

Louisiana Health Care Commission

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Office of Behavioral Health Mental Health & Addictive Disorders

Services, Processes and
Continuum of care

Role of the Office of Behavioral Health

OBH is charged with the oversight and management of behavioral health services for the following populations:

- ▶ Adults with a severe mental illness
- ▶ Children and adolescents with a serious emotional/behavioral disorders
- ▶ Adults and children experiencing an acute mental illness
- ▶ Adults and children with substance use & addictive disorders

Role of the Office of Behavioral Health (continued)

Services are provided for:

- ▶ Medicaid, non-Medicaid eligible populations, private pay, and self-pay
- ▶ Including those served through Healthy Louisiana Plans, Mental Health and Substance Abuse Block Grants, additional grant funding, and state general funds.

OBH Services/Programs Provided:

- ▶ Prevention Programs, including focus on Rx (SPF-Rx Grant)
- ▶ Substance Use Treatment
- ▶ TANF Women & Children Residential Programs
- ▶ MAT(Opioid Treatment Services)
- ▶ Problem & Compulsive Gambling Treatment
- ▶ Tobacco Cessation
- ▶ Oxford House Recovery Homes
- ▶ CABHI – Housing Program – Homeless / SUD Conditions
- ▶ PATH – Housing Program
- ▶ Healthy LA. Plans

OBH Direct SUD Treatment Services

Medicaid Billable Substance Use Treatment Services

Alcohol and/or Drug Assessment

Alcohol and/or Drug Services (Individual)

Alcohol and/or Drug Services - Group

Alcohol and/or Drug Services - Family

Alcohol and/or Drug Screening

Alcohol and/or Drug Services, Brief Intervention

Psychiatric diagnostic interview examination

Psychiatric Diagnostic Evaluation

Psychiatric Diagnostic Evaluation with Medical Services

Psychotherapy, with patient present

Psychotherapy for crisis

Family psychotherapy without patient present

Family psychotherapy with patient present

Multiple family group psychotherapy

Group psychotherapy

Services (continued)

ASAM Levels of Care

1	Outpatient
1-wm (withdrawal management)	Ambulatory Withdrawal Management without Extended On-Site Monitoring
2.1	Intensive Outpatient
2-wm	Ambulatory Withdrawal Management with Extended On-Site Monitoring
3.1	Clinically Managed Low- Intensity Residential Treatment
3.2-wm	Clinically Managed Residential Withdrawal Management
3.3	Clinically Managed Population- Specific High-Intensity Residential
3.5	Clinically Managed High- Intensity Residential Treatment
3.7	Medically Monitored Intensive Inpatient Treatment
3.7-wm	Medically Monitored Inpatient Withdrawal Management
4-wm	Medically Managed Intensive Inpatient Withdrawal Management

For Full Medicaid Covered Service Listing, Visit:

<http://new.dhh.louisiana.gov/assets/docs/BayouHealth/BHIntegration/SpecializedBehavioralHealthFeeScheduleRevised12.27.16.pdf>

Why is an 1115 necessary?

- ▶ Current CMS policy is that Medicaid beneficiaries aged 21 to 64 are not eligible for medical assistance (and thus federal Medicaid dollars called FFP) while they are patients in an Institution for Mental Disease (IMD).
- ▶ New managed care rule now formally allows an exception for use of these facilities through an “in lieu of” or “cost effective alternative arrangements”. (LDH was already operating under an in lieu of, unlike many other states.)
- ▶ However, there is now a 15 day service limit that didn’t previously exist.
- ▶ The 1115 would request a waiver of the 15 day limit to allow reimbursement of services for stays longer than 15 days.

What is an 1115 Demonstration waiver?

- ▶ An option allowed by CMS to “waive” certain standard requirements.
- ▶ Allowed by CMS to approve experimental, pilot, or demonstration projects that promote the objectives of the Medicaid and (CHIP) programs.
- ▶ Gives states additional flexibility to design and improve their programs for things such as providing services not typically covered by Medicaid.
- ▶ Encouraged by CMS to address SUD services.

LDH's Request

- ▶ Original 1115 waiver submission is to maintain the status quo with both inpatient psychiatric services and SUD residential treatment in an IMD.
- ▶ Submitted August 15, 2017 and resubmitted on November 7, 2017 as per CMS directive.
- ▶ Initially some procedural tribal notice issues.

