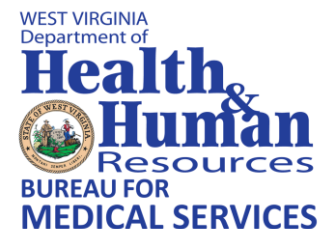


West Virginia Department of Health and Human Resources Bureau for Medical Services Substance Use Disorder (SUD) Waiver Fall 2018 Provider Workshops

September 10-Morgantown
September 11-Martinsburg
September 13-Wheeling
September 14-Vienna
September 17-Huntington
September 18-Beckley
September 19-Charleston
September 20-Flatwoods

Jeffrey S. Lane, SUD Program Manager



Residential Treatment Services:

- Under the waiver, West Virginia Medicaid will pay for all levels of short-term residential treatment based upon a standardized treatment criteria like the ASAM[®] Criteria.
- The ASAM[®] Criteria describes adult residential care, including:
 - 3.1 Clinically Managed Low-Intensity Residential Services.
 - 3.3 Clinically Managed Population-Specific High-Intensity Residential Services.
 - 3.5 Clinically Managed High Intensity Residential Services.
 - 3.7 Medically Monitored Intensive Inpatient Services.

Residential Adult Services

Residential adult services are available to all Medicaid members 18 years of age or older who have a diagnosis of substance use disorder and/or co-occurring disorder that cannot be treated on an outpatient basis.

Each West Virginia Medicaid residential level contains a group of services for that specific level. As the level increases, the amount of services and hours of clinical services also increase.

Medication-Assisted Treatment (MAT) is available to members in conjunction with their residential treatment. All MAT requirements in Chapter 503, Licensed Behavioral Health Center Services, and Chapter 504, Substance Use Disorder Services continue to apply. Both can be found here:

<https://dhhr.wv.gov/bms/pages/manuals.aspx>

Application for Residential Adult Services

The West Virginia Department of Health and Human Resources (WVDHHR), through the Bureau for Medical Services (BMS) is required to designate the ASAM[®] level of care for all licensed residential treatment facilities.

To make this determination, Appendix B, the Residential Adult Services application is required to be filled out for each licensed facility.

The information provided and submitted with the application will allow WVDHHR to review information regarding the overall program integrity, description of population, treatment services, and qualification of staff, organizational structure, environment, and setting and to assign an ASAM[®] level for the program.

The provider must complete the entire application found in Chapter 504, Appendix B, available at <https://dhhr.wv.gov/bms/Pages/Chapter-504-Substance-Use-Disorder-Services.aspx> and email the application to: BMSSUDWaiver@wv.gov.

Disclaimers

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ASAM[®] content used in this presentation is used with permission from The ASAM Criteria, Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, Third Edition. Copyright© 2013 American Society of Addiction Medicine (ASAM). All Rights Reserved. Unless authorized in writing by ASAM, no part may be reproduced or used in a manner inconsistent with the ASAM's copyright. This prohibition applies to unauthorized uses or reproductions in any form.

WV Medicaid Provider Manual
Chapter 504 Substance Use Disorder Services
Appendix B:

Application for Residential Adult Services

ASAM Level of Treatment

The program must confirm that they have an understanding of the residential service guidelines within the most current ASAM® Criteria Manual Edition.

Please indicate the ASAM® Level being applied for:

- 3.1 Clinically Managed Low Intensity (clinical hours: 5)
- 3.3 Clinically Managed Population Specific High Intensity (clinical hours: 10)
- 3.5 Clinically Managed High Intensity (clinical hours: 15)
- 3.7 Medically Monitored Intensive Inpatient Services (clinical hours: 22)
- 3.2 Withdrawal Management (**Note:** *Withdrawal Management Levels 1 and 2 are not Residential Services and are approved through another process outside of this document. Information about Level 1-WM Intensive Outpatient Services and Level 2-WM Community Psychiatric Supportive Treatment can be found in [Chapter 503, Licensed Behavioral Health Center Services](#) of the BMS Provider Manual.*)

Support Systems

Support Systems are required to be offered by Residential Treatment Programs regardless of the ASAM® level.

Please attest that you will be providing these services:

1. Telephone or in-person consultation
2. Direct affiliations with and/or referral to other services
3. Ability to conduct or arrange for laboratory/toxicology testing
4. Ability to arrange for pharmacotherapy and MAT
5. Psychiatric/Psychological consultation as needed
6. Program will accept and treat co-occurring disorders

Staffing

You must meet the following staffing requirements for any level of Residential Treatment:

1. Is there staff (which includes BHTs and other supportive staff) available on-site 24 hours a day?
2. Does the treatment team consist of medical, addiction and mental health professionals?
3. Are one or more clinicians available on site or by telephone consultation 24 hours a day?

Staffing Chart

On the Staffing Chart, please indicate the program staff providing each service. The staffing requirements are listed with each individual service description in the corresponding BMS manual.

