The Centers for Medicare and Medicaid Services: SUPPORT Act Section 1003 Grant

SUPPORT ACT GRANT
MONTHLY STAKEHOLDER MEETING
APRIL 13, 2020

Department of Medical Assistance Services
Welcome and Meeting Information

• We have an ‘open’ meeting format to allow participation and questions

• Please make sure your line is muted if you are not speaking
  • We will mute all lines if there is a lot of background noise

• If you are having issues with audio, please type questions or comments in the chat box.
How to Mute and Unmute in WebEx

Everyone is muted at the beginning of the webinar – when you are ready to ask a question, please click the red microphone button to unmute. When you are finished, please click it again to mute your line.
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<td>Webinar Set up</td>
<td>10:00-10:05</td>
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<td>Welcome and Meeting Information</td>
<td>10:05-10:15</td>
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<td>SUPPORT Act Grant Updates</td>
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<td>Dr. Mishka Terplan, Addiction Medicine</td>
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<td>Paul Brasler, Behavioral Health Addiction</td>
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<td>Break</td>
<td>11:00-11:05</td>
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<td>Introduction of VHHA</td>
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<td>VHHA: MAT and Peers in the ED</td>
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<td>ARTS COVID-19 Updates</td>
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<td>Q&amp;A</td>
<td>11:40-11:50</td>
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<td>Next Steps</td>
<td>11:50-11:55</td>
</tr>
<tr>
<td>Next Meeting</td>
<td>11:55-12:00</td>
</tr>
</tbody>
</table>
Getting to know you...

To participate in our polls, open your device's browser:

**What is your role in providing SUD treatment/recovery services?**

- manager
- counselor
- substance use administrator
- program development
- grant administration
- coordinator
- support of programs
- peer-run org
- i am a trainer of peer
- support and cover groups
- help fund placements
- resource development
- stepdown placements
- clinical supervisor
- state hospital admissions
- care coordinator
- change agent
- program manager
- consultant
- program director
- monitoring waitlist
- adult liaison
Virginia Medicaid’s SUPPORT Act Grant Goals:

- Learn from Addiction and Recovery Treatment Services (ARTS) program
  - Appreciate successes
  - Learn from challenges
- Decrease barriers to enter workforce
- Focus on specific subpopulations
  - Justice-involved
  - Pregnant and parenting members
- Maintain our core values
  - Person-centered, strengths-based, recovery-oriented
Overview of SUPPORT Grant Initiatives

Notice of Award: September 18, 2019

Period of Performance: September 30, 2019 to March 29, 2021 (18 months)

Approved Budget: $4.8 million

Components
1. Need assessment
2. Strengths-based assessment
3. Activities to increase provider capacity
Grant Team

- Alyssa Ward, Ph.D., LCP, Director, Division of Behavioral Health
- Ashley Harrell, LCSW, Project Lead & ARTS Senior Program Advisor
- Anna Scialli, MPH, MSW, Grant Manager
- Jason Lowe, MSW, CPHQ, CPHRM, Grant Coordinator
- Paul Brasler, MA, MSW, LCSW, Behavioral Health Addiction Specialist
- John Palmieri, Data Analyst
- Tiarra Ross, Budget Analyst
- Christine Bethune, MSW Intern
SUPPORT Act Grant Updates

• Anticipating significant delays due to COVID-19 – awaiting CMS guidance
  ▪ MAT and Peer Support Services in EDs
  ▪ Justice-involved environmental scan and pilot
  ▪ Data analyses
  ▪ RFP review
  ▪ Provider capacity

• Will provide further updates during the May stakeholder meeting
Grant Updates: Provider TA and COVID-19

Our technical assistance activities will continue!

What clinical topics would you like to see addressed in future webinars?
Mishka Terplan, MD, MPH, FACOG, DFASAM
Addiction Medicine Specialist

Mishka Terplan is board certified in both obstetrics and gynecology and in addiction medicine. His primary clinical, research and advocacy interests lie along the intersections of reproductive and behavioral health. He is Senior Physician Research Scientist at Friends Research Institute and adjunct faculty at the University of California, San Francisco where he is a Substance Use Warmline clinician for the Clinical Consultation Center. He is also the Addiction Medicine Consultant for Virginia Medicaid and a consultant for the National Center on Substance Abuse and Child Welfare. Dr. Terplan has active grant funding and has published over 100 peer-reviewed articles with emphasis on health disparities, stigma, and access to treatment. He has spoken at local high schools and before the United States Congress and has participated in expert panels at CDC, SAMHSA, ONDCP, OWH, FDA and NIH primarily on issues related to gender and addiction.
Brief History