Expectations of CMS

- ▶ CMS clarified that it will not provide broad scope exemptions for the 15-day limits associated with inpatient psychiatric services in an IMD.
- ▶ It is likely CMS will allow LDH to actually expand services to cover all ASAM levels in order to address the Opioid epidemic.

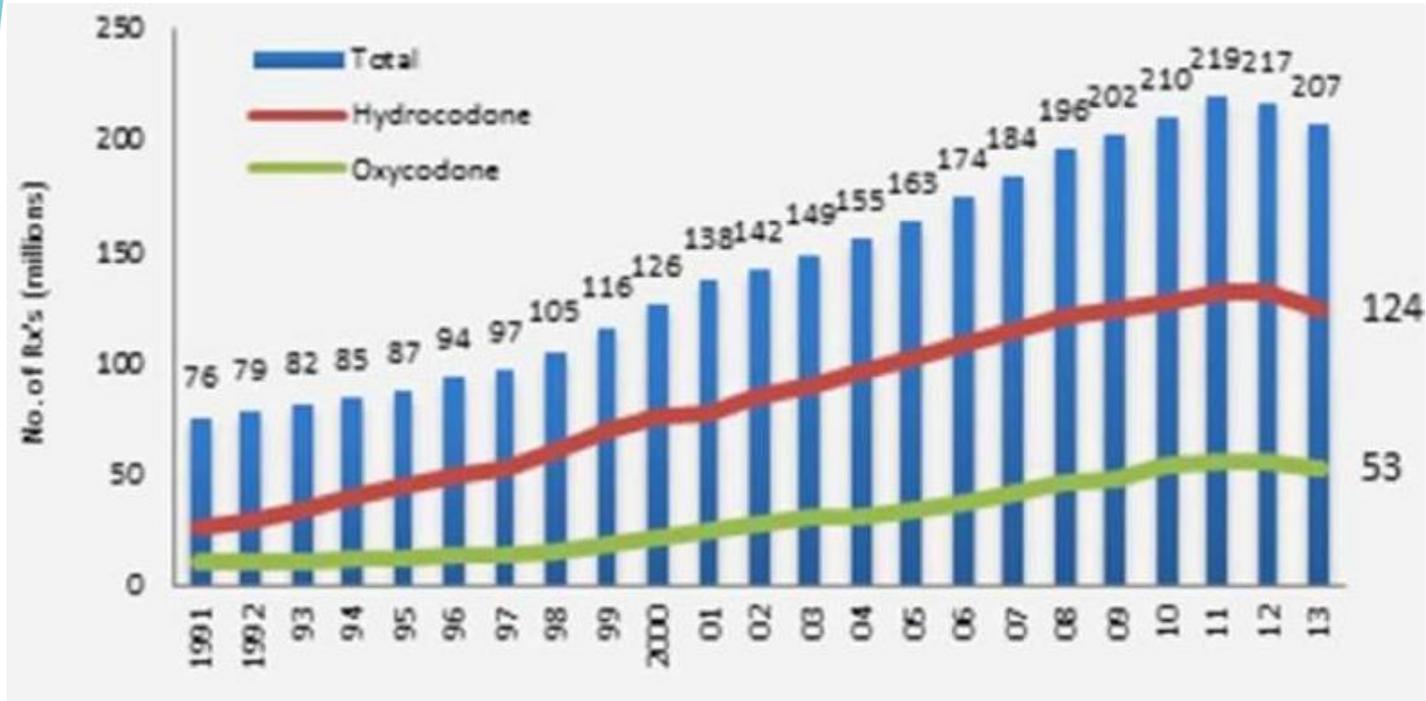
Overview of the Opioid Epidemic

- ▶ We now know that overdoses from prescription opioids are a driving factor in the 15-year increase in opioid overdose deaths. The amount of prescription opioids sold to pharmacies, hospitals, and doctors' offices nearly quadrupled from 1999 to 2010, yet there had not been an overall change in the amount of pain that Americans reported.
- ▶ Deaths from prescription opioids—drugs like oxycodone, hydrocodone, and methadone—have more than quadrupled since 1999.

