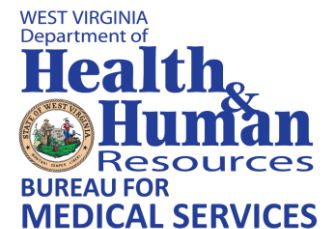


# Substance Use Disorder (SUD) Waiver

## Peer Recovery Support Services

Jeffrey S. Lane, Program Manager  
SUD Waiver Services  
April 17, 2019



# Agenda

- SUD Waiver Overview
- SUD Waiver Services
- Peer Recovery Support Services
- Residential Adult Services (RAS)/Peer Recovery Support Specialist (PRSS) Reports
- SUD Frequently Asked Questions (FAQs)

# SUD Waiver Overview

# SUD Waiver Overview

- Approved by the Centers for Medicare and Medicaid Services (CMS) in October 2017.
- West Virginia was one of the first five states to be approved by CMS to administer an 1115 SUD Waiver demonstration.
- West Virginia has used the Medicaid Section 1115 Waiver to develop and implement a continuum of SUD treatment benefits to address the immediate physical, mental, and social needs of substance-using individuals and to promote and sustain long-term recovery.

# SUD Waiver Implementation

The West Virginia Medicaid Section 1115 SUD Waiver was implemented in two phases:

Phase One began January 14, 2018:

- Screening, Brief Intervention and Referral to Treatment (SBIRT)
- Opioid Treatment Programs (OTP)
- Naloxone Initiative (including administration of medication and a “warm handoff” to SUD treatment)

Phase Two began July 1, 2018:

- RAS
- Withdrawal Management (WM)
- Peer Recovery Support services

# SUD Billing Overview

All Medicaid members, whether they are Fee-For-Service (FFS) or in a Managed Care Organization (MCO), can receive SUD Waiver services.

\*All SUD Waiver services are currently billed as FFS for all members:

- KEPRO is the FFS utilization manager.
- DXC Technology is the FFS fiscal agent.

*\*Most services will be transitioned to the MCOs July 1, 2019.  
Note: OTP services will remain FFS.*

*Chapter 504, Substance Use Disorder Services* can be found on the Bureau for Medical Services (BMS) website:

[dhhr.wv.gov/bms/Pages/Manuals.aspx](http://dhhr.wv.gov/bms/Pages/Manuals.aspx)

# SUD Waiver Services

SBIRT is a comprehensive, evidenced-based approach for early identification and intervention with individuals whose patterns of alcohol and/or drug use put their health at risk.

The SBIRT process is composed of three separate sections including:

- Screening (S) is a set of brief questions used to determine problematic alcohol and/or substance use and severity;
- Brief Intervention (BI) focuses on education, increasing the individual's insight and awareness about risks related to unhealthy substance use, and enhances motivation towards healthy behavioral change; and
- Referral to Treatment (RT) is used to help facilitate access to addiction assessment and treatment.



## Opioid Treatment:

- Under the Waiver, West Virginia Medicaid covers Methadone for opioid treatment, its administration and related required services in compliance with state regulations.
- West Virginia Medicaid also covers for the initial administration and observation of the member to ensure they can tolerate the Medication Assisted Treatment (MAT).

## **The Naloxone Initiative:**

West Virginia Medicaid will reimburse Emergency Medical Services (EMS) providers for:

- Naloxone, including two atomizers and an administration fee; and
- Referral to treatment - a “Warm Handoff” referral to Licensed Behavioral Health Centers (LBHC) or other SUD service providers for assessment and possible referral to treatment while on the scene.

# SUD Waiver Services (Cont.)

While on the scene, after the member has received Naloxone or it has been determined the member has a possible SUD but did not require Naloxone, the EMS attendant gives the member a pamphlet with information about the West Virginia HELP4WV Helpline and local SUD treatment providers and asks if they are interested in treatment.

If the member is willing to enter treatment, the EMS attendant calls the West Virginia Helpline to make a referral.