• Novel corona virus identified December 2019 as cause of pneumonia cluster in Wuhan – led to rapid outbreak in China
• Designated severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) – February 2020 WHO designated the disease COVID-19 (coronavirus disease 2019)
• WHO Pandemic early March
Brief History

- Novel coronavirus identified December 2019 as cause of pneumonia cluster in Wuhan – led to rapid outbreak in China
- Designated severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) – February 2020 WHO designated the disease COVID-19 (coronavirus disease 2019)
- WHO Pandemic early March
SARS-CoV-2  COVID-19

- Route of transmission: respiratory droplets (direct or indirect – from infected surfaces) – droplets not thought to spread more than 6 feet
- Incubation Period – prob within 14 days from exposure to symptoms
- Symptoms – Cough, Fever, SOB
- Illness Spectrum
  - 81% Mild (mild or no pneumonia)
  - 14% Severe (dyspnea, hypoxia, or >50% lung involvement)
  - 5% Critical (respiratory failure, shock)
  - Death Rate – 3.4% globally (range 0.6 South Korea -12% Wuhan time delay analysis)
- Risk Factors: Age and underlying medical comorbidities (pulm)
  - However 20% of hospitalizations are adults 20-44 yo
What makes this virus so dangerous

• Novel – Information still evolving
• Virus is stable in aerosols for hours, on surfaces for days
• Highly transmissible – average infection 2.7 people
• Resource intensive (for serious illness 2-3 week ICU admission)
• Limited prevention and no treatment (aside from supportive care)

• Therefore: Social distancing and Hand washing
• Review Guidance on Addiction Practice re COVID-19
• Discuss care for people with addiction during pandemic
• Share resources
Considerations for members with OUD/SUD

• High risk of co-morbidities that may increase severity of COVID-19
  ▪ COPD, Cirrhosis, HIV

• Risk of overdose due to social distancing, drug supply interruptions (unknown supply, abstinence and reduced tolerance), and reduced access to community-based naloxone distribution
  ▪ Risk of fatal overdose due to increased risk of using alone, capacity of emergency services

• Barriers to accessing treatment due to illness, quarantine, and financial resources for both patients and providers
Why Tele Health as COVID-19 Response

- Goal: keep people with addiction out of ED and hospital to
  1) prevent their acquisition of virus and
  2) reduce unnecessary healthcare utilization

- Also:
  1) New patients need to be seen and started on medication (if eligible)
  2) Provide support (medication and behavioral health) for current patients
  3) Consider how to support recovery and combat isolation via tele services
# Telehealth platforms examples – DMAS is not endorsing the use of any of the below

<table>
<thead>
<tr>
<th>Platform Name</th>
<th>Meets HIPAA Standards</th>
<th>Free/Paid</th>
<th>Individual/Group</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="https://doxy.me/">Doxy</a></td>
<td>Yes</td>
<td>Free Version &amp; Paid</td>
<td>Individual; Group (paid version only)</td>
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<tr>
<td>Pricing: <a href="https://doxy.me/pricing">https://doxy.me/pricing</a></td>
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<td><a href="https://zoom.us/">Zoom</a></td>
<td>Yes</td>
<td>Free Version &amp; Paid</td>
<td>Both</td>
</tr>
<tr>
<td>Pricing: <a href="https://zoom.us/pricing">https://zoom.us/pricing</a></td>
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<td></td>
<td></td>
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<tr>
<td>Regroupconnect.com</td>
<td>Yes</td>
<td>Prices Vary</td>
<td>Both</td>
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<td>Clinician Resource: <a href="https://www.regrouptelehealth.com/for-clinicians/">https://www.regrouptelehealth.com/for-clinicians/</a></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Pricing: <a href="https://www.securevideo.com/">https://www.securevideo.com/</a></td>
<td></td>
<td>14 day free trial &amp; $50/user/month</td>
<td>Both</td>
</tr>
<tr>
<td>Pricing: <a href="https://www.securevideo.com/#compareplan">https://www.securevideo.com/#compareplan</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clocktree - <a href="https://www.clocktree.com/">https://www.clocktree.com/</a></td>
<td>Yes</td>
<td>$29/mo., $59/mo., &amp; $89/mo. plans</td>
<td>Individual ($89/mo. plan allows up to four participants)</td>
</tr>
<tr>
<td>Spruce - <a href="https://www.sprucehealth.com/">https://www.sprucehealth.com/</a></td>
<td>Yes</td>
<td>One user: $24/mo. Multiple users: $49/mo.</td>
<td>Both</td>
</tr>
<tr>
<td>Pricing: <a href="https://www.sprucehealth.com/plans/plans.html#pricing-chat-now">https://www.sprucehealth.com/plans/plans.