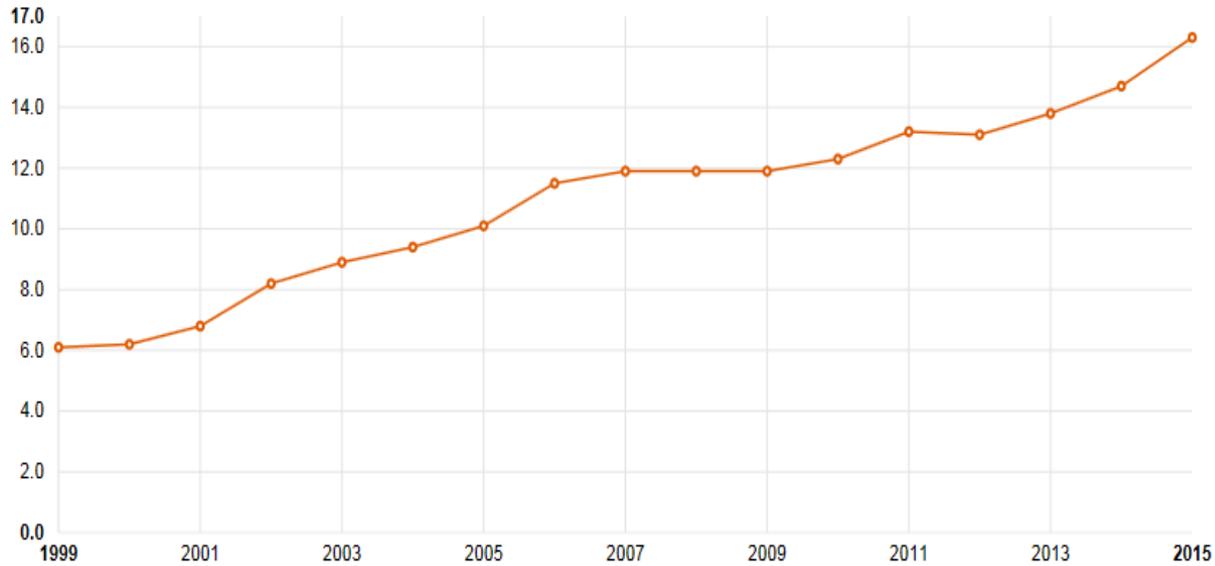
Understanding the Problem

- ▶ Since the early 90's, there has been increased emphasis on using opioids to treat non-cancer pain.
- ▶ In fact, prescribing rates have nearly tripled since 1990.
- ▶ Corresponding to the high-prescribing rates are increased rates of opioid addiction and overdose deaths.