**1-844-HELP4WV**

If the member is not interested in a referral to treatment at this time, the EMS attendant leaves the pamphlet with the member.

# SUD Waiver Services (Cont.)

- RAS are comprehensive programs for adults ages 18 and older who have been diagnosed with a substance use disorder and/or co-occurring substance use/mental health disorder.
- These short-term residential services are typically less than 30 days. Individuals placed in these levels of care are unable to be treated on an outpatient basis effectively.
- The level of care that individual is placed in is based upon medical necessity and the American Society of Addiction Medicine (ASAM®) Criteria.

# SUD Waiver Services (Cont.)

The ASAM<sup>®</sup> Criteria describes four levels of adult residential care:

- 3.1 Clinically Managed Low-Intensity Residential Services.
- 3.3 Clinically Managed Population-Specific High-Intensity Residential Services.
- 3.5 Clinically Managed High Intensity Residential Services.
- 3.7 Medically Monitored Intensive Inpatient Services.

**Procedure Code: H2036**

**Modifiers: U\*\_HF**

**Service Unit: 24 hours (bundled per diem)**

\*This modifier is based on the level of service provided to the member.

For example:

- Level 3.1 is U1; Level 3.3 is U3; etc. The HF modifier denotes that this is substance use.

***Note: Peer Recovery Support services are included in every residential bundled per diem.***

# SUD Waiver Services (Cont.)

- Residential adult services are available to all Medicaid members 18 years of age or older who have a diagnosis of substance use disorder and/or co-occurring disorder that cannot be treated on an outpatient basis.
- Each West Virginia Medicaid residential level contains a group of services for that specific level. As the level increases, the amount of services and hours of clinical services also increase. Peer Recovery Support services are included in every level of residential treatment.
- Medication-Assisted Treatment (MAT) is available to members in conjunction with their residential treatment. All MAT requirements continue to apply as specified in *Chapter 503, Licensed Behavioral Health Centers*, and *Chapter 504, Substance Use Disorder Services*. These manuals can be found at:  
<https://dhhr.wv.gov/bms/pages/manuals.aspx>

## Withdrawal Management:

- Currently, West Virginia Medicaid provides Level 1 WM as an outpatient service and Level 2 WM as an outpatient service in eight crisis stabilization units across the state.
- West Virginia Medicaid is now able to provide ASAM<sup>®</sup> Level 3.2 WM services in ASAM<sup>®</sup> Residential Level 3.7 settings as part of the course of treatment.

# Peer Recovery Support Services



# Peer Recovery Support Services

- Peer Recovery Support services are for individuals with substance use disorders or co-occurring substance use and mental health disorders.
- Peer Support services may be provided in any location *except* for the PRSS' home and must be completed in a safe environment. Note: Group Peer Recovery Support services are not covered services.
- Only peers under the age of 18 may provide Peer Recovery Support services to other peers under the age of 18. No adult Peer Recovery Support Specialists may provide services to minors.
- Only a Comprehensive Behavioral Health Center (CBHC) or LBHC, as defined in Chapter 64 of the WV State Code, may provide Peer Recovery Support services.

# Peer Recovery Support Services (Cont.)

- A peer is an individual who shares the direct experience of addiction and recovery.
- Peer Recovery Support services are nonclinical services that assist individuals to recover from alcohol or drug problems.
- A Peer Recovery Support Specialist (PRSS) is a person who uses his or her own lived experience of recovery from addiction, in addition to skills learned in a formal training, to deliver services in substance use disorder settings to promote mind-body recovery and resiliency.
- A PRSS is professionally qualified and trained to provide collaborative services to assist members in achieving sustained recovery from the effects of substance use disorders.

# Peer Recovery Support Services (Cont.)

## These services:

- Facilitate recovery from substance use disorders.
- Are delivered by trained and certified peers who have been successful in their own recovery process and can extend the reach of treatment beyond the clinical.
- Are delivered by individuals who have common life experiences with the people they are serving.
- Are an evidence-based model of care which consists of a qualified PRSS who assists members with their recovery.

