



SUD

In a Virginia Rural Health Clinic Treatment

Virginia Rural Health Association
RHC Summit June 3rd & 4th
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InQuiseek Consulting

RHC Qualified Behavioral **PROVIDERS**



RHC Providers

Physicians & NPs can provide mental health services within their scope of practice.



CLINICAL PSYCHOLOGISTS

Psychologists can be employed directly by the clinic or provide services under a contractual agreement



CSWs & MHCs

CSW must hold a master's degree in social work, have at least 2 years of supervised clinical social work and be licensed by the state. MHC must hold a master's or doctorate degree in MHC



Marriage and Family Therapists

The Consolidated Appropriations Act made these therapists qualified providers of behavioral health services

TELEMEDICINE FOR BEHAVIORAL HEALTH

UNLIKE MEDICAL TELEMEDICINE, BEHAVIORAL HEALTH TELEMEDICINE PAYS THE AIR RATE. IT IS ALSO CONSIDERED A QUALIFIED RHC ENCOUNTER. THERE IS HOPE THAT ONE DAY BOTH MEDICAL AND BEHAVIORAL HEALTH TELEMEDICINE WILL PAY THE AIR RATE.



Definitions for discussion

CATP



Credentialed Addiction Treatment Professional
A mental health provider that is trained in addiction medicine

Addiction and Recovery Treatment Services

A service created by DMAS (Department of Medical Assistance Services).

ARTS



Substance Use Disorder

Opioid, Alcohol, or Other SUD (i.e. cannabis, hallucinogens, stimulants, inhalants, sedative/hypnotics, or polysubstance but not tobacco-related disorders)



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Preferred OBOT

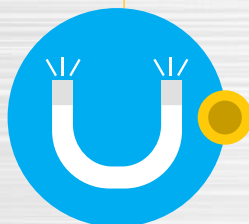


Preferred Office-Based Opioid Treatment

OBOT or OBAT is an outpatient model of care for opioid and other substance use disorders.

Interdisciplinary Plan of Care

The IPOC is an essential documentation and planning tool used and reviewed during interdisciplinary treatment meetings.



IPOC

Why bring up SUD and RHCs now?....Things are changing!

01

April 1, 2017 DMAS launched ARTS along with Preferred OBOT

Preferred Office-Based Opioid Treatment became a reality for Medicaid Primary Care Practices.

02

March 1, 2022 Virginia approved changing OBOT to OBAT

Preferred Office-Based Addiction Treatment came into existence. Treatment expanded to other primary SUDs not just Opioids.

03

Feb.6, 2023 DMAS removed the DATA Waiver(X-Waiver)

With the elimination of the SAMHSA waiver and the DEA X-number, APRNs can prescribe MAT if they have Schedule III prescribing authority.

