

Name of Meeting: Addiction and Recovery Treatment Services (ARTS) Workgroup

Date of Meeting: July 14, 2016

Length of Meeting: 3:05 PM – 4:55 PM

Location of Meeting: Department of Medical Assistance Services (DMAS) 7 A&B

Workgroup Members Present:

Managed Care Plans

Stephanie Lynch, Virginia Association of Health Plans (VAHP)

Dr. David Buchsbaum, Anthem

Dr. Matt Keats, Anthem

Christopher Best, Virginia Premier

Mari Dean, Anthem

Laurie Kalanges, Humana

Frank Washington, Optima

Rick Gorman, Virginia Premier

Monica Wallace, Anthem

JoEllen Seheid, Anthem

Karen Frusz, InTotal

Cheryl DeHaven, Magellan

Les Saltzberg, Anthem

Varun Chaudhary, Magellan

Mohamed Ally, InTotal

Arlene Wilkens, Anthem

Jodi Diamond, Optima

Providers

James May, Richmond Behavioral Health Association (RBHA)

Kyle McMahon, Caliber Virginia

Robert Coalson, ABH of VA

Karen Redford, RBHA

Lillian Ticker, Virginia Commonwealth University (VCU)

Gerry Moeller, VCU

State Agencies

Dr. Cleopatra Booker, Department of Behavioral Health and Developmental Services (DBHDS)

Holly Mortlock, DBHDS

Dr. Hughes Melton, Virginia Department of Health (VDH)

Susan Pauley, DBDHS

Associations

Danielle Nugent, Virginia Community Healthcare Association (VCHA)

DMAS Attendees:

Kate Neuhausen, Tammy Whitlock, Brian Campbell, Donna Proffitt, Shamika Ward, Oketa Winn, Karen Thomas, Kimberly Ryan, Nicole Anders, Whitney Davis, Alyson DeSalvo

Introductions/Updates from DMAS and CMS

Brian Campbell called the meeting to order and announced to the workgroup that Dr. Kate Neuhausen will be returning to the Agency post maternity leave on July 18, 2016. Mr. Campbell stated DMAS submitted the public notice of the Substance Use Disorder (SUD) 1115 Waiver application on July 1, 2016 and the comment period closes 30 days after submission. DMAS plans to submit the waiver application to the Centers for Medicare and Medicaid Services (CMS) after the public comment period closes. Mr. Campbell also introduced the name change from SUD to Addiction and Recover Treatment Services (ARTS).

Mr. Campbell highlighted items from the last workgroup meeting on June 23, 2016 which had several presenters for Peer Support Services. VDH and DBHDS continue to develop the provider training plans for Medication Assisted Treatment (MAT) and the ASAM Criteria.

DMAS will work with VDH and DBHDS to disseminate information on the trainings and develop a training plan to share with the workgroup. Mr. Campbell announced that Health and Human Resources (HHR) will be planning a Summit this fall and Dr. Neuhausen will be involved. Discussions began with the Virginia Hospital and Healthcare Association (VHHA) and their interest in the program and current bed capacity; willingness to consider expanding bed capacity. VHHA is surveying the hospitals and responses are due by July 25, 2016. Mr. Campbell expressed that the workgroup structure may change to ensure efficiency and need to accomplish specific tasks; discussions over the next couple of weeks will solidify the structure. Mr. Campbell turned the meeting over to the presenter, Dr. Gerald Moeller.

Presentation by Dr. Gerry Moeller, Director of Addiction Medicine, VCU School of Medicine

Dr. Moeller, along with Dr. Lillian Tiller, presented on Matching Withdrawal Treatment with Need. Dr. Moeller provided a background on inpatient addiction withdrawal and defined the terms and level of care: Clinically managed, Medically monitored and Medically managed. Dr. Moeller focused on the ASAM Levels of Care 3 – 4 and an overview of the six (6) Dimensions. Dr. Moeller presented on the recommended staffing by level of care.

Workgroup members had several questions related to ASAM allowance of clinical judgement, determination of severity of withdrawal, determining most appropriate type of intervention and setting, and how to incorporate patient “driving” the level of care. Members wanted information on how to organize and manage medical necessity vs. clinical necessity; Acuity vs. Dimension. Dr. Moeller stated there is difference between treating someone in withdrawal vs ongoing clinical treatment of addiction.

Workgroup members also questioned what registered nurses (RN) and licensed practical nurses (LPN) are allowed to do within scope of practice in these various ASAM level placements, such as initial vs ongoing assessments, medication administration, knowledge of how to interact with patients who are experiencing addiction, withdrawing, etc. Dr. Moeller recognized the need for nurses being trained in addiction and stated that Virginia Commonwealth University (VDU) has a specific training for their nursing staff and may be able to share the training.

Overview of individual staff qualifications and certification standards-Pending DMAS memo

Mr. Campbell provided overview of the Provider Qualification survey sent to the managed care plans and Magellan regarding the recognized substance use treatment providers and Certified Substance Abuse Certifications (CSAC). Mr. Campbell stated that the Agency will most likely recognize Department of Health Professions (DHP) licenses and CSAC; thus DMAS is developing a provider memo to give provider who don't meet the current CSAC requirements have time to get certified before program implementation April 1, 2017. DMAS is having ongoing consultation with DHP regarding the staff qualifications and the recognition of CSACS; DHP will present to the Board of Counseling in August to add national certifications allowable as CSAC. Ms. Jaime Hoyle with DHP concurred with Mr. Campbell and further stated they went under contract with NADAC: Using NAC as level 1 exam for CSAC; MAC for LSATP. Ms. Hoyle contemplates the Board will consider NADAC and IC&RC.

Discussion of progress/activity, next steps, timeline and project plan

Mr. Campbell provided overview of project timeline and facilitated feedback from the workgroup. Workgroup members expressed urgent need to finalize ASAM Level for RTC so that the managed care plans know how to credential since DBHDS license does not get in that level. Mr. Campbell and Dr. Neuhausen suggested showing how the ASAM withdrawal management aligns with the ASAM Levels of Care and the DBHDS license. DMAS will develop a crosswalk to share with the workgroup. Dr. Neuhausen will engage Dr. Mee-Lee and request/develop a template that managed care plans can use with providers they are negotiating contracts with for RTC – that providers can attest and show they meet the ASAM level requirements. Mr. Campbell stated the next scheduled meetings will be revised to focus on credentialing and specifying the standards/details as it relates to residential treatment and network.

Wrap up/Resolution

- DMAS will also consult with the Board of Nursing to clarify RN and LPN scope of practice in RTC, i.e., administers mediation under supervision, initial vs ongoing assessments, etc.
- Will need guidance from Dr. MeeLee on staff requirements for RTC/Inpatient to meet ASAM Levels and develop template for managed care plans to use for credentialing these providers.
- DMAS will send revised meeting schedules and agendas.

The meeting was adjourned at 4:55 PM.