

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

Date of Meeting: July 21, 2016

Length of Meeting: 3:00 PM – 4:47 PM

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

Workgroup Members Present:

Managed Care Plans

Renee Miskimmin, Virginia Premier

Julie Bateman, Virginia Premier

Ira Bloomfield, Aetna Better Health

Robert Coalson, Aetna Better Health

Matt Keats, Anthem

Janine James, Anthem

Melissa Perraut, Humana

Ryan May, Humana

Theresa Carpenter, Optima

Jodi Diamond, Optima

Frank Washington, Optima

Lee Ortiz, Optima

Karen Friesz, INTotal

Mohamed Ally, INTotal

Jacob Carson, INTotal

Farzana Rahman, INTotal

Mary Fountain, INTotal

Krist Fowler, INTotal

Varun Chaudhary, Magellan

Danyelle Smilovich, Magellan

Jim Forrester, Magellan

Morton Albert, Beacon Health Options

John Strube, Beacon Health Options

Samantha Pacheco, Beacon Health Options

Providers

Karen Redford, RBHA

Cheryl Robinette, Cumberland Mountain
Community Services Board (CSB)

Mary Cole, Cumberland Mountain CSB

Pattie Schneeman, Phoenix Houses of the Mid
Atlantic

Susan Hargreaves, Phoenix House

Kyle McMahan, Caliber Virginia

Roberta Dysart, Northwestern CSB

State Agencies

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

Holly Mortlock, DBHDS

Stacy Gill, DBDHS

Millie Randall, DBHDS

Associations

Danielle Nugent, Virginia Community
Healthcare Association (VCHA)

Jennifer Faison, VACSB

Elizabeth Rafferty, VACSB

Diane Harris, Community Care Network of
Virginia (CCNV)

Kelly Todd, CCN

DMAS Attendees:

Kate Neuhausen, Brian Campbell, Donna Proffitt, Shamika Ward, Estelle Kendall, Jeannette Abelson, Nicole Anders, Whitney Davis, Kim Ryan, Alyson DeSalvo

Introductions / Updates / Minutes Approval

Brian Campbell opened the meeting today to notify members that the main discussion topic for meeting is network credentialing and outreach efforts for recruiting providers. Mr. Campbell also noted workgroup members request to add for a future topic of discussion the impact of 42CFR Part 2 which is the confidentially requirements for alcohol and drug abuse patient records (specifically Subpart C—Disclosures with Patient's Consent). Mr. Campbell stated this was also part of a recent discussion with Centers for Medicare and Medicaid Services (CMS).

The group approved the meeting minutes from July 14, 2016 with corrections of workgroup member attendance.

Mr. Campbell notified the workgroup of the updates to the DMAS website for the Addition and Recovery Treatment Services (ARTS) section and encouraged workgroup members to review and provide feedback. He specifically referenced the posting of the ARTS Reimbursement Structure Sheet and that revisions will need to be made such as adding the withdrawal management services and the addition of the SBIRT Screening Codes which is ASAM Level 0.5. The ASAM Level 3.7 will have two rates, one for residential treatment and one for inpatient hospital stays. Provider will need to differentiate with use of the HCPCS or revenue codes.

Dr. Keats, Dr. Neuhausen and Ashley Harrell provided workgroup members an overview from the meeting with the Metro Richmond Behavioral Health Innovation Collaborative prior to the workgroup meeting. There was emphasis on the need for creating linkages for Workforce Development between the managed care plans and providers. Members discussed how the upcoming Provider Summit being convened by Secretary Hazel will help focus on regions and recruiting new physicians with the Suboxone waiver to provide Medication Assisted Treatment (MAT). Workgroup members inquired if Virginia Department of Health (VDH) could provide 4 trainings in each region to target new or inactive providers as well as currently practicing providers to align with best standards. A suggestion by the workgroup is to invite behavioral health providers to the MAT trainings to allow collaboration between the physicians and behavioral health providers. There is also need to incorporate Peer Support Services in MAT settings.

Dr. Neuhausen discussed need for developing venues where MAT/ASAM champions can help to develop collaborations to assist with provider education and recruitment as well as disseminating information on program changes in order for sustainability. Jennifer Faison with VACSB stated they could assist with locating these champions. Other associations that could assist to help define entities: VHHP, VAHP, VACBP, Caliber, VCOPA are also other avenues. VDH has been invited to present on MAT at the physician association meetings in October.