Prescribing Rates 1991 - 2013



Overdose Deaths 1999 – 2015

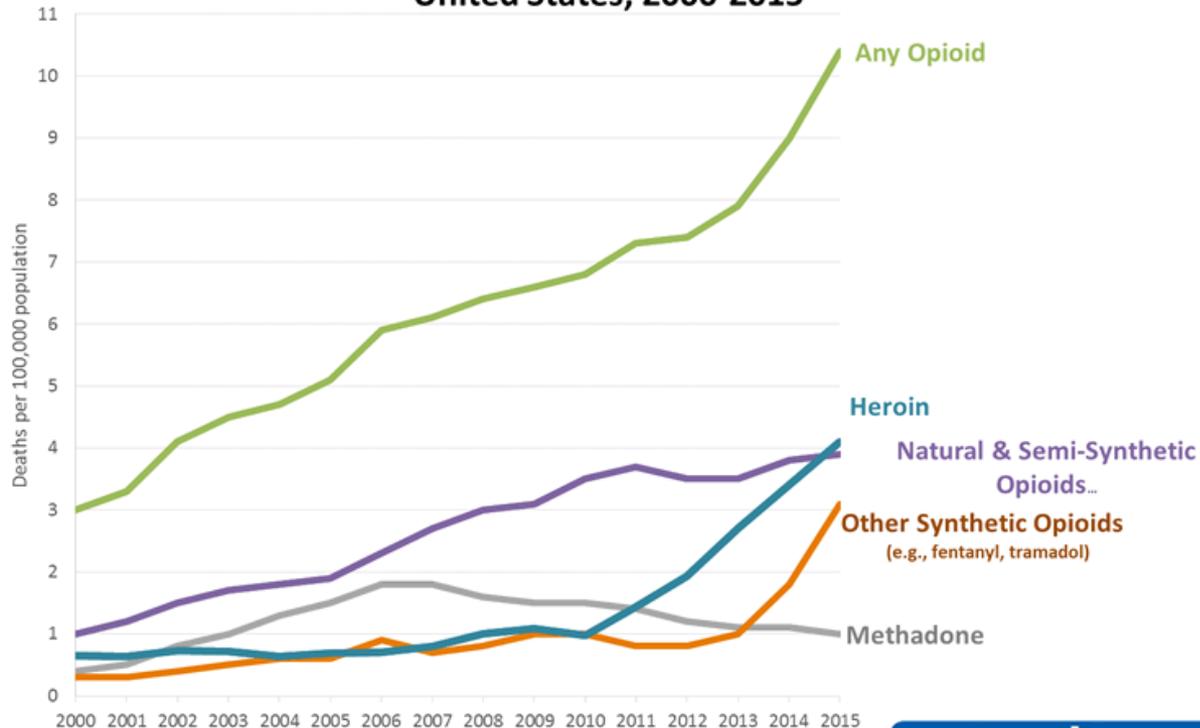


● All Drug Overdose Death Rate
(Age-Adjusted)

■ United States

Overdoses by Opioid Type

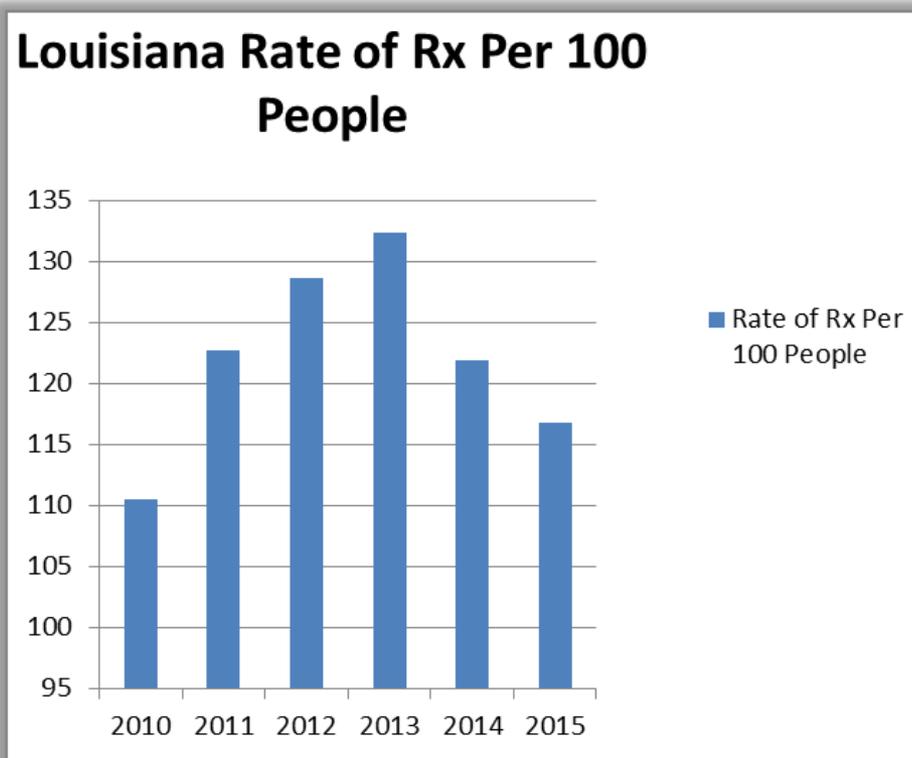
Overdose Deaths Involving Opioids, by Type of Opioid,
United States, 2000-2015