# Billing Peer Recovery Support Services

<b>Procedure Code:</b>	<b>H0038</b>
<b>Service Unit:</b>	<b>15 minutes</b>
<b>Service Limits:</b>	<b>16 units per calendar day</b>
<b>Prior Authorization:</b>	<b>Required</b>
<b>Telehealth:</b>	<b>Available</b>
<b>Staffing Limitations:</b>	<b>May not exceed 20 members per PRSS</b>

***Note: No Group Peer Recovery Support services are reimbursable.***

# PRSS Requirements

## The PRSS requirements include:

- Self-identify as an individual with life experience of being diagnosed with a serious mental illness or substance use disorder which meets federal definitions;
- Well-established in their own recovery; currently in recovery for a minimum of two years and not have received SUD treatment for the preceding six months, except for MAT. (Note: MAT is considered a part of recovery);
- Have a high school diploma or GED equivalency (not applicable to 16-17-year old's applying to be a PRSS);
- Employed by either a CBHC or LBHC;
- Certification as a PRSS;
- Complete a PRSS application which includes the Attestation of Recovery Statement and three letters of reference;

# PRSS Requirements (Cont.)

- Supervised by an individual who possess a master's degree and is employed by the same provider;
- Not a family member of the individual receiving the Peer Recovery Support services;
- Continuing education of 30 hours must be completed every two years in the competency domains and which must include six hours in ethics;
- Complete 40 contact hours of volunteer work or paid work at an agency or provider prior to Medicaid services being rendered;
- Have a current CPR/First Aid card;
- Complete a fingerprint-based background check through West Virginia Clearance for Access: Registry & Employment Screening (WVCARES); and
- Only peers under the age of 18 may provide Peer Recovery Support services to other peers under the age of 18. No adult PRSS may provide services to minors.

# PRSS Certification

- BMS will accept any peer recovery support certification completed prior to July 1, 2018, to be grandfathered in for the purposes of meeting the certification requirement.
- Applicants who have not previously completed a certification prior to July 1, 2018, must complete the BMS PRSS webinar with an 80% or higher score in order to be certified.
- The applicant must provide proof that certification was completed prior to July 1, 2018, or must complete the certification of the BMS webinar on or after July 1, 2018.

# PRSS Certification (Cont.)

- The PRSS application is included on the SUD Waiver webpage under SUD forms:  
[dhhr.wv.gov/bms/Programs/WaiverPrograms/SUDWaiver/Pages/SUD-Forms.aspx](https://dhhr.wv.gov/bms/Programs/WaiverPrograms/SUDWaiver/Pages/SUD-Forms.aspx)
- The BMS PRSS Webinar:  
[www.onlinelearning.wv.gov/student/home.html](http://www.onlinelearning.wv.gov/student/home.html)
- The PRSS employer should keep all documents on file including the PRSS applications, certificate and attestation of recovery, letters of reference, the employees' educational record, work history, etc.
- Email completed webinar certificates to: [BMSSUDWaiver@wv.gov](mailto:BMSSUDWaiver@wv.gov)



# PRSS Activities

**Self Help:** Cultivating the member's ability to make informed, independent choices. Helping the member develop a network of contacts for information and support based on experience of the PRSS. Assisting in developing social skills, repairing, rebuilding, or establishing prevention networks.

**System Advocacy:** Assisting the individual to talk about what it means to have a substance use or co-occurring disorder to an audience or group. Assisting the individual with communicating about an issue related to their substance use and/or their recovery.

**Individual Advocacy:** Discussing concerns about medication at the individual's request. Assisting with developing independence in self-referral techniques, accessing appropriate care, and understanding clear communication and coordination with any health care provider.

# PRSS Activities (Cont.)

**Recovery Planning:** Helping the member make appointments for all medical treatment when requested. Guiding the member toward a proactive role in health care, jointly assessing services, identifying triggers for use, developing a relapse plan, and building support network.

