STATUS ON MEDICAID KEY INITIATIVES: CCC PLUS, DSRIP, AND ARTS

Senate Finance HHR Subcommittee

October 25, 2016
AGENDA

- Cindi Jones, Director
  - Commonwealth Coordinated Care Plus (formally known as Managed Long Term Services and Supports)
  - Delivery System Reform Incentive Payment (DSRIP)

- Dr. Kate Neuhausen, Chief Medical Officer
  - Addiction Recovery and Treatment Services (ARTS)
Virginia Legislative Mandates

General Assembly directed DMAS to transition individuals from the Fee-For-Service delivery model into the Managed Care Model to achieve high quality care and budget predictability.
Overview of Commonwealth Coordinated Care Plus (CCC Plus)

- Primary goal is to improve health outcomes
- New statewide Medicaid managed care program beginning July 2017
- Participation is mandatory 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 a interdisciplinary team approach
- Serves over 213,000 individuals
## Key Differences

<table>
<thead>
<tr>
<th>CCC Plus</th>
<th>CCC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Statewide in 6 regions</strong></td>
<td><strong>5 of the 6 regions</strong></td>
</tr>
<tr>
<td><strong>Mandatory Enrollment</strong></td>
<td><strong>Optional Enrollment</strong></td>
</tr>
<tr>
<td><strong>Duals/non-duals, children/adults, NF and 5 HCBS Waivers</strong></td>
<td><strong>Full Dual adults; including NF and EDCD HCBS Waiver</strong></td>
</tr>
<tr>
<td>Health plans may vary by region</td>
<td><strong>3 Health plans across 5 regions</strong></td>
</tr>
<tr>
<td>Coordination of Medicare benefits through companion DSNP or MA Plan</td>
<td>Coordination of Medicare benefits through same Medicare Medicaid Plan</td>
</tr>
<tr>
<td>Continuity of care period is 90 days</td>
<td>Continuity of care period is 180 days</td>
</tr>
</tbody>
</table>
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 home (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
Included Populations

- 65 and older
- Adults and children with disabilities
- Individuals living in Nursing Facilities (NFs)
- Individuals in Tech Assisted Waiver
- Individuals in EDCD Waiver
- Individuals in the 3 waivers serving the DD populations for their acute and primary services
- *CCC and Medallion 3 ABD populations transition to CCC Plus
Health Plans Selected for Negotiations in all 6 Regions of the Commonwealth

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

A list of CCC Plus regions by locality is available at:  http://www.dmas.virginia.gov/Content_pgs/MLTSS-PROINFO.aspx
# CCC Plus Enrollment by Region and Launch Date

<table>
<thead>
<tr>
<th>Date</th>
<th>Regions</th>
<th>Regional Launch</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 1, 2017</td>
<td>Tidewater</td>
<td>19,863</td>
</tr>
<tr>
<td>September 1, 2017</td>
<td>Central</td>
<td>23,342</td>
</tr>
<tr>
<td>October 1, 2017</td>
<td>Charlottesville/Western</td>
<td>16,851</td>
</tr>
<tr>
<td>November 1, 2017</td>
<td>Roanoke/Alleghany</td>
<td>24,308</td>
</tr>
<tr>
<td>November 1, 2017</td>
<td>Southwest</td>
<td>25,620</td>
</tr>
<tr>
<td>December 1, 2017</td>
<td>Northern/Winchester</td>
<td>27,281</td>
</tr>
<tr>
<td>January 2018</td>
<td>CCC Demonstration (CMS)</td>
<td>76,388</td>
</tr>
<tr>
<td>January 2018</td>
<td>Aged, Blind, Disabled (ABD)</td>
<td>19,863</td>
</tr>
<tr>
<td></td>
<td>(Transitioning from Medallion 3.0)</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>All Regions</td>
<td><strong>213,653</strong></td>
</tr>
</tbody>
</table>

Source: VAMMIS Data; totals are based on CCC Plus target population data as of July 31, 2016
CCC Plus Enrollee Benefits

- Person centered, individualized support plan
- Same standard Medicaid services provided
- Choice between at least 2 health plans
- Care coordinator for each individual
- Team of health care professionals working together
- Assistance with needs related to housing, food and community
- Possible additional benefits offered by health plans
CCC Plus Provider Benefits

- MCOs must pay at least the Medicaid rates for NF, waivers, early intervention, community behavioral health, addiction, recovery and treatment services
- Value based payment opportunities
- Enrollee periodic health risk assessments enhance care planning
- Care coordinator fosters communication among an interdisciplinary care team
- Care coordinator assists with problem solving and connects enrollees to local resources
Next Steps...