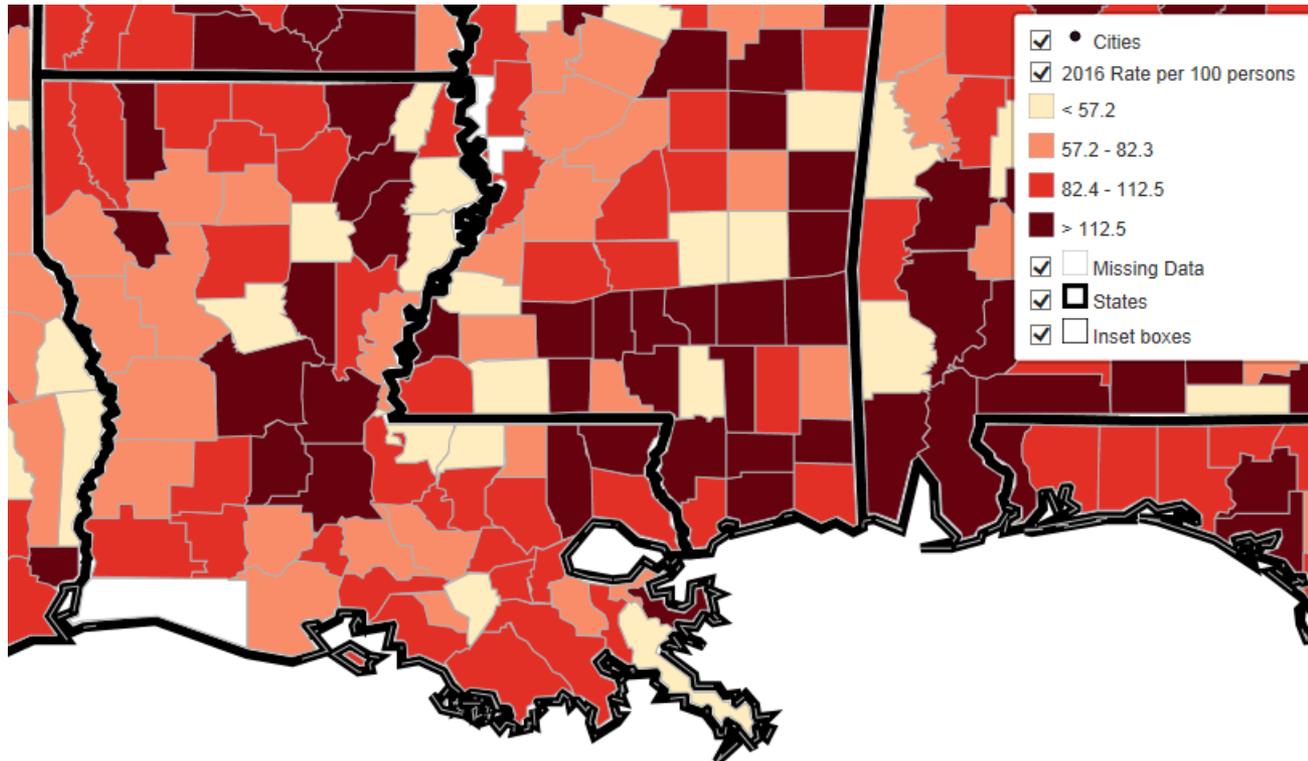
SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2016. <https://wonder.cdc.gov/>.

www.cdc.gov
Your Source for Credible Health Information

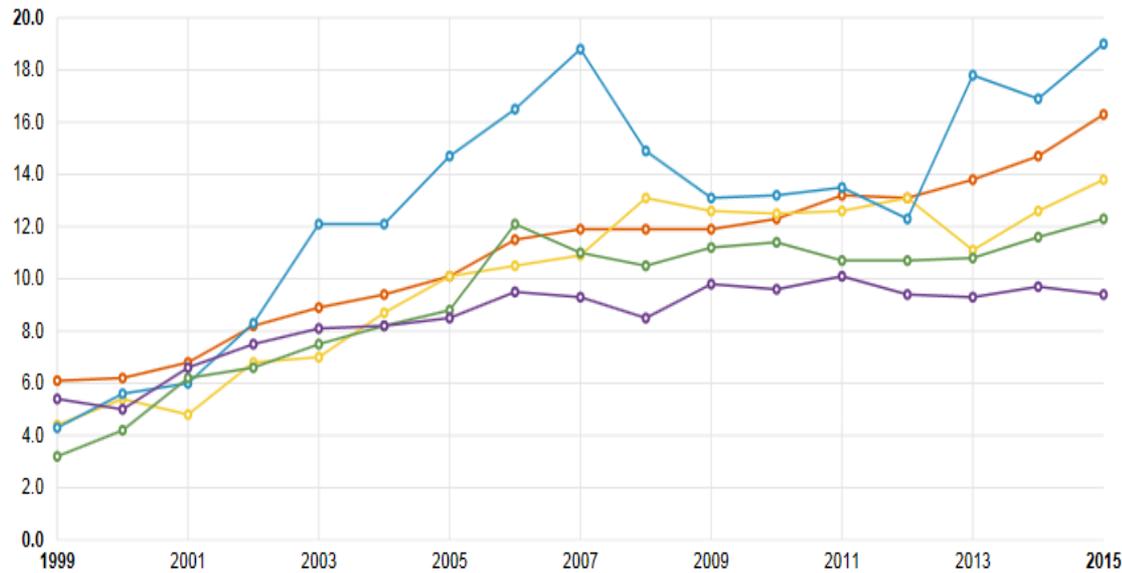
Louisiana Prescribing Rates Since Implementation of PMP