You are not required to provide every service listed but should check the services you intend to provide.

Note: Only an MD/DO/PA/APRN can provide 90792 (Psychiatric Diagnostic Evaluation with Medical Services), G9008 (Physician Coordinated Care Oversight Services), and any needed Evaluation/Management Services.

Staffing Chart

The CPT codes listed which can be rendered by other providers are included in the residential bundle rate:

- Family Psychotherapy without patient present (90846), Family Psychotherapy with patient present (90847)
- Psychotherapy Patient and Family (90832, 90834, 90837)
- Group Psychotherapy (90853)
- Psychotherapy for Crisis (90839 and 90840)

Clinical Hours Per Week

List planned clinical services hours per week. Clinical services are defined as evidenced-based, active treatment to directly assist with an individual's SUD treatment and any related co-occurring mental health issue(s) and correspond to the following codes.

These are the services that count towards clinical hours:

- Group Supportive Counseling (H0004HQ - Behavioral Health Counseling Supportive - Group)
- Individual Supportive Counseling (H0004 - Behavioral Health Counseling Support - Individual)
- Group Professional Therapy (H0004HOHQ - Behavioral Health Counseling Professional - Group)
- Individual Professional Therapy (H0004HO - Behavioral Health Counseling Professional - Individual)

(continued)

Clinical Hours and Therapy Services

- Skills Training and Development by a Paraprofessional (H2014U1/H2014U4)
- Skills Training and Development by a Professional (H2014HNU1/H2014HNU4)
- Mental Health Service Plan by Non-Physician (H0032)
- Therapeutic Behavioral Services Development Implementation (H2019HO/H2019) *(Note: Only to be used with ASAM[®] Residential Level 3.3)*
- Additional CPT codes, if applicable

Medication Assisted Treatment

All Residential Treatment programs must offer Medication Assisted Treatment (MAT).

Medication Assisted Treatment must be arranged if the individual is assessed to need MAT service or is already receiving that service from another agency. For example, if a member is already receiving Methadone prior to entering treatment, that member must continue to be able to access Methadone treatment if they choose.

Note: If MAT is being provided off-site, a coordination of care agreement with the facility providing MAT is required for documentation.

Each residential treatment program must confirm they have the ability to conduct and/or arrange for laboratory/toxicology tests or other needed procedures. A coordination of care agreement should be signed with off-site providers of laboratory/toxicology testing.

You must confirm that random drug screens will be used to monitor compliance.

You must confirm that there will be monitoring of medication adherence (for behavioral health and physical health.)

Other Requirements

Each residential program must attach a weekly schedule of services with the individual, group, educational and/or other treatment services labeled, to validate the service hours listed above.

The program must attach facility regulations for visitation guidelines and search/contraband protocol.

List the total program capacity.

Please identify the population the program serves. List any specialty groups to be served in the residential, such as co-occurring, mother and children, women who are pregnant, or any specific age groups or gender.

The ASAM[®] Criteria supports individualized, person-centered treatment that is responsive to the patient's specific needs and progress in treatment.

Addiction care has always been built around services involving interdisciplinary teams of professionals, including physicians, addiction specialists, behavioral and mental health professionals.

Each program must verify that as treatment progresses, daily assessments of the member occur. Treatment plans should contain ongoing transitioning/care coordination, aftercare planning, and recovery supports based on the member's medical necessity.

Satellite Locations

A program that operates in more than one location (site) must list the names and addresses of all sites operating under the same governing authority as well as the services categories at each site.

The Master Site is the location which provides direct substance abuse services. If the administrative office does not provide services, this location should be indicated below.

Review Steps

1. The Program submits the Residential Adult Services application for their program.
2. The Bureau for Medical Services (BMS) Review team reviews the application in comparison to the ASAM[®] Criteria for the Residential Treatment Level requested. BMS designates the ASAM[®] level of care for the residential treatment facilities. Once approved, a letter with the effective billing date will be sent to the program.
3. KEPRO conducts an on-site review to verify the services described in the application are available.

Billing Overview

All Medicaid members, whether they are FFS or MCO, can receive SUD Waiver services.

All SUD Waiver services are currently billed as Fee-for-Service (FFS) for all members:

- KEPRO is the FFS utilization manager.
- Molina is the FFS fiscal agent.

Chapter 504, *Substance Use Disorder Services* (the SUD Waiver Manual) can be found on the Bureau for Medical Services (BMS) website:

dhhr.wv.gov/bms/Pages/Manuals.aspx

- Information on SUD Waiver services can be found in Chapter 504 of the West Virginia Medicaid Provider Manual:
dhhr.wv.gov/bms/Pages/Chapter-504-Substance-Use-Disorder-Services.aspx
- The BMS SUD Waiver webpage:
dhhr.wv.gov/bms/Programs/WaiverPrograms/SUDWaiver/Pages/default.aspx
- Information about the ASAM[®] criteria:
www.asam.org/resources/the-asam-criteria/about

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