- MLTSS Health Plan Readiness Review and Contract Award
- Work with CMS on waiver and contract approval
- Systems Enhancements
- Ongoing Stakeholder & Member Engagement, Outreach & Education
- Regional Implementation & Ongoing Monitoring & Program Evaluation

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DELIVERY SYSTEM REFORM INCENTIVE PAYMENT (DSRIP)

Supporting Health Care Payment Transformation in Virginia
The DSRIP Vision Supports Virginia

DSRIP is:

- One time provider investment
- Funding to transform payment methods
- Focused on improving results and efficiencies

Preparation for health care payment changes:

- **Medicare**
  Medicare working towards 90% payments in value-based models by 2018

- **Medicaid**
  Federal push to new performance based payments to providers
Using Payment to Drive Better Outcomes

Unsustainable Cost Growth
The health care payment structure creates an unsustainable growth trajectory.

Misaligned Incentives
Current fee-for-service payment models incent providers to produce greater volume of care, not greater value.

Provider Investment Needed
Needed investments at the provider level, such as upgraded technology for better information sharing.

Reforming Virginia’s delivery system means investing in providers and tying provider payments to quality outcomes.
DSRIP Supports Payment Transformation

- Transform payment methods to reward value and outcomes
- Design and implement practice transformation, provider partnerships, and clinical integration to improve quality of outcomes
- Build the “timely” analytics tools
- Build the data collection tools and data sharing capabilities
Sample DSRIP Project

Expand Care Transitions Partnerships

Eastern Virginia Care Transitions Partnership (EVCTP) is a provider coalition reducing hospital readmissions through patient coaching and evidence-based care transition strategies. DSRIP program can expand this model across the state.

EVCTP

Invests in Providers

- Establish relationships and business processes between hospitals and community providers to facilitate stronger care transitions
- Train care coordinators
- Implement timely data sharing
Current Status

- Working with the Virginia Center for Health Innovation (VCHI) to conduct learning sessions

- Resuming extensive stakeholder work once MLTSS contracts are awarded

- DSRIP waiver application submitted in January 2016
  - Positive feedback on program design

- CMS negotiations underway
  - Working through budget and scope with CMS
  - Details of design will be worked out next year through the development of Special Terms and Conditions
  - Working towards CMS negotiation completion in 2017
ADDICTION AND RECOVERY TREATMENT SERVICES

Transforming Medicaid’s Substance Use Disorder Delivery System
Locations of Members Enrolled in Medicaid with SUD Diagnosis

Members based on claims with Substance Abuse Diagnosis - SFY 2015

216,555 members

http://www.dmas.virginia.gov/
Location of Pregnant Women enrolled in Medicaid with a SUD Diagnosis

Pregnant Women based on claims with a Substance Abuse Diagnosis - SFY 2015

9,827 members

http://www.dmas.virginia.gov/
Comprehensive SUD/ARTS benefit included in the budget passed by General Assembly in March 2016

- March 2016: SUD benefit passed in GA budget
- April – August 2016: Workgroup designed SUD benefit → renamed ARTS benefit
- August 2016: DMAS submitted ARTS waiver to CMS
- April 1, 2017: ARTS benefit implemented statewide
- July 1, 2017: Peer supports for substance use and mental health conditions implemented statewide
Budgeted Costs for ARTS Benefit

Funding Included in Appropriations Act as “Substance Use Disorder” funding:

• 2017
  • $2,602,412 GF ($5,204,824 total funds)
• 2018
  • $8,376,260 GF ($16,752,520 total funds)
• This year's Medicaid forecast is not changing these projected costs.
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 ARTS Care Coordinators at DMAS contracted Managed Care Plans
6. Provide Provider Education, Training, and Recruitment Activities

http://www.dmas.virginia.gov/
Reforming the Current Delivery System for Community-Based Services

All Community-Based SUD Services will be Covered by Managed Care Plans

Magellan will continue to cover community-based substance use disorder treatment services for fee-for-service members