Parish Level Prescription Rates - 2016



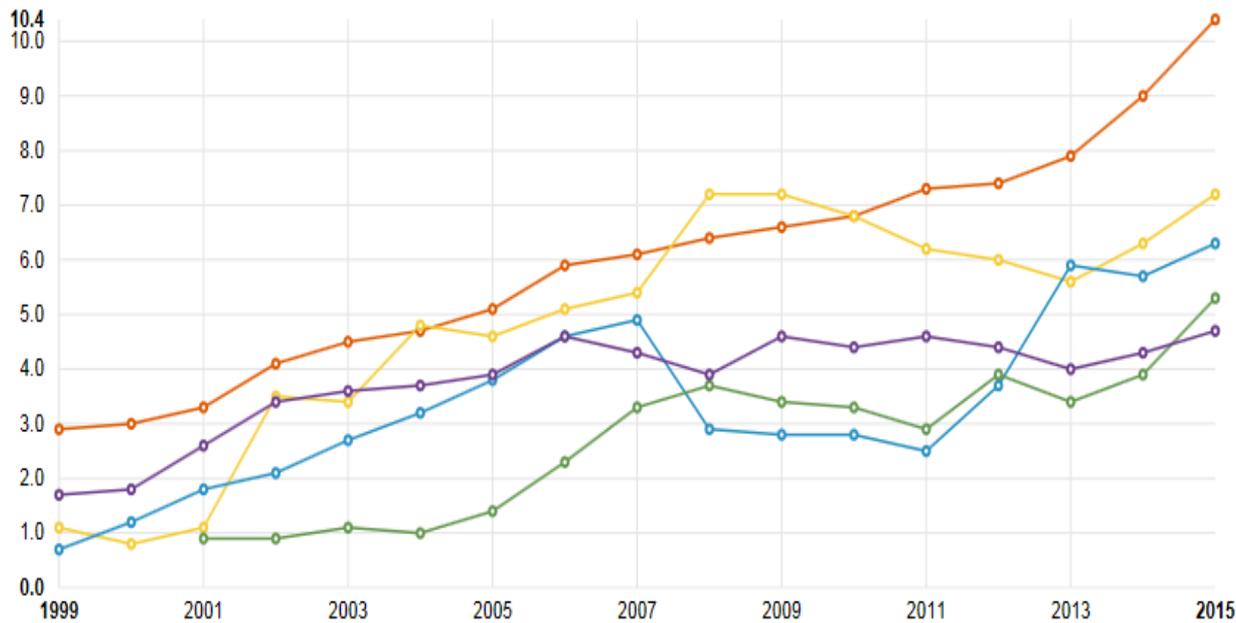
Louisiana Overdose Rates Compared to Bordering States



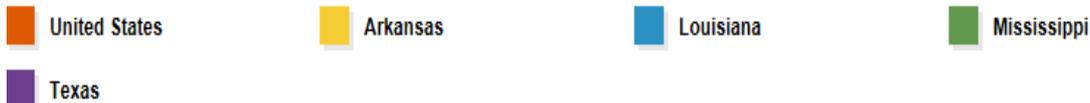
● All Drug Overdose Death Rate (Age-Adjusted)



Opioid Specific Overdose Rates Compared to Bordering States



○ Opioid Overdose Death Rate (Age-Adjusted)



Mitigation Strategies of the Opioid Epidemic

- ▶ Limit the supply and diversion of opioids
- ▶ Clinical treatment of addiction and overdoses