04

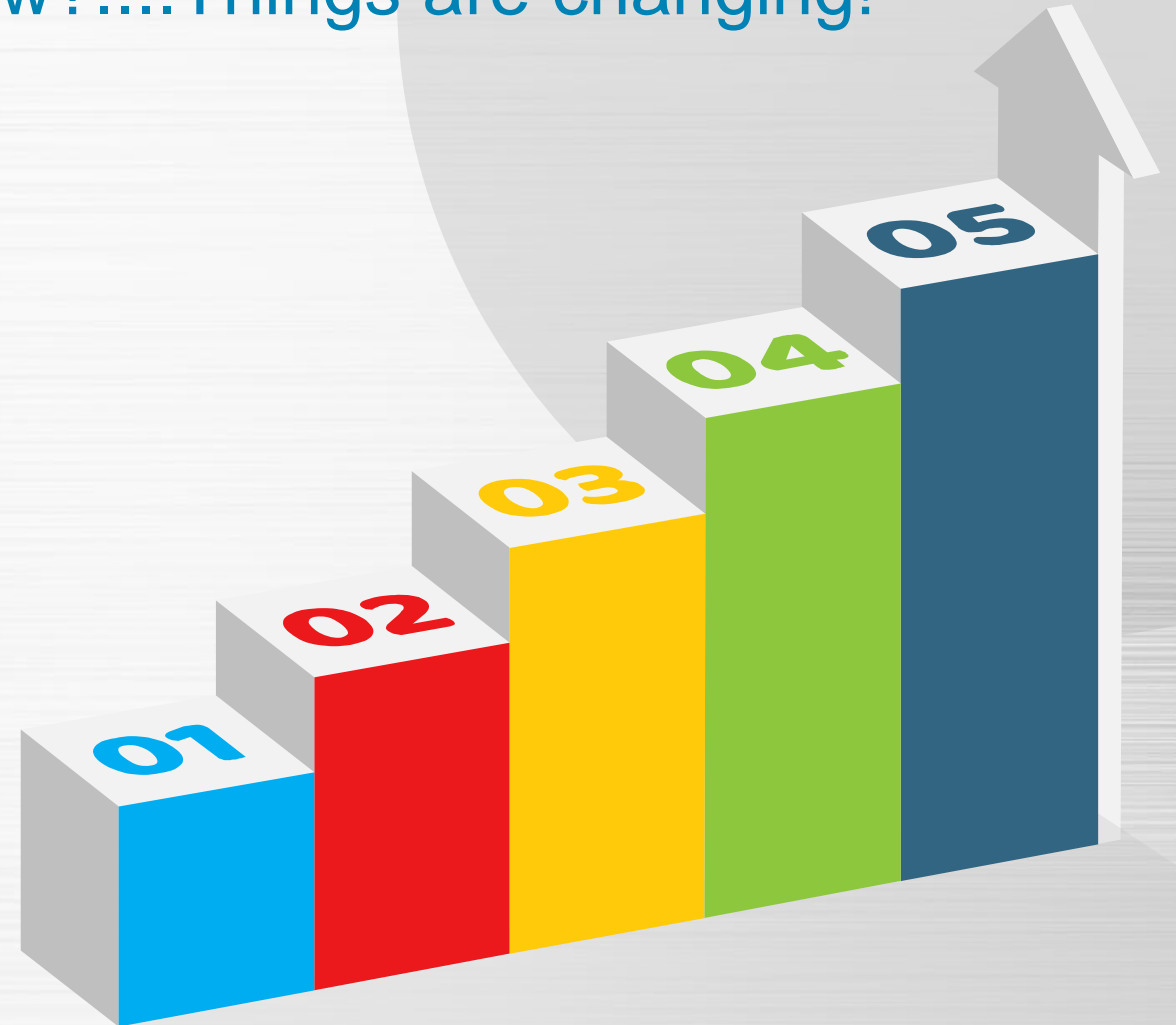
RHCs can qualify and bill as Preferred OBAT

RHCs can perform MAT services or OBAT services if CATP is involved.

05

RHC Reimbursement will have 3 elements for OBAT

RHCs will bill the encounter rate, the medication costs and care coordination.



HISTORY of OBOT



Office-Based Opioid Treatment Model

Effective April 1, 2017 the Virginia Department of Medical Assistance Services (DMAS) launched the ARTS (Addiction and Recovery Treatment Services) benefit