Effective April 1, 2017
Addiction and Recovery Treatment Services (ARTS)
Peer Recovery Supports effective July 1, 2017

http://www.dmas.virginia.gov/
Medicaid 1115 Demonstration Waiver

• After report to GA submitted on July 1, DMAS submitted a Medicaid 1115 Demonstration waiver to CMS on **August 5** to:
  • Allow federal matching Medicaid dollars for services provided in an IMD, which is currently prohibited for mental health or SUD treatment delivered in facilities with > 16 beds
  • Allow Virginia Medicaid to pay for services provided in residential treatment facilities > 16 beds, significantly increasing SUD treatment capacity
  • Waiver will NOT change who is eligible for treatment services

• To obtain the waiver, CMS will require Virginia to:
  • Use American Society of Addiction Medicine (ASAM) criteria in all substance use assessment and treatment including certifying and credentialing providers
  • Conduct an independent evaluation of outcomes and cost savings from waiver
**ASAM Continuum of Care**

**REFLECTING A CONTINUUM OF CARE**

- **Outpatient Services**
  - Early Intervention
  - 0.5

- **Intensive Outpatient/Partial Hospitalization Services**
  - 1
  - 2.1
  - Intensive Outpatient Services

- **Residential/Inpatient Services**
  - 2.5
  - Partial Hospitalization Services
  - 3
  - Clinically Managed Low-Intensity Residential Services
  - 3.1
  - Clinically Managed Population-Specific High-Intensity Residential Services
  - 3.3
  - Clinically Managed High-Intensity Residential Services

- **Medically Managed Intensive Inpatient Services**
  - 3.7
  - Medically Monitored Intensive Inpatient Services
  - 3.5

**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.
<table>
<thead>
<tr>
<th>ASAM LOC Placement</th>
<th>ASAM Level of WM</th>
<th>DBHDS License</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4</strong></td>
<td><strong>4-WM</strong></td>
<td><strong>Medically Managed Intensive Inpatient Withdrawal Management</strong></td>
</tr>
<tr>
<td>Medically Managed Intensive Inpatient</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3.7</strong></td>
<td><strong>3.7-WM</strong></td>
<td><strong>Medically Monitored Inpatient Withdrawal Management</strong></td>
</tr>
<tr>
<td>Medically Monitored Intensive Inpatient Services (Adult)</td>
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<td></td>
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<tr>
<td>Medically Monitored High-Intensity Inpatient Services (Adolescent)</td>
<td></td>
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</tr>
<tr>
<td><strong>3.5</strong></td>
<td><strong>3.5</strong></td>
<td><strong>Clinically Managed High-Intensity Residential Services (Adults) / Medium Intensity (Adolescent)</strong></td>
</tr>
<tr>
<td>Clinically Managed High-Intensity Residential Services (Adults) / Medium Intensity (Adolescent)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3.3</strong></td>
<td><strong>3.3</strong></td>
<td><strong>Clinically Managed Population-Specific High-Intensity Residential Services (Adults)</strong></td>
</tr>
<tr>
<td>Clinically Managed Population-Specific High-Intensity Residential Services (Adults)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3.2-WM</strong></td>
<td><strong>3.2-WM</strong></td>
<td><strong>Clinically Managed Residential Withdrawal Management</strong></td>
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<tr>
<td>Clinically Managed Residential Withdrawal Management</td>
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<td></td>
</tr>
<tr>
<td>• Inpatient Psychiatric Unit (3.5) /Required for co-occurring enhanced programs</td>
<td></td>
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<tr>
<td>• SA RTS for Adults (3.3 or 3.5) and Children (3.5)</td>
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</tr>
<tr>
<td>• SA and MH RTS for Adults and Children (3.3 or 3.5)/Required for co-occurring enhanced programs</td>
<td></td>
<td></td>
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<tr>
<td>• Supervised RTS for Adults (3.3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3.1</strong></td>
<td><strong>n/a</strong></td>
<td><strong>Clinically Managed Low-Intensity Residential Services</strong></td>
</tr>
<tr>
<td>Clinically Managed Low-Intensity Residential Services</td>
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<td></td>
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<tr>
<td><strong>2.5</strong></td>
<td><strong>2-WM</strong></td>
<td><strong>Ambulatory Withdrawal Management w/ Extended On-site Monitoring</strong></td>
</tr>
<tr>
<td>Partial Hospitalization Services</td>
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<td></td>
</tr>
<tr>
<td><strong>2.1</strong></td>
<td><strong>1-WM</strong></td>
<td><strong>Ambulatory Withdrawal Management w/o Extended On-site Monitoring</strong></td>
</tr>
<tr>
<td>Intensive Outpatient Services</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1</strong></td>
<td><strong>1-WM</strong></td>
<td><strong>Outpatient Services</strong></td>
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<tr>
<td>Outpatient Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>0.5</strong></td>
<td><strong>0.5</strong></td>
<td><strong>Early Intervention</strong></td>
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<tr>
<td>Early Intervention</td>
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</tr>
<tr>
<td><strong>0.5</strong></td>
<td><strong>0.5</strong></td>
<td><strong>Early Intervention</strong></td>
</tr>
<tr>
<td>Opioid Treatment Program (OTP)</td>
<td></td>
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</tr>
<tr>
<td>Office-Based Opioid Treatment (OBOT)</td>
<td></td>
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</tr>
</tbody>
</table>
Provider Recruitment Activities