Supply/Diversion Approaches

- ▶ Creation of the Prescription Monitoring Program (2006). Subsequent modifications occurred in 2013 and 2014, and 2017.
- ▶ Act 82 of 2017 – enacted R.S. 40:978(G) and (H) to limit opioid prescriptions to a 7-day limit for first time users.
- ▶ Act 88 of 2017– established the Advisory Council on Heroin and Opioid Prevention and Education within the Drug Policy Board

Supply/ Diversion Approaches

► Medicaid Lock-in Program

- The Louisiana Lock-In Program began in the 1970s.
- Recipients who misuse pharmacy and physician benefits may be restricted to one physician/one pharmacy (Physician-Pharmacy Lock-In) or one pharmacy (Pharmacy-Only Lock-In).

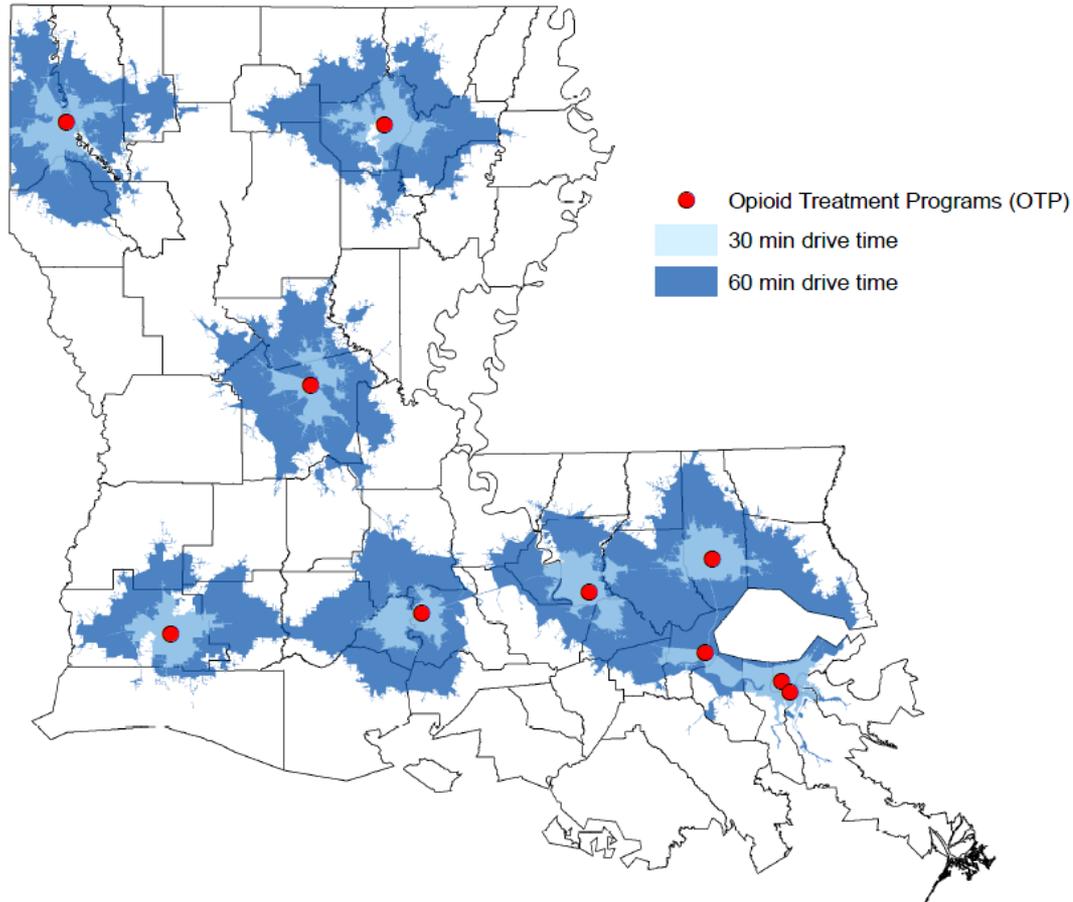
Clinical Approaches (Naloxone Administration)

- ▶ ACT 392 of 2014 – Good Samaritan – immunity from charges for drugs and paraphernalia when 911 is called.
- ▶ ACT 192 of 2015 – authorizes licensed medical practitioners to prescribe and dispense Naloxone without an exam.
- ▶ Act 370 of 2016 – allows any person to possess opioid antagonist.