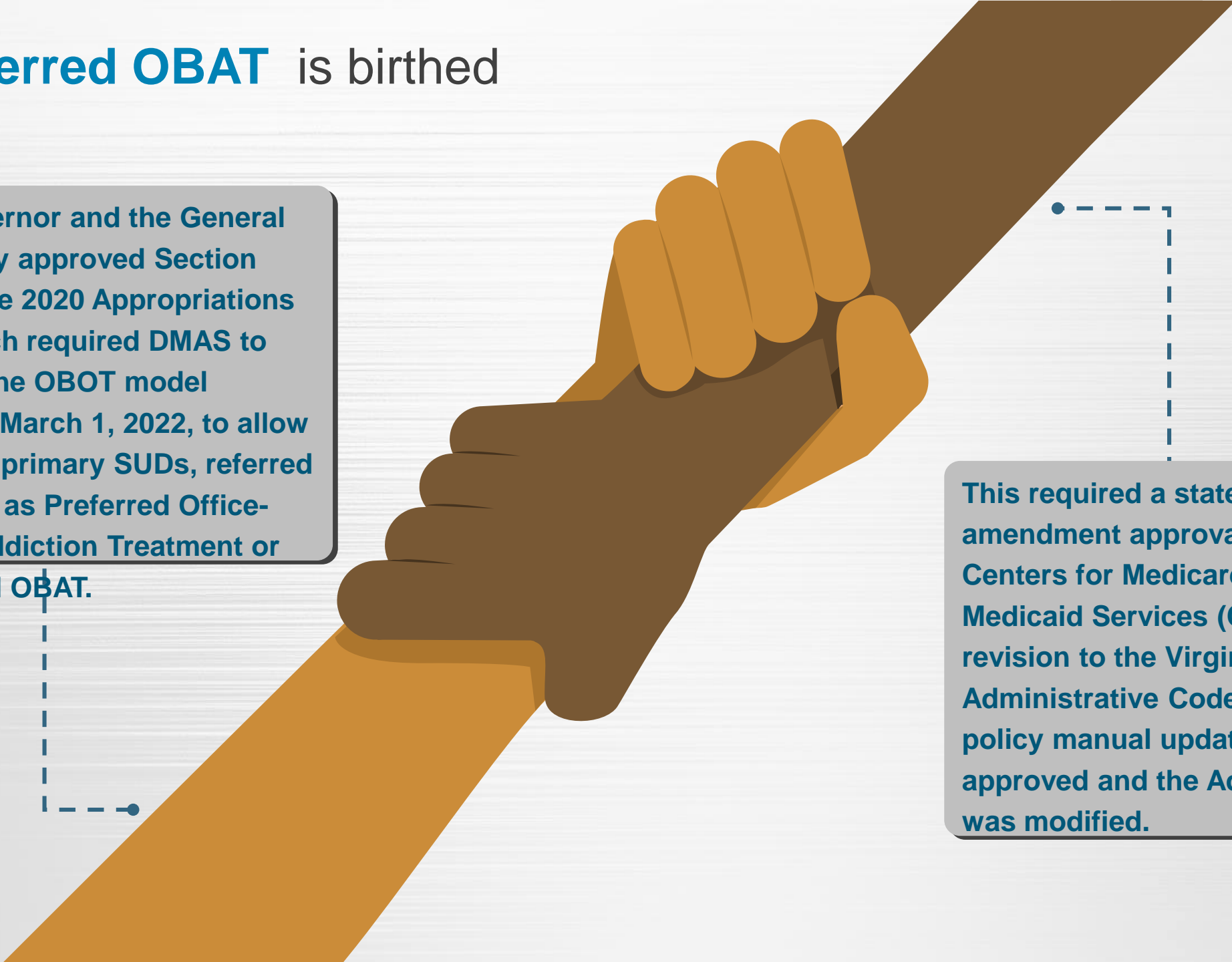


The Preferred Office-Based Opioid Treatment (OBOT) model was also implemented within the ARTS benefit, providing reimbursement for care coordination (G9012) for the first time within Medicaid for primary care practices, as well as improving reimbursement rates for addiction (opioid use disorder) treatment services and removing the service authorization requirements for preferred products for Medications for Opioid Use Disorder (MOUD).

Preferred OBAT is birthed

The Governor and the General Assembly approved Section ZZZ of the 2020 Appropriations Act, which required DMAS to expand the OBOT model effective March 1, 2022, to allow for other primary SUDs, referred to herein as Preferred Office-Based Addiction Treatment or Preferred OBAT.

This required a state plan amendment approval from the Centers for Medicare and Medicaid Services (CMS), a revision to the Virginia Administrative Code and a policy manual update. CMS approved and the Adm Code was modified.



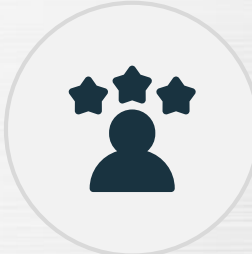
CIRCLE OF SUPPORT IN A PREFERRED OBAT



CATP



PROVIDERS



THERAPISTS



CARE ADMIN SUPPORTS



PEER RECOVERY SPECIALISTS



CARE COORDINATORS



PATIENTS



FAMILY MEMBERS

SUPPORT

KEY ITEMS WITH POBAT MODEL

01

DMAS encourages same day access and initiation of MOUD for individuals with OUD.

02

Patients must be diagnosed with a primary SUD per DSM-5 criteria, with the exception of tobacco-related disorders and non-substance-related addictive disorders

03

While medications can be an important part of the treatment, patients can be served in the OBAT, if NOT on any medication for their SUD.

