FAQs for 5.2.2019 SUD Waiver Policy Call

Q1. I had a few questions for you. We are going to working with levels 3.1 and 3.5. Knowing that we will be receiving a bundled rate, I need to find out more information on what services can be billed outside of the bundle rate. For an example we will be working with pregnant women, if we have a certified Lamaze teacher can we bill for these services separately? We also have a certified activities coordinator - can we bill for any services outside of the bundle code?

A1. Any service not included in the residential bundle can be billed outside of the bundle if it's a covered Medicaid service.

Q2. I feel very disappointed that the waiver does not include (Medication Assisted Treatment) services for Suboxone patients. I thank you for any education you can send that informs me as to what is available to people that have a diagnosis of SUD.

A2. There are many different SUD services, but not all of them are covered under the SUD Waiver. The services offered by the SUD Waiver are covered in WV providers Manual Chapter 504. Any West Virginia Medicaid member with a substance use diagnosis or substance use with a co-occurring mental health diagnosis is eligible to receive services under the SUD Waiver. On January 14, 2018, Methadone became reimbursable for WV Medicaid members. There are 9 OTP programs across the state. We also started reimbursing for all levels of Residential Adult Services programs for substance use disorders.

Chapter 504 Substance Use Disorder Services: https://dhhr.wv.gov/bms/Pages/Chapter-504-Substance-Use-Disorder-Services.aspx

Many other SUD services are covered in Chapter 503, Licensed Behavioral Health Centers services: https://dhhr.wv.gov/bms/Pages/Chapter503_LBHC_Services.aspx

Or Chapter 521, Behavioral Health Outpatient Services: https://dhhr.wv.gov/bms/Pages/Chapter-521-Behavioral-Health-Outpatient-Services.aspx

For example, Non-Methadone Medication Assisted Treatments (Suboxone/Vivitrol) are covered in section 503.19.2.

Withdrawal Management can occur on an outpatient basis, or members can be treated in one of 8 Crisis Stabilization Units statewide. Under the SUD Waiver, we offer Medically Monitored Withdrawal Management as part of the services in our Level 3.7 Residential Adult Services programs.

Q3. Did LPC and LICSW's get omitted from being able to bill 90791 in the new draft of 504-.12.2 Psychiatric Evaluation (No Medical Service)? It is allowed in both Chapter 503 and Chapter 521?

A3. Yes. LPC and LICSWs can provide this service. A change will be made in Chapter 504, Section 504.12.2 to reflect this.

Q4. Will we need a new license or can our current LBHC license be updated to apply for Residential Adult Services?

A4. You will use your current LBHC license to apply.

Q5. Will we need a new NPI number for the residential piece or will our current one suffice?

A5. You can use your current NPI#. However, some providers choose to get a separate NPI for taxes and other reasons.

Q6. Will we need to credential as a facility or with each individual provider or both?

A6. LBHCs do not have to credential at the individual level at this time. BMS reviews each application and issue either an approval or denial. Approved applications get an effective billing date. Denied applications have 30 days to resubmit and receive approval.

Q7. Will we need our JCAHO accreditation to move forward with licensing and/or credentialing?

A7. No. BMS does not require JCAHO accreditation.

Q8. I want to confirm that telehealth for professional therapy and physician services can be provided for Non-Methadone Medication Assisted Treatment.

A8. Yes. Telehealth can be utilized for both Non-Methadone and Methadone MAT services.

Q9. We have three fellas who are transitioning from residential to outpatient and I just wanted to check with you first about how that works.
I'm guessing I should close out the current auth and enter an auth for the outpatient codes we are requesting? Can we continue to use the same treatment plan with amendments? We are not credentialed yet with all the MCOs so the other question is should we go ahead and do things as though we might be able to back bill?

A9. To be a SUD waiver provider, you must be an LBHC. If you provide multiple levels of Residential Adult Services and/or outpatient services, the member could transition by stepping down to a lower level as assessed for medical necessity. The provider can request the outpatient therapy codes that LBHCs use. The member's service plan could continue with modifications to show the step down. When submitting for outpatient service codes, indicate in the text field that the member is moving to outpatient services and list the date the member completed the SUD RAS program.

