

Comments for Chapter 504 Substance Use Disorder Services

Effective Date: July 1, 2018

<u>Number</u>	<u>Date Received</u>	<u>Comment</u>	<u>Status Result</u>
1	5/14/18	The document looks great and is clear, but I have a few suggestions: Page 5. 3rd paragraph would read better if it said “The level of care is determined by ASAM criteria in accordance with the 6 ASAM Dimensions below:”	Policy has been updated to reflect this change.
2	5/14/18	Page 10, 504.5 Are there any supervision requirements for Peer Recovery Specialists? If so, should they be included here?	Policy has been updated in 504.5 to refer to Section 504.15.1 for Peer Recovery Support Specialist Services. Peer Recovery Support Specialist must be supervised by a master’s degree individual that is employed by the same provider.
3	5/14/18	Page 15, 504.12 3rd line: Instead of “This questionnaire” it would be clearer if read “The SBIRT process is composed of” Page 15, 4th line: would be clearer if read: “Screener (s); a set of brief questions...”	Policy has been updated to reflect these changes.
4	5/14/18	Page 15: I would suggest you clarify that there are evidenced based screening instruments for both adults (18+) and Youth (12-17). Suggested instruments for Adults are “ASSIST, DAST, AUDIT” and the suggested instruments for youth is “CRAFT” follow by the ASSIST if positive on the CRAFT.	Policy has been updated in 504.12 to read “There are separate screenings tools that can be used based on the member’s age at the time of assessment.”
5	5/14/18	504.13.1 Staff Credentials Should credentials for Peer Recovery Specials be included here?	No change. Section 504.13.1 is Staff Credentials for Methadone programs. Section 504.15.1 has staff credentials for Peer Recovery Support Specialists.

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6	5/14/18	504.13.3 Phase I: It appears a bit overkills to require counseling for 4 hours a month for an entire year. Will certainly do no harm but 6 months of 4 hours a month followed by 2 hours a month for the remainder of the year and then 1 x a month after the first year. (Just my suggestion, take it or leave it)	No Change. This is required in the WV State guidelines for all Medication Assisted Treatment.
7	5/21/2018	Thank you for taking the time to read and consider suggestions. I'm happy to see recognition for the ADC credential and higher, but please be advised that WVAADAC does NOT issue credentials. The WV Certification Board for Addiction and Prevention Professionals (WVCBAPP) is the credentialing Board. ADCs and AADCs should also be written into the Medicaid billing codes. WVCBAPP with IC&RC utilizes psychometrically sound tests intended to credential addiction and Prevention professionals. IC&RC is an international board that WVCBAPP is a member of allowing reciprocity from state to state or country to country. If someone is qualified, they should be certified. And that certification should be recognized as the standard of practice to safeguard clients and agencies. The credentials should be reimbursed for their value.	Policy has been updated in 504.13.1 to read, “*Certification requirements for West Virginia Certification Board for Addiction and Prevention Professionals (WVCBAPP) may be different than those included above. This policy is not meant to circumvent any requirements as set forth by this organization.”
8	5/24/2018	The 1 st paragraph on page 12 of Chapter 504 (504.18.4) Manual - ASAM Criteria 3 rd Edition, pages 272-276 states that “The patient who is appropriately admitted to a level 3.7 program meets specifications for at least 2 of the 6 dimensions, at least one of which is in Dimension 1, 2, OR 3 ” thus dimensions 4, 5, and 6 may be utilized for 3.7 level of care as long as one of the 1 st 3 dimensions is met. The paragraph on page 12 of the manual reads <u>“<i>These services are designed to meet needs of individuals who have functional limitations in Dimensions 1, 2, and 3 of the ASAM criteria.</i>”</u> Would you change this wording that is italicized to what is in bold above? Our concern is that the HMO’s may not understand that 1 or more of the functional limitations may also be from Dimensions 4, 5,	The policy in Section 504.18.4 was updated to read “Requirements for admission to a Level 3.7 program include meeting the specifications in two Dimensions, at least one of which must be in Dimension 1, 2, or 3”.

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		and/or 6. At 3.7, 1 of the dimensions must be form 1, 2, and/or 3 but not necessarily all from 1, 2 and/or 3.	
9	5/16/18	Is there any way to make the OD visit requirement timeframe proposed for QRT (up to 72 hours) and the SUD waiver service for referral for treatment provided by first responders match? Currently for SUD waiver, first responders offer treatment referral at the time of the overdose. This might be a deterrent for going back later, feeling like they already offered treatment so why go again. Just a thought that if they could bill at the QRT visit (up to 72 hours after the overdose) verses while on the scene of the overdose it might encourage participation. I have heard so many reports from first responders that patients are often violent and angry immediately after so up to 72 hours may be a better time to offer treatment. Thanks a bunch.	No Change. The time frame for reimbursement for the "Warm Handoff" - brief intervention and referral to treatment - was negotiated with CMS during the Waiver approval process.