Presentations to Provider Associations

- Virginia Association of Treatment and Recovery Providers – Sept. 2016

ARTS 101 Provider Information Sessions

- 2 webinars attended by over 140 providers
- 12 in-person informational sessions completed in September and October
- Over 750 providers attended the sessions
<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Number of Providers who Attended</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/06</td>
<td>Virginia Highland College Auditorium 100 VHCC Drive, Abingdon, VA 24210</td>
<td>59</td>
</tr>
<tr>
<td>Abingdon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>09/07</td>
<td>Carilion Roanoke Memorial Hospital 1906 Belleview Avenue, Roanoke, VA 24014</td>
<td>89</td>
</tr>
<tr>
<td>Roanoke</td>
<td></td>
<td></td>
</tr>
<tr>
<td>09/09</td>
<td>Deep Run Facility Ball Room 9910 Ridgefield Pkwy, Henrico, VA 23233</td>
<td>93</td>
</tr>
<tr>
<td>Richmond</td>
<td></td>
<td></td>
</tr>
<tr>
<td>09/13</td>
<td>Charlottesville Central Library 201 East Market Street, Charlottesville, VA 22902</td>
<td>57</td>
</tr>
<tr>
<td>Charlottesville</td>
<td></td>
<td></td>
</tr>
<tr>
<td>09/21</td>
<td>VA Beach Central Library Auditorium 4100 VA Beach Blvd, VA Beach, VA 23452</td>
<td>108</td>
</tr>
<tr>
<td>Virginia Beach</td>
<td></td>
<td></td>
</tr>
<tr>
<td>09/22</td>
<td>Chippenham Hospital, Bosher Auditorium 7101 Jahnke Road, Richmond, VA 23225</td>
<td>75</td>
</tr>
<tr>
<td>Richmond</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## ARTS 101 – The Basics Informational Sessions

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Number of Providers Attended</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/23</td>
<td>Fairfax Government Center Herrity Building, 12055 Govt. Center Parkway, Fairfax, VA 22035</td>
<td>60</td>
</tr>
<tr>
<td>09/29</td>
<td>VCU Health Community Memorial Hospital 125 Buena Vista Circle, South Hill, VA</td>
<td>17</td>
</tr>
<tr>
<td>09/30</td>
<td>New College Institute King Building, Room 300 30 Franklin Street, Martinsville, VA 24112</td>
<td>36</td>
</tr>
<tr>
<td>10/13</td>
<td>Lord Fairfax Community College 173 Skirmisher Lane, Middletown, VA</td>
<td>64</td>
</tr>
<tr>
<td>10/17</td>
<td>Main Street Library 110 Main Street, Newport News, VA</td>
<td>96</td>
</tr>
<tr>
<td>10/19</td>
<td>Virginia Western Community College 3099 Colonial Ave SW, Roanoke, VA</td>
<td>43</td>
</tr>
</tbody>
</table>
Health System Outreach and Engagement To Date

Health Systems and Medical Groups Already Engaged by DMAS

- Mountain States Health System
- Carillion Clinic
- VCU Health System
- UVA Health System
- Bon Secours St. Francis Hospital
- Bon Secours Medical Group
- HCA CJW Medical Center
- Sentara Medical Group
- Winchester Medical Center

Future Meetings with Health System Senior Leadership

- Sentara Health System – Norfolk General Hospital
- Virginia Hospital Center
- Novant Health
- Centra Health
- Lewis-Gale Medical Center
- Bon Secours Richmond Community Hospital
- HCA Capitol Division

http://www.dmas.virginia.gov/
Addiction Disease Management Training for Outpatient Clinical Practice

