



KEPRO Overview of The BMS SUD Waiver Program Written Application

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OBJECTIVES

- KEPRO, in conjunction with WV BMS, is conducting this webinar for Fee-for-Service providers with the following training objectives:
 1. Identify the role of KEPRO.
 2. Provide a brief overview of the purpose of the SUD Waiver Program's RAS written application.
 3. Identify the most recent updates to the written application.
 4. Identify and provide guidance regarding the most common problems seen on the written applications to date.
 5. Identify available resources and contact information.

KEPRO

KEPRO is an Administrative Services Organization (ASO) contracted with three Bureaus within West Virginia Department of Health and Human Resources (DHHR):

- Bureau for Medical Services (BMS)
- Bureau for Children and Families (BCF)
- Bureau for Behavioral Health (BBH)

Existing Scope of Work for these Bureaus consists of:

- Medical and Behavioral Health Services
- Socially Necessary Services
- Health Homes
- Waiver Services (IDD Waiver, A&D Waiver, and TBI Waiver)
- Personal Care Services
- Nursing Home PAS Review

KEPRO's WV webpage: <http://wvaso.kepro.com/members/>

The Written Application: Overview & Purpose

OVERVIEW & PURPOSE

- Under the SUD Waiver, West Virginia Medicaid will pay for all short-term residential adult services, *provided that* the RAS program's level of care has been designated based upon a set of standardized criteria, such as The ASAM[®] Criteria.
- For all Licensed RAS programs who wish to provide SUD Waiver Services, the level of care will be designated by WV BMS.
- The purpose of the written application is to gauge the degree to which each RAS program meets the criteria for their proposed level of care, and to help the program identify the changes needed in order to fully meet all criteria.
- A separate application must be completed for each RAS program offered by the LBHC/CBHC. Additionally, a separate application must be completed for each level of care provided by the RAS program.

OVERVIEW & PURPOSE, continued.

- WV's criteria for levels of care are based upon those established by ASAM to promote consistency of services among RAS providers at each of the following levels of care.
 - Level 3.1: Clinically Managed Low Intensity Residential Services.
 - Level 3.3: Clinically Managed, Population Specific, High Intensity Residential Services.
 - Level 3.5: Clinically Managed High Intensity Residential Services.
 - Level 3.7: Medically Monitored Intensive Inpatient (subacute) Services
- The application is found in Chapter 504, Appendix B, of the Provider Manual, and at the following link:
<https://dhhr.wv.gov/bms/Pages/Chapter-504-Substance-Use-Disorder-Services.aspx>
- Completed applications are to be submitted to the BMS SUD Waiver Program via email at: BMSSUDWaiver@wv.gov.

OVERVIEW & PURPOSE, continued.

- Each WV RAS level of care is required to provide a set number of Clinical Service Hours per week, minimum:
 - Level 3.1 – 5 hours minimum/week
 - Level 3.3 – 10 hours minimum/week
 - Level 3.5 – 15 hours minimum/week
 - Level 3.7 – 22 hours minimum/week

- In addition to the clinical service hours provided per week, other requirements specific to each level of care include, but are not limited to, the following components:
 - Available support systems within the program
 - Discharge and aftercare planning services

OVERVIEW & PURPOSE, continued.

- Staff composition, including providers available via contract/MOU and/or via on-call rotation, as well as providers available solely for consultation services.
- An adequate network of referral sources/community partners to support members throughout their continuum of care.
- Assessment and treatment planning process/composition and timelines.
- Clinical and milieu service composition and its adequacy with respect to addressing stages of recovery typical to each level of care.
- Availability of MAT services.

The Written Application: PROCESS

APPLICATION PROCESS for NEW PROVIDERS

1. Complete the Certificate of Need Exemption Process with the West Virginia Health Care Authority;
2. Contact Office of Health Facilities Licensure and Certification (OHFLAC) for licensure;
3. Become a Licensed Behavioral Health Center (LBHC);
4. Obtain National Provider Identifier (NPI) Number;
5. Enroll with DXC Technology;
6. Register with KEPRO and/or (as of July 1, 2019) register with the MCOs;
7. Complete RAS application and submit to BMS; and
8. RAS Application Review team meets to review application.

If APPROVED – Providers are given an effective date for billing and KEPRO is notified to complete an on-site review within 30 days.

If DENIED – The provider is asked for corrections/clarifications and the application is resubmitted. The program has 30 days to receive approval or must submit a new application.

APPLICATION PROCESS for EXISTING PROVIDERS

1. Obtain NPI Number;
2. Enroll with DXC Technology;
3. Register with KEPRO and/or (as of July 1, 2019) register with the MCOs;
4. Complete RAS application and submit to BMS; and
5. RAS Application Review team meets to review application.

If APPROVED – Providers are given an effective date for billing and KEPRO is notified to complete on-site review within 30 days.

If DENIED – The provider is asked for corrections/clarifications and the application is resubmitted. The program has 30 days to receive approval or must submit a new application.

The Updated Application: Components

UPDATED APPLICATION COMPONENTS

1. Indicate LBHC Certificate #
2. Include Member Capacity and Flexible Capacity
3. Identify Medical Director/Physician
4. Complete Attestations:
 - a. Read Pertinent Manuals
 - b. LBHC Through OHFLAC
 - c. Understand ASAM
 - d. Utilize Evidenced Based SUD & MAT Programs/Curricula
5. Certify MOU/Coordination of Care Agreement for MAT
6. No Longer Have to Identify Staff to Service

The Application: Problem Areas

COMMON PROBLEM AREAS

Common problems on the written application include clearly communicating the following:

➤ Program Services Schedule

- Differentiating between Clinical and Milieu Services; labeling clinical services with their appropriate codes, for example:
 - Behavioral Health Counseling, Professional, Individual-- H0004HO
 - Behavioral Health Counseling, Professional, Group-- H0004HOHQ
 - Behavioral Health Counseling, Supportive, Individual-- H0004
 - Behavioral Health Counseling, Supportive, Group-- H0004 HQ
- Ensuring service codes are not attached to Milieu Services

COMMON PROBLEM AREAS, continued.

- Indicating that clinical services meet service definition
- Ensuring total number of clinical hours included on the submitted schedule of services matches the number recorded on the application
- Staff Composition
 - Identifying designated physician or physician extender
 - Demonstrating sufficient staff to provide all services as listed on the schedule, including when program is at full capacity.
- MAT
 - Clearly documenting how all types of MAT are available to all members participating in an adult residential program, regardless of level of care.
 - Providing documentation of an MOU to provide MAT outside of the RAS program (i.e., MOU with an OTP for Methadone).

The Updated Application:

Application Page 2, Top Half

Provider Name: _____

Provider's Address/Zip Code: _____

Name of RAS Program: _____

RAS Program Physical Address/Zip Code: _____

LBHC Certificate #: _____ NPI #: _____

Member Capacity: _____ Flexible Capacity* (if applicable): _____

*(*Note: Flexible capacity is only available between RAS Levels 3.1 and 3.6. Please refer to Chapter 604, Section 604.18.)*

Target Population: MALE ____ FEMALE ____ COED ____

Specialized Population: (If not applicable, put N/A) _____

(Examples: Traumatic Brain Injury (TBI), mothers and infants, pregnant women, etc.)

Contact Name: _____

Contact Phone Number: _____

Contact Email: _____



Application Page 2, Bottom Half

Medical Director/Physician: _____

Please indicate the ASAM® Level being applied for: *(Note: A new application is required for each program level.)*

- 3.1 Clinically Managed Low Intensity (minimum clinical hours: 5)
- 3.3 Clinically Managed Population Specific High Intensity (minimum clinical hours: 10)
- 3.5 Clinically Managed High Intensity (minimum clinical hours: 15)
- 3.7 Medically Monitored Intensive Inpatient Services (minimum clinical hours: 22)
 - 3.2 Withdrawal Management *(Note: Only check if you will offer 3.2 Withdrawal Management within a 3.7 Medically Monitored Intensive Inpatient Services program.)*

Application Page 3, Top Half

By checking the boxes below, you attest that you have read and understand the following policies, guidelines, and criteria listed below:

Chapter 504, Substance Use Disorder (SUD) Services

- Sections 504.15 and 504.18 describes the criteria for Peer Recovery Support Specialist (PRSS) and Residential Adult Services (RAS) as well as definition and documentation requirements.
- **Please note:** The PRSS services are not considered clinical services but are supportive-recovery services.
- <https://dhhr.wv.gov/bms/Pages/Manuals.aspx>

Chapter 503, Licensed Behavioral Health Centers (LBHC)

- Sections 503.12 through 503.23 describe the criteria for the clinical services which are rendered through SUD RAS. These sections describe the definition of each service, staff credentials for completing each services and documentation requirements.
- <https://dhhr.wv.gov/bms/Pages/Manuals.aspx>

Chapter 521, Behavioral Health Outpatient Services

- Sections 521.11 through 521.13 describe the Current Procedural Terminology (CPT) codes, service definitions, and staffing credentials for codes that can be used within the array of SUD treatment services. These include:
 - Family Psychotherapy without patient present (90846),
 - Family Psychotherapy with patient present (90847)

Application Page 3, Bottom Half

- **Psychotherapy Patient and Family (90832, 90834, and 90837)**
- **Group Psychotherapy (90853)**
- **Psychotherapy for Crisis (90839 and 90840) *Note: Crisis services cannot be used as scheduled clinical hours.***
- **<https://dhhr.wv.gov/bms/Pages/Manuals.aspx>**

I understand that the facility must be appropriately licensed as an LBHC through the West Virginia Office of Health Facility Licensure and Certification (OHFLAC) prior to completing this application.

- **<https://ohflac.wvdhhr.org/>**

I understand the current ASAM (American Society of Addiction Medicine) criteria including the differences between each level of residential care, withdraw management, dimensional concepts and interaction, settings, support systems, staff credentials, assessment, and therapies.

I understand commonly used, evidenced-based SUD treatment and practices including Medication Assisted Treatment (MAT) and the difference between treatment and recovery services.

Application Page 4, Top Half

SUPPORT SYSTEMS

Please attest to the following for adult residential services:

- 1) Telephone or in-person consultation with physician and emergency services are available 24/7. Yes

- 2) There are direct affiliations with other levels of care and/or close coordination for referrals to other services. Yes

- 3) You can conduct and/or arrange for laboratory/toxicology tests or other needed procedures. Yes

- 4) You can arrange for pharmacotherapy for medication services. Yes

Application Page 4, Bottom Half

- 5) Psychiatric/psychological consultations are available as needed. Yes
- 6) Co-occurring disorders will be addressed in the program curriculum. Yes

STAFF

- 1) Staff is available on-site 24 hours a day. Yes
- 2) Treatment team consist of medical, addiction and mental health professionals. Yes
- 3) One or more clinicians are available on site or by telephone 24 hours a day. Yes



Application Page 5, Top Half

Program Staff	Number of staff employed for this ASAM [®] level of care	Please check if staff is AADC or ADC certified*
Doctor of Medicine (MD) / Osteopathic Medicine (DO), Advanced Practice Registered Nurse (APRN), Physician Assistant (PA)		
Licensed Psychologist (LP), Supervised Psychologist (SP)		
Registered Nurse (RN), Licensed Practical Nurse (LPN)		
Licensed Independent Clinical Social Worker (LICSW)		
Licensed Certified Social Worker (LCSW)		

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Licensed Graduate Social Worker (LGSW)		
Licensed Social Worker (LSW)		
Licensed Professional Counselor (LPC)		
Master's level Non-Licensed		
Bachelor's level Non-Licensed		
Behavioral Health Technician (BHT)		
Peer Recovery Support Specialist (PRSS)		

*AADC – Advanced Alcohol & Drug Counselor, ADC – Alcohol & Drug Counselor



Application Page 6, Top Half

CLINICAL HOURS PER WEEK CURRICULUM

- 1) List planned clinical services per week. Clinical services are defined as evidenced-based, active treatment to directly assist with an individual's SUD treatment and/or any related co-occurring mental health issue(s) and correspond to the following codes. Only report the services you are providing. Not all services need to be checked.
- **Note:** Skills Training and Development is a service provided after a member has been assessed to have a skills deficit due to a SUD or mental health difficulty. Not all members receiving RAS will need Skills Training and Development and although these are considered clinical hours, they cannot be added to the cumulated clinical hours needed for each ASAM level.
 - Confirm that the clinical hours listed reflect the same clinical hours in your weekly schedule.

Service Codes for ASAM® Clinical Hours	Clinical Hours Per Week/Per Member
Group Supportive Counseling (H0004HQ - Behavioral Health Counseling Supportive - Group)	
Individual Supportive Counseling (H0004 - Behavioral Health Counseling Support - Individual)	
Group Professional Therapy (H0004HOHQ - Behavioral Health Counseling Professional - Group)	

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Individual Professional Therapy (H0004HO - Behavioral Health Counseling Professional - Individual)	
Mental Health Service Plan Development by a Non-Physician (H0032)	
Skills Training and Development by a Professional (H2014HNU1/H2014HNU4)*	
Skills Training and Development by a Paraprofessional (H2014U1/H2014U4)*	
Therapeutic Behavioral Services Development Implementation (H2019HO/H2019) <i>Note: Only to be used with ASAM® Level 3.3</i>	
CPT Codes: 90846, 90847, 90832, 90834, 90837 and 90853 <i>Note: Crisis services cannot be a scheduled event.</i>	
Total Hours Per Week: <i>Note: The total clinical hours must match the hours provided in the weekly schedule.</i>	

*Please refer to Chapter 503, Licensed Behavioral Health Center Services, Section 503.18.

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- 2) Family members and/or significant others are involved in treatment, if not contraindicated. Yes
- 3) There is monitoring of medication adherence for behavioral health and physical health. Yes
- 4) Random drug screens will be used to monitor compliance. Yes
- 5) Services are provided according to the residential service guidelines within the most current edition of the ASAM® Criteria manual, as well as medical necessity as defined by BMS. Yes
- 6) Please attach a weekly schedule of services including:
- Treatment services identified by the Medicaid service code.
 - Non-clinical activities (to present a comprehensive view of the program operation.)
 - The total number of clinical hours on the schedule which must match the total of clinical hours listed on page six of this application.
 - Details of any recovery support services available (such as Narcotics Anonymous (NA), Alcoholics Anonymous (AA), or other support or 12-step groups, etc.).

Note: You must have enough staff to provide the services listed on your schedule if your program is at full capacity and you must allow enough time for the services to be delivered to all members of your program.



Application Page 7, Bottom Half

- 8) All forms of MAT must be made available in all residential services. The MAT may be assessed as a needed service while receiving residential treatment or an individual may be receiving MAT prior to admission. (Note: Only Opioid Treatment Programs (OTP) can offer methadone. Other forms of MAT can be offered through residential services or an outside agency. The RAS facilities must have a Memorandum of Understanding (MOU) with an existing OTP to provide these services, and if applicable, with other MAT providers).

Please indicate where MAT is available:

ONSITE

OFFSITE

List the MAT facility(s) with whom your program has MOU/Coordination of Care agreements:

1. _____

2. _____

3. _____

4. _____

5. _____



Application Page 8, Top Half

ASSESSMENT/TREATMENT PLAN AND REVIEW

Please attest that your assessment and treatment plans include the following:

- 1) An individualized, biopsychosocial comprehensive assessment. Yes
- 2) The individualized service plan is developed in collaboration with member reflecting the member's personal goals. Please note in the description how services are individualized. Yes
- 3) There is a daily summary of progress and treatment changes. Yes
- 4) A physical examination by MD/DO, PA, or APRN is performed as part of the initial assessment/admission process or a review of a previous physical examination by the provider's MD/DO, PA, or APRN. Yes
- 5) There is an ongoing transition/continuing care planning. Yes



Application Page 8, Bottom Half

6) The after-care plan includes specific community resources and additional support services actively associated with the member. Yes

7) If an individual is assessed for your residential level and does not meet the criteria for your level of care, or if ongoing assessment indicates a need for a different level of care, please list other facilities (and their level of care) with whom you have referral potential, MOUs, or care coordination agreements.

1. _____

2. _____

3. _____

4. _____

5. _____

Please include additional pages as needed.

QUESTIONS AND ANSWERS

Resources & Contact Information

KEPRO 1007 Bullitt Street, Suite 200 Charleston, WV 25309 Phone: 1-800-378-0284 Fax: 1-866-473-2354 Email: wv_bh_sns@kepro.com	Lisa McClung Phone: 304-921-8414 Email: Lisa.McClung@kepro.com
	Christy Gallaher Phone: 304-573-9008 Email: cgallaher@kepro.com
	Emily Proctor Phone: 304-343-9663 Email: ebproctor@kepro.com

SUD Waiver Program Manager: Jeff Lane

Jeffrey.S.Lane@wv.gov

Phone: 304-356-5264

BMS SUD Email: BMSSUDWaiver@wv.gov

SUD Waiver Manual:

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

SUD Monthly Calls: occur the first Thursday of every month. To join the distribution list, please email: sjohnson2@kepro.com.