04

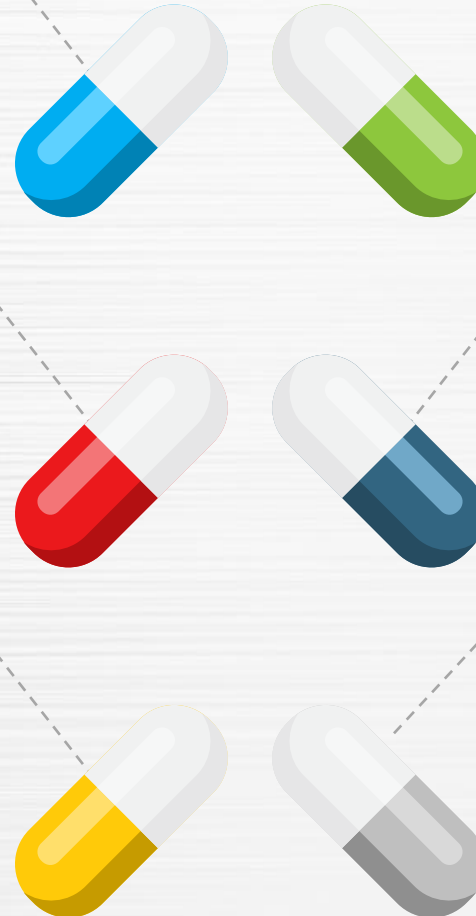
Medications covered by Medicaid that do not require prior authorization include: Buprenorphine/naloxone Suboxone films or generic tablets, Naltrexone both Vivitrol and the generic tablets for either alcoholism (AUD) or opioid use disorder (OUD)

05

Medication alone is not usually sufficient; same day billing for medical and behavioral health services is strongly encouraged.

05

DMAS recognizes that there may be situations that telemedicine is necessary to engage the member in treatment and recovery, especially if the member makes this request. Thus Preferred OBAT services may be provided via telemedicine based on the individualized needs of the member and reasons why the in-person interactions are not able to meet the member's specific needs