October 2016: ADM Sneak Peak

<table>
<thead>
<tr>
<th>Association Meeting Presentations:</th>
<th>Meeting attendees completed 3.75 Hours of self-directed PCSS MAT online training prior to association meetings</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Psychiatric Society of Virginia</td>
<td>Key SME expert presented on benefits and barriers to implementing MAT in an office setting and state level resources for the provider team</td>
</tr>
<tr>
<td>* <em>October 7, 2016: Roanoke, VA</em></td>
<td>Meeting attendees completed 4.25 Hours of PCSS MAT Online or LIVE training at future VDH events to qualify for certification</td>
</tr>
<tr>
<td>• Medical Society of Virginia</td>
<td></td>
</tr>
<tr>
<td>* <em>October 14-16, 2016: Roanoke, VA</em></td>
<td></td>
</tr>
<tr>
<td>• Community Care Network of Virginia</td>
<td></td>
</tr>
<tr>
<td>* <em>October 17, 2016: Henrico, VA</em></td>
<td></td>
</tr>
</tbody>
</table>

November 2016: ADM Train-the-Trainer Model

<table>
<thead>
<tr>
<th>Specialty Trainer Expert Areas:</th>
<th>In each MCO region, selected champions will be trained to target and educate local physicians, behavioral health providers, and administrators in the ADM curricula</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Medical</td>
<td></td>
</tr>
<tr>
<td>• Behavioral Health</td>
<td></td>
</tr>
<tr>
<td>• Administrative</td>
<td></td>
</tr>
</tbody>
</table>

January-April 2017: ADM Train-the-Provider Model

<table>
<thead>
<tr>
<th>Train-the-Provider Model</th>
<th>Approximately 4 trainings will be hosted in each of the 7 MCO regions. Anticipated Reach: approximately 300 providers.</th>
</tr>
</thead>
</table>
**Integrating ADM: Addiction Disease Management Into Your Practice**

**Training Opportunities**

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
<th>Duration</th>
<th>Location</th>
<th>Intended Audience</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARTS 101: The Basics</td>
<td>September 2016</td>
<td>1 hour</td>
<td>Statewide</td>
<td>Anyone interested in learning the delivery and business model of Virginia Medicaid and FAMIS reimbursement for integration of evidence-based addiction treatment into clinical practice.</td>
</tr>
<tr>
<td>ADM: Addiction Disease Management Training</td>
<td>October 2016</td>
<td>4 hours</td>
<td></td>
<td>Medical association members and broad spectrum healthcare providers interested in integration of evidence-based addiction treatment into clinical practice.</td>
</tr>
<tr>
<td>ADM Summit</td>
<td>November 9, 2016</td>
<td>All day</td>
<td>Henrico, VA</td>
<td>Public health and safety sector stakeholders, Virginia SUD waived or waiver eligible providers, broad spectrum healthcare providers, and senior healthcare leaders, executives, and decision makers interested in learning integration of evidence-based addiction treatment into clinical practice.</td>
</tr>
<tr>
<td>ADM: Addiction Disease Management Training for Outpatient Clinical Practice</td>
<td>February – April 2017</td>
<td>All day</td>
<td>Regional</td>
<td>Practicing MDs/DOs, APNs, PAs, medical students, behavioral health professionals, substance abuse professionals, and administrators supporting provider clinical practice.</td>
</tr>
</tbody>
</table>

**Objectives**

- Learn about Virginia Medicaid’s ARTS new benefit program including new reimbursement rates, new provider requirements, new payment models, and upcoming trainings.
- Learn about scope of the burden of the opioid epidemic on a statewide level, benefits and barriers for implementing MAT in an office setting, and state level resources available for the healthcare provider team.
- Learn about the new Medicaid ARTS benefit going live April 1, 2017, learn how to provide full spectrum of addiction treatment services, and facilitate high attendance at the VDH MAT regional trainings.
- Learn about the role specific and evidence-based team approach for integrating ADM into outpatient clinical practice. Specialty track instruction will offer education to physicians, behavioral health professionals, and administrators supporting operations in the clinical practice.

**Curricula Source**

- DMAS
- VDH & PCSS-MAT
- Office of the Governor

**CMEs**

- 3.5 (free)
- 0

**ARMS Benefit Goes Live**

- November 9, 2016 ARTS SUMMIT
- April 1, 2017 ARTS BENEFIT GOES LIVE

**Trainings**

- August 2016
- September 2016
- October 2016
- November 2016
- December 2016
- January 2017
- February 2017
- March 2017
- April 2017

**Plus ASAM Trainings Coming Soon!**