatment services through EPSDT benefit
- We will build on existing efforts to raise awareness of and address the prevalence of **babies born with exposure to substance use** (31 out of every 1,000 births in the state).
- The small number of Medicaid members not enrolled in managed care will continue to access SUD services through Medicaid fee-for-service.

Substance Use Disorder Services



Medicaid benefit expansions under the waiver:

- Statewide adoption of **The Screening, Brief Intervention, and Referral to Treatment (SBIRT)** method to ensure a consistent and effective diagnosis and enrollment process for the waiver.
- Expanded **coverage of withdrawal management** in regionally identified settings.
- **Short term, residential substance abuse treatment** for Medicaid managed care enrollees.
- **Enhanced access to outpatient SUD treatment** as appropriate when residential treatment is not required.

Substance Use Disorder Services



Medicaid benefit expansions under the waiver (con't):

- Coverage of **methadone and methadone administration** as part of the state's Opioid Treatment Program.
- A comprehensive initiative for **distributing Naloxone and cross-training staff on administration of Naloxone** as part of the effort to reduce overdose deaths.
- Coverage of a set of **clinical and peer recovery support services and recovery housing supports** designed to promote and sustain long-term recovery.

Delivery System



- BMS has begun the planning process with the four participating Medicaid managed care plans and the provider community.
- **Managed care plans** will play a critical role in building the provider network needed to achieve waiver goals.
- BMS will work with plans and **the Medicaid provider community** to ensure they are trained and prepared to meet the American Society of Addiction Medicine (ASAM) standards, which is a condition of CMS waiver approval.
- BMS will revise current policy and procedures of SUD benefits to meet ASAM standards.

Timeline



- ✓ **September 20, 2016:** Draft 1115 waiver application released; 30-day public comment period begins
- ✓ **September 28 & 29, 2016:** Public hearings to brief stakeholders and obtain feedback
- ✓ **October 20, 2016:** *Public comment period closes*
- ✓ **November 1, 2016:** Submit formal Medicaid SUD waiver application to the Centers for Medicare & Medicaid Services
- ✓ **November 15 – December 15:** CMS public comment period and accept feedback through their website, www.Medicaid.gov
- ✓ **December 2016 – January 2017:** CMS to provide feedback on waiver application and negotiation process begins

Next Steps



- We look forward to your feedback today and also in writing as you complete review of the [Draft 1115 Waiver Application](#)
- Comments can be submitted via email to: BMS.comments@wv.gov
- By mail to:
WV Bureau for Medical Services
350 Capitol Street, Room 251
Charleston, WV 25301
- For additional assistance call BMS at 304-558-1700
- Comments must be received **by October 20th** to be considered.