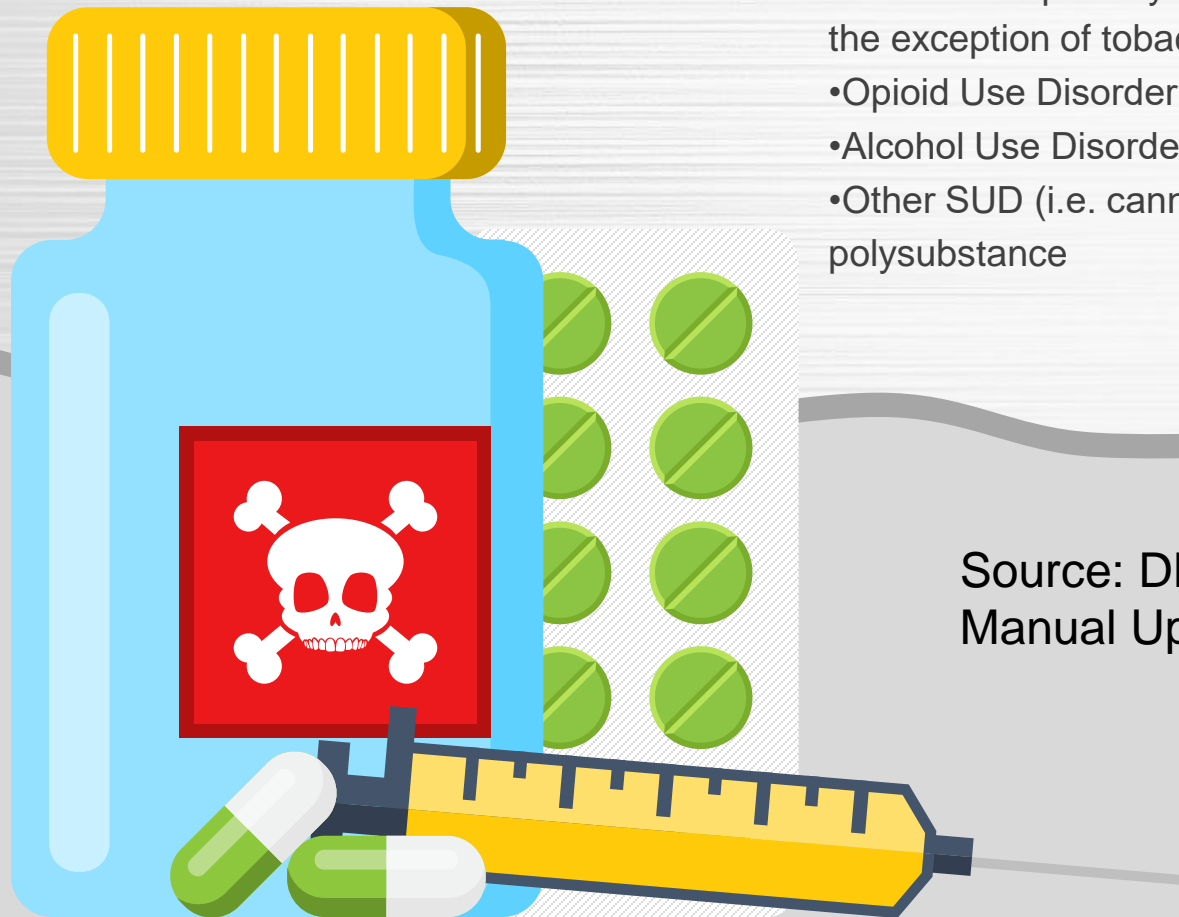
PRIMARY DIAGNOSES COVERED WITHIN OBAT

To be eligible for services, the member must be enrolled in Virginia Medicaid and meet the following medical necessity criteria for Preferred OBAT services:

Must have a primary diagnosis of SUD as defined by the most current version of the DSM, with the exception of tobacco-related disorders and non-substance-related addictive disorders.

- Opioid Use Disorder
- Alcohol Use Disorder
- Other SUD (i.e. cannabis, hallucinogens, stimulants, inhalants, sedative/hypnotics, polysubstance)

Source: DMAS Preferred Office-Based Addiction Treatment Manual Updates



COMPREHENSIVE INDIVIDUAL SERVICE PLAN REQUIRED

The Comprehensive ISP shall be developed to address needs specific to the member's unique treatment as identified in the multidimensional assessment as applicable to the respective ASAM Level of Care.

01

03

The Comprehensive ISP must be reviewed every 90 calendar days and documented within the member's medical record no later than seven calendar days from the date of the review and signed off within 24 hours.

The Comprehensive ISP shall be developed and documented within 30 calendar days of the initial ISP to address needs specific to the member's unique treatment as identified in the multidimensional assessment.

02

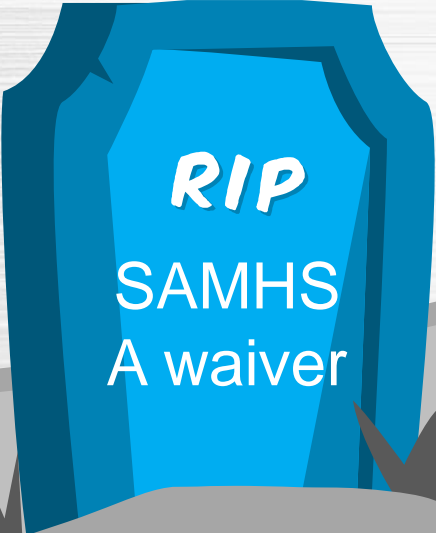
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The Comprehensive ISP shall be contemporaneously signed and dated by the CATP(s) and the physician and/or physician extender, as necessary. A Credentialed Addiction Treatment Professional must sign off on the comprehensive ISP if developed by a CSAC or CSAC-Supervisee.



RHC PROVIDERS WITH SCHEDULE III PRESCRIBING AUTHORITY

IN 2023 THE FEDERAL GOVERNMENT DID AWAY WITH THE SAMHSA WAIVER AND THEN VIRGINIA FOLLOWED SUIT.



ON DECEMBER 29, 2022 THE DEA ELIMINATED THE X-WAIVER NUMBER REQUIREMENT AND VIRGINIA FOLLOWED SUIT.



3 POSSIBLE ELEMENTS FOR REIMBURSEMENT WITH ARTS BENEFIT

1. Normal encounter rate which is settled with a WRAP payment.
2. Reimbursement for drugs
3. Care coordination (G9012)

These different elements of reimbursement will be based on POBAT service or MAT service.



Questions?



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