Clinical Approaches (Grants Targeting the Treatment of Opioid Addiction)

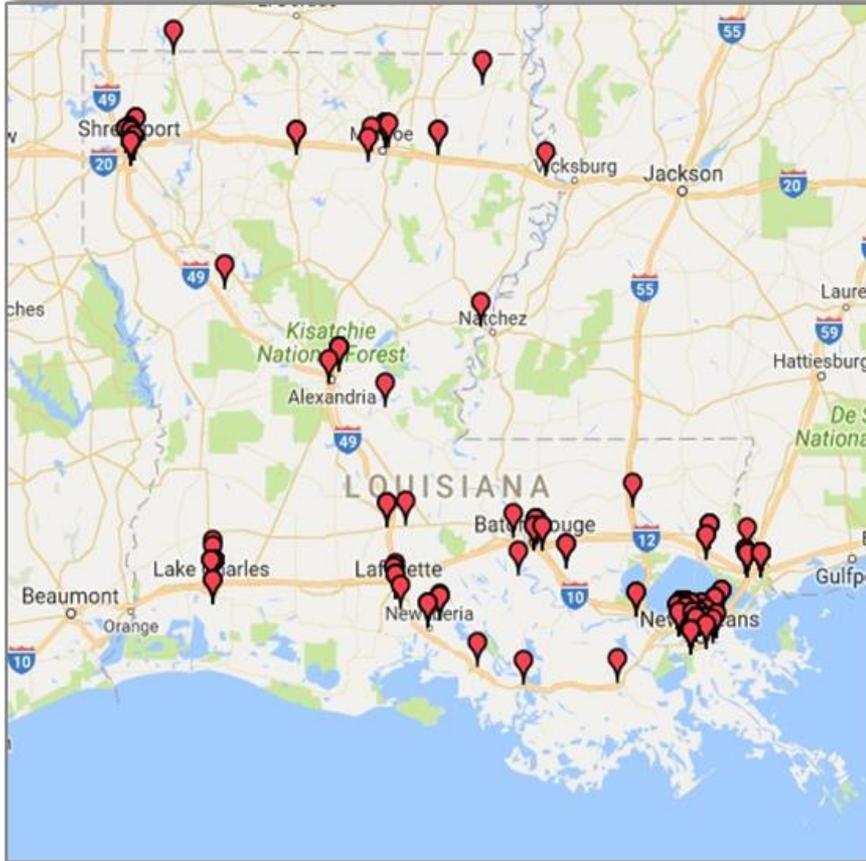
- ▶ Medication Assisted Treatment-Prescription Drug and Opioid Addiction (MAT-PDOA) : \$1,000,000 year for 3 years-Awarded 2016
- ▶ Strategic Prevention Framework for Prescription Drugs (SPF Rx) \$371,616 year for 5 years, awarded September 2016
- ▶ State Targeted Response to the Opioid Crisis Grant (Opioid STR) \$8,000,000 year for 2 years, awarded, May, 2017
- ▶ Comprehensive Opioid Abuse Site-based Program (Category 4: Statewide Planning, Coordination, and Implementation Projects) \$100,000 total for 2 years to do statewide planning, Awarded October, 2017

Clinical Approaches (OTPs)



*48% of Louisiana's population lives within a 30 minute drive to an OTP,
while 72% live within a 60 minute drive*

Clinical Approaches (Buprenorphine)



Increased Access to MAT

- ▶ The STR grant expanded access to 535 persons.
- ▶ The MAT-PDOA Grant expanded access to 64 persons
- ▶ Individuals selected for these grants must be new patients and meet financial need considerations.

Recommendations

- ▶ Continue to educate providers regarding addiction and opioid prescribing practices.
- ▶ Increase funding for specialty courts.
- ▶ Prescriber licensing boards should adopt language from La. Admin. C. 46:6915 et seq. that provides guidance on Medications Used in the Treatment of Non-Cancer Related Chronic or Intractable Pain.
- ▶ Improve the ability to distinguish causes of death related to opioid overdoses.

Questions and Answers

Contact the Office of Behavioral Health

▶ (225) 342- 2540

▶ OBH website

▶ <http://dhh.louisiana.gov/index.cfm/subhome/10>