




STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
BUREAU FOR MEDICAL SERVICES

Jim Justice  
Governor

Commissioner's Office  
350 Capitol Street, Room 251  
Charleston, West Virginia 25301-3712  
Telephone: (304) 558-1700 Fax: (304) 558-1451

Bill J. Crouch  
Cabinet Secretary

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](mailto: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](mailto:Jeffrey.S.Lane@wv.gov) or at (304) 356-5264.