TO: West Virginia Opioid Treatment Programs

FROM: Jeffrey S. Lane, SUD Waiver Program Manager

DATE: February 6, 2018

RE: Requests for Variance from Group Therapy Requirement

The West Virginia Provider Manual Chapter 504, Substance Use Disorder Services outlines the West Virginia Medicaid policy for Medicaid members receiving methadone as part of a Medication Assisted Treatment (MAT) Program, including the required therapy.

504.13.3 Therapy and Phases
Medicaid members receiving the medication methadone must meet the minimum therapy requirements to continue this Medication Assisted Treatment (MAT) Program.

Phase 1: During their first 12 months of MAT, a member is required to have at least four hours of therapy per month from their date of intake. A minimum of three hours of these therapies must be in a group setting. The fourth therapy can be a choice of individual, group, or family as based on the member’s service plan and assessed need.

Phase 2: A member who has completed 12 months of MAT and shown compliance with urine drug screens and therapy requirements, is required to have a minimum of one hour of therapy per calendar month. This therapy may be a group, individual or family session based on the member’s service plan.

For instances where the Medicaid member’s Phase 1 individualized treatment plan contraindicates group therapy for all or part of the required three hours, the provider may request a variance to substitute individual therapy.

504.13.5 Therapy Variance
While it is common practice to provide group therapy as a standard model for substance abuse treatment, individualized treatment plans may contraindicate group therapy, in lieu of individual therapy, as a standard treatment practice. A provider may request a variance per member, by supplying a copy of the member’s service plan to BMS, including the
documented clinical reason why group therapy is not needed. BMS will be responsible for providing a letter of acceptance or denial within ten calendar days of the request for variance being received. At minimum, the required therapy must be completed as required during this review period.

Providers may request a variance from the group therapy requirement by sending a request to the SUD Waiver Program Manager, Jeffrey Lane, via email at BMSSUDWaiver@wv.gov with the required documentation or by mail to the address above.

A separate variance request must be made for each member and must include a copy of the member’s service/individualized treatment plan and the documented clinical reason why group therapy is contraindicated.

The current policy may be found at http://dhhr.wv.gov/bms/Pages/Manuals.aspx.

If you have any further questions, please contact me at Jeffrey.S.Lane@wv.gov or at (304) 356-5264.