**Crisis Support:** Assisting the individual with the development of a personal crisis plan. Helping with stress management and developing positive strategies for dealing with potential stressors and crisis situations.

**Relapse Prevention:** Giving feedback to the member on early signs of relapse and how to request help to prevent a crisis. Assisting the member in learning how to use the crisis/relapse plan. Educating on relapse prevention and identifying relapse trigger, developing a relapse plan and prevention. Learning new ways to live without the inclusion of drugs, skills building for such things as time management and connecting with prosocial activities.

# PRSS Activities (Cont.)

**Housing:** Assisting the member with learning how to maintain stable housing through bill paying and organizing his or her belongings. Assisting the member in locating improved housing situations. Teaching the member to identify and prepare healthy foods according to cultural and personal preferences of the member and his/her medical needs.

**Education/Employment:** Assisting the member in gaining information about going back to school or job training. Facilitating the process of asking an employer for reasonable accommodation for psychiatric disability (mental health day, flex time, etc.).

- **Emotional:** Should demonstrate empathy, care, or concern to bolster a person's self-esteem and confidence.
- **Informational:** Share knowledge and information and/or provide life or vocational skills training.
- **Instrumental:** Provide concrete assistance to help others accomplish tasks.
- **Affiliation Support:** Facilitate contacts with other people to promote learning of social and recreational skills, create community and acquire a sense of belonging.

# Weekly RAS/PRSS Reports

# Weekly RAS/PRSS Reports

Each week, the SUD Team prepares a report showing the current totals of Residential Adult Services beds.

As of March 15, 2019, there are 430 approved RAS beds in 34 programs.

Level 3.1:	78 beds
Level 3.5:	294 beds
Level 3.7:	58 beds
Coed:	147 beds
Female:	132 beds
Male:	151 beds
Non-Specific:	340 beds
Pregnant Mothers/Children:	90 beds

As of March 15, 2019, there are 145 approved Peer Recovery Support Specialists.

# SUD FAQs/Calls

# Monthly SUD FAQ Calls

On the first Thursday of every month at 11:00 a.m., KEPRO hosts a phone call where the SUD staff answers questions concerning SUD services. To be added to the list to participate in the monthly SUD FAQ calls, please contact:

Sissy Johnson

Contract Coordinator

KEPRO

[sjohnson2@kepro.com](mailto:sjohnson2@kepro.com)

Next call: May 2, 2019 @ 11:00 a.m.

These SUD FAQs are also posted on the SUD Waiver webpage:

<https://dhhr.wv.gov/bms/Programs/WaiverPrograms/SUDWaiver/Pages/default.aspx>



- Information on SUD Waiver services can be found in Chapter 504 of the West Virginia Medicaid Provider Manual:  
[dhhr.wv.gov/bms/Pages/Chapter-504-Substance-Use-Disorder-Services.aspx](https://dhhr.wv.gov/bms/Pages/Chapter-504-Substance-Use-Disorder-Services.aspx)
- The BMS SUD Waiver webpage:  
[dhhr.wv.gov/bms/Programs/WaiverPrograms/SUDWaiver/Pages/default.aspx](https://dhhr.wv.gov/bms/Programs/WaiverPrograms/SUDWaiver/Pages/default.aspx)
- Information about the ASAM<sup>®</sup> criteria:  
[www.asam.org/resources/the-asam-criteria/about](https://www.asam.org/resources/the-asam-criteria/about)

**Jeffrey S. Lane, Program Manager**  
Substance Use Disorder Waiver Program

West Virginia Department of Health and Human Resources  
Bureau for Medical Services  
350 Capitol Street, Room 251  
Charleston, WV 25301  
Phone: (304) 356-5264  
Fax: (304) 558-4398  
Email: [Jeffrey.S.Lane@wv.gov](mailto:Jeffrey.S.Lane@wv.gov)