

Comments for Policy 529.2 Drug Screenings

Effective Date: January 1, 2017

| <u>Date Comment Received</u> | <u>Comment</u> | <u>Status Result</u> | <u>Action for Change Status</u> |
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| 11-9-2016 | <p>My issue with the proposed changes to this are the number of drug screens that would be available, (2 per month, 24 per year). I understand that after that limit is reached, we may use prior authorization, but this simply is not enough for people in a treatment setting. We are dealing with people on a daily basis that are using drugs that are routinely out of their system in 2-3 days. In a perfect world, we would be able to screen these people in treatment 2-3 times per week. I know this is not possible, but at the very least, keep it at 30 drug screens per year, or if you are so inclined, increase the number to more than 30 per year to help us out even more so that we can utilize this intervention to help treating these individuals a little more successful. Our goal is to change people's thought processes and help them to become productive members of society. We want to help these individuals, but it is becoming more and more difficult with our tools being slowly taken away from us. Please think about what I have mentioned above and if you have any questions, feel free to contact me anytime.</p> | Change | <p>Service limit changed from two per calendar month to 24 per calendar year to allow more flexibility. Once the limit is met, additional screens may be requested through the pre-authorization process.</p> |

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| 11-21-2016 | <p>I would like to comment on Chapter 529.2 (drug screens). I am a therapist working at a Day Report Center. I have significant concerns about the proposed drug screen policy. Screening someone twice a month is not sufficient to gauge treatment responsiveness. Too much time can pass between screenings and our ability to respond in a timely and effective manner to lapse and relapse will be compromised. Unfortunately, this will result in participants "falling through the cracks". Also, the ability to do random, "surprise" screens is an important tool in treatment - particularly for those participants who are involved in the justice system.</p> | Change | <p>Service limit changed from two per calendar month to 24 per calendar year to allow more flexibility. Once the limit is met, additional screens may be requested through the pre-authorization process.</p> |
| 11-29-2016 | <p>I am currently a substance abuse counselor at the Day Report Center in Wood County, WV. I am currently waiting to sit to take my exam for an Advanced Alcohol and Drug Counselor in the state of West Virginia. I am adamantly opposed to this new bill that would only cover two drug screens per calendar month, and any of those exceeding would have to receive prior authorization. The reason I am opposed to this change is because drug screening is one of our most vital tools to use in combatting the disease of addiction. Our clients are master manipulators, and for them to only be covered for 2x monthly drug screening would only intensify our drug problem. In my opinion, each client has different needs. For there to be a blanket rule on the amount of drug screens that are covered is detrimental to the client's well-being. Sometimes clients come in and personally ASK us to put them on frequent drug screening, so they are held "accountable" and have motivation to stay clean. As you know, West Virginia is one of the top states in The United States with an Opioid epidemic.</p> <p>This problem is not going away, and if anything is getting worse. Heroin is deadly. Heroin can also leave your system in a matter of days. A person who only has coverage for 2 drug screens a month could EASILY use heroin and know they won't be tested in weeks, and may never be "caught" by us. We use drug screens as preventative tools to hopefully deter people from</p> | Change | <p>Service limit changed from two per calendar month to 24 per calendar year to allow more flexibility. Once the limit is met, additional screens may be requested through the pre-authorization process.</p> |

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| | <p>using, but we also use them to monitor their progress. Typically, if I have a client on my caseload who has a substance abuse diagnosis, I will put them on a MINIMUM of a 1x a week drug screen. However, if I have a client who cannot get or stay “clean,” then I will typically increase that screening to 2-3x per week. It is impossible for me to give each client the same exact treatment as another client because they are all unique. With that being said, I believe by only allowing 2x monthly drug screens to be covered, is a step in the wrong direction. We would be increasing our time away from clients, by using our resources to justify to Medicaid why this client needs increased drug screening coverage. I will tell you right now, 100% of my clients on my caseload would need prior authorizations to include more coverage for their drug screens because NONE of them are screening 2x monthly. At minimum, my clients screen 5 times monthly, and that is on the “light” side.</p> <p>I hope that you will take what I have written here into consideration before this revision takes place. I know that if this were your child, your mother/father or family member in need of substance abuse treatment services that you would want the most resources available to them. Drug screens are one of the most vital tools we have.</p> <p>Thank you for your time.</p> | | |
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