Dr. Neuhausen stated that many of the services will not require service authorization and the forms are of uniform format, thus it would help providers to understand that this will help reduce the administrative burden; as some have the concern that this will increase administrative work which will decrease the amount of time delivering the service. There are entities that could help to disseminate this message (like VACSB). There is also participation from those in the behavioral health community and health plans but not psychiatrists and other physicians. More ideas are needed to determine how to increase interest in attending the trainings.

Dr. Neuhausen suggested modifying the MAT presentation to address good practice methods in service delivery and excluding waiver information. There is a need to incentivize providers who are doing well (i.e. gold card idea). The training and discussion of the model would be very helpful information however, unless the provider can understand and internalize how their practice would benefit from it; there is no guarantee that they would be willing to participate. It was recommended to develop an online curriculum (for licensed and credentials professionals who have experience in the field and in need of refresher) where providers could pay and take

courses that would lead to certification. Mellie Randall stated that Central East ATTC / ATTC in D.C. offers trainings to states in evidenced based practice and to help with workforce development. The workgroup can explore ATTC developing online courses for Virginia. Individuals have to pay ATTC directly to take online course. Ms. Randall offered to reach out to the ATTC for guidance on this. Ms. Randall also stated DBHDS and HHR are working with universities and community colleges to increase workforce who are trained in addiction. Dr. Varun Chaudhry stated he has contact with SAMHSA to contact for ATTC training options.

Dr. Neuhausen stated there is need to work with psychiatric/counseling practices who have social worker that general practice physicians could coordinate MAT services. A model which has been successful is having the social worker or other clinician lead group sessions at the physician's office several times per week when members are getting their medication administration (group model for medication administration and counseling).

Discuss potential use of informational provider outreach strategies/regional learning collaborative approach for August/September

Mr. Campbell announced that DMAS is developing a provider memorandum that will be posted and shared with all enrolled providers in the first week of August. The memo will include an overview of the ARTS transformation, the upcoming trainings for MAT and ASAM, need for providers to be in compliance with new provider qualifications beginning April 1, 2017 as well as notification of the upcoming "ARTS 101" provider webinars. DMAS will also be scheduling in-person statewide "ARTS 101" trainings in September. Workgroup members stated the CSBs, FQHCS and RHCs may be available to host sessions in their locations. The workgroup supported having MCO, Magellan, VDH and DBHDS representatives present at the sessions to develop relationships with providers attending. DMAS will take lead and coordinate sessions with DBDHS and VDH and then invite plans to send representatives. Dr. Chaudhry stated the Washington Psychiatric Society encompasses Northern Virginia area and may be able to help with training schedules.

The workgroup also requested recording Dr. Melton's MAT presentation to post online so providers get MAT model concept.

Dr. Neuhausen provided update on the Buprenorphine workgroup and need to address providers who are prescribing and dispensing medications (buprenorphine/Suboxone) without ensuring the counseling component and following MAT evidenced based practice. Dr. Neuhausen will continue to keep the workgroup updated on efforts to education providers on best practice and ensure full continuum of MAT care following ASAM Criteria.

Options for credentialing documents to be used for ASAM LOC's

Mr. Campbell provided an overview of the draft attestation form for health plans to use in the credentialing of providers to ensure they are applying the ASAM Criteria in practice. Workgroup members inquired if providers would be required to complete a form for each of the locations within the providers group. Workgroup members recommended for providers to be able to attach a document which lists all of the locations and the services each are credentialed for in order to avoid completing the form multiple times and adding unnecessary administrative burden. The workgroup will need to determine who verifies the provider attestation and if there

would be a need for site audits to ensure attestation. There was discussion about the need to fine-tune the attestation process however the main point is identifying the level of care that best meets the needs of the client's treatment and meet NCQA requirements for credentialing. Therefore, it's necessary to document the levels of care provided by each facility. Workgroup made recommendation to include a checklist that would list all of the services allowed for each level of care for 3.3/3.5/3.7. There was discussion of not including Level 4 since this was inpatient hospital setting. It was also recommended to consult with Dr. Mee-Lee as well as learn how California is handling the situation. Mr. Campbell stated DMAS will also reach out to the Affinity group and CMS for suggestions as well as learn from the Commonwealth Coordinated Care (CCC) program.

Discussion of next steps, timeline and project plan-request for ASAM credentialing consultation topics

Mr. Campbell obtained agreement from workgroup members to focus on credentialing for now.

The meeting was adjourned at 4:47 PM.