Q10. What subjects and topics need to be covered when obtaining the 30 hours of CEU's needed to maintain Peer Recovery Support certification? Also, next month is the social work convention, do the CEUs that will be available for addiction qualify for CEUs for the Peer Recovery Support? Is it possible to obtain CEUs through online training and if so, what topics can be done online?

A10. There are no restrictions on the subjects you can take for CEUs with the exception that you must take six hours of ethics as part of your recertification. Any CEUs earned at the upcoming PRSS and Social Work conferences should count towards these hours. Any CEUs earned online would count towards certification as well. You must keep documentation of completion of these CEU hours.

Q11. Can Residential Adult Services programs contract with an outside provider for MAT?

A11. Yes. RAS programs can offer Medicated Assisted Treatment through an outside provider with a (MOU) Memorandum of Understanding. All RAS providers should have an MOU with an Opioid Treatment Program as methadone is only available at OTP sites.

Q12. I am writing you regarding the transition of payment for methadone maintenance to the HMOs. I am speaking with one of the Medicaid HMOs and they are stating that methadone is still going to be paid under Medicaid indefinitely. However, we were contacted by another provider stating that in July once again we would be billing the individual HMO. Could you please clarify for me if in fact OTPs should bill the individual HMO in July or continue with billing Molina Medicaid (now DXC Technology)?

A12. There will be no change in the Methadone/Opioid Treatment Programs. Through June 30, 2019, all SUD Waiver services are currently billed as Fee for Service (FFS) for all members.* KEPRO is the FFS utilization manager. DXC Technology is the FFS fiscal agent. *Most SUD Waiver services will be transitioned to the MCOs July 1, 2019. Note: Opioid Treatment Program services will remain FFS.

Q13. Bridge Valley has a 2-year program in Peer Support. Where does individuals that have this 2-year degree fall as regard to being grandfathered in?

A13. In order to bill Medicaid for reimbursement of PRSS services, individuals were required to send any PRSS certification obtained prior to July 1, 2018 to the BMSSUDWaiver@wv.gov email address. After that date, any individual wanting to be certified for billing purposes must complete the BMS Webinar. This would apply to degreed individuals as well.

Q14. We had a program at family support that some of our PRSS's were volunteering with the homeless population in shelters, sober homes, transitional homes and halfway house. A few of these volunteers were officially hired on as a PRSS's for the agency. My question is how do we document their volunteer hours? For example, would a letter from the shelter or home that we placed them in to serve suffice? I imagine the shelters could place even a schedule of hours that they worked or even just a total of hours that they volunteered.

A14. A letter or a log documenting the days a PRSS volunteered and the number of hours they volunteered that day would suffice as documentation of the 40 hours of volunteer PRSS work. Again, for BMS's requirements, these volunteer service hours should be provided to individuals with a substance use diagnosis or substance use diagnosis with a co-occurring mental health diagnosis.

Q15. We have a couple of our staff members that are Bachelor level social workers that are considering filling part of their schedules by providing PRSS services. They have taken the webinar and are individuals that meet the criteria as far as their recovery is concerned. Do they need to do the same follow up trainings? Do they need to do the volunteer hours, as well?

A15. Yes. The requirements are meant for everyone wanting to provide PRSS services. But Chapter 504, section 504.15.1 says the 40 hours can be either volunteer or from a paid agency, so if your staff provided 40 hours of PRSS service at a paid agency, then they fulfilled that requirement.

Q16. When we bill with the bundle code, do we have to include each CPT code that was used within the bundle?

A16. No. The CPT codes listed on page 5 of the RAS application are included in the bundle.

Q17. Do members need to be on MAT Treatment to meet the qualifications or can they enter a RAS program without having the MAT as part of their treatment plan? Example (if a person were to suffer from alcohol or marijuana use) would this person be eligible?

A17. Members do not have to be on MAT treatment before entering a program. Any member may be admitted to your program provided they meet medical necessity. If someone has a substance use diagnosis and meets the medical necessity for treatment, you can admit them into your program. The program can offer MAT treatment if they choose, provided they have an authorized prescribing physician. Opioid Treatment Programs are the only facilities that can prescribe methadone in the state. So, if the program accepts someone who is on methadone, or any other MAT, they must be able to continue to receive their current MAT medications.

Q18. Does a client have to be present for every discussion regarding them or does this only apply when there is a change or discussion to their treatment plan?

A18. No. Clients do not have to be present for every discussion regarding them but must be allowed to attend and participate in service planning.