# Public Comments for 1115 SUD Waiver Renewal, New Services. Effective Date 5/4/2022

| Number | Date Received | Comment | Response |
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| 1 | 4/8/2022 | It would be beneficial to give some latitude with regard to peers being able to bill while transporting their clients to and from appointments. This time is very valuable for the client to discuss with the peer what issues they are going through and yet the peer cannot be reimbursed for it because of restrictions placed on them. I understand the limitations in theory and it certainly has room to be abused, but I think it also causes unfair limitations as the therapeutic relationship is still being utilized but essentially for free. Please consider this as you look to expand this service. | Thank you for your comment. Presently, Medicaid does reimburse transportation to a Medicaid service, however, due to liability reason, no mental health services can occur during transportation. Although, transportation may be provided to a non-Medicaid service, reimbursement methodology initially developed for Peer Recovery Support Specialist included possible non-Medicaid transportation services in the rate. No change to the 1115 Waiver required. |
| 2 | 4/8/2022 | I am with XXXXXX, a nonprofit organization that holds a Behavioral Health License through our in-patient treatment program, Reinteg8. I would like to tell you how incredible I think it would be if Medicaid was extended to cover recovery housing, supported housing, and supported employment. These are much needed services to ensure that an individual has the appropriate time to recover and become stabilized from SUD. Lastly, I do also support extended times in in-patient recovery to be addressed. So many times, Medicaid decides when an individual is doing "better" off of case notes and not what the treatment team sees on a daily basis. I know recovery is supposed to be person-centered and not everyone needs long-term treatment but most people do to change the behaviors that have been picked up along the way through addiction. If the allotted time was extended, those who are ready to be released can still be released but those who need more time are not sent back out on the street before recovery has had enough time to set in. Remember, this work is life or death. | Thank you for your comment. Presently, Medicaid is looking at expanding the ASAM level 3.7 to accommodate more members with medical issues. Although assessment and evaluation are used to determine medically necessity, dimension 6 of the ASAM criteria refers to the recovery environment the member is eventually discharged. BMS will look at further definition of treatment, regarding dimension 6, but this will not affect the new services for the 1115 waiver. No change to the 1115 Waiver required. |

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| 3 | 5/4/2022 | **Comments 1115 Waiver Demonstration Renewal 5.4.22:**<br><br>**In consideration of Demonstration Goal 2: Increase enrollee access to and use of appropriate SUD treatment services based on the ASAM Criteria on page 46**<br><br>Evaluation Question 2.1: What is the impact of the demonstration on access to SUD treatment among Medicaid enrollees?<br>Preliminary findings utilization of all three waiver-covered treatments (residential services, methadone, and PRSS services) has increased since the time each was first implemented. This data also suggests that implementation of the waiver significantly improved the supply of residential facilities, beds, providers, and peers for those receiving SUD treatment services. Initial findings also suggest that connecting individuals with a SUD diagnosis to residential beds remains subject to challenges. Including PRSS under the waiver significantly increased the amount of PRSS available to provide critically important support services.<br><br>And **Planned Evaluation Activities During the Behavioral Health Waiver Renewal and Expansion**<br><br>**Goal 2: Increase member access to and utilization of appropriate SUD treatment services according to ASAM criteria, or another comparable, nationally recognized set of SUD program standards based on evidence-based SUD clinical guidelines on page 48**<br>BMS hypothesizes that access to and utilization of appropriate services can be increased via efforts such as increasing the availability of a range of treatment opportunities, increasing access to both methadone and naloxone, and increasing access to treatment for target populations | Thank you for the comment. No change to the 1115 Waiver required. |

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| | | such as individuals who are justice-involved or have a stimulant use disorder.<br><br>**Consider the following as a means of improving outcomes with the current system of authorizing care and determining medical necessity for continued stay in SUD Residential Settings:**<br><br>1/Consider adding trauma assessment as a component of determining medical necessity for Residential SUD treatment at 3.7, 3.5, 3.3, and 3.1 levels of care. Some consideration of ACE's scores could assist in determining readiness for patients to accept responsibility to follow through with the continuum of care;<br><br>2/Re-evaluate the use of ASAM criteria as the sole determinate of admission and continued stay in residential levels of care;<br><br>3/Review BMS determinants that MCO's are following federal parity guideline/mandates;<br><br>4/Review interpretation of ASAM guidelines to provide consistency among MCO's. Develop a mechanism for provider input regarding ASAM guideline interpretation;<br><br>5/Develop a means of blending social necessity into the medical necessity criteria as a more prudent mechanism to assure patients are ready to move through the SUD continuum of care. | 1. The WV Bureau of Medical Services does not dictate any specific method of assessment to be used as long as it is evidenced-based, peer-reviewed and nationally recognized in the world of mental/medical health. Trauma assessment should be used, to some extent, in all evaluations. Additionally, the ACE's score is composed of mostly past personal and family history for SDOH and is not normally a predictor of readiness to change. No change to the 1115 Waiver required.<br>2. ASAM is presently one of the few nationally recognized, evidenced based system for treatment of SUD. All dimensions should be considered when assessing level of care and should incorporate all aspect of a person's family, social, physical, interpersonal, and intrapersonal development and functioning. Although ASAM interpretation is always assessed through the entire continuum of care, this does not relate to any, specific, new 1115 Waiver proposed service. No change to the 1115 Waiver required |

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| | | | 3. WV BMS follows all federal parity guidelines. No change to the 1115 Waiver required.<br>4. Collaborate meetings between providers and MCO can be held to discuss problems with ASAM guideline interpretations. Standardization to provide consistently for all SUD services are still being developed, however, this specific issue does not relate to newly requested services in the 1115 Waiver. No change to the 1115 Waiver required.<br>5. Although the blending of funding sources occurs with services for SUD, the 1115 Waiver has it's own federal guidelines for reimbursement methodologies. No change to the 1115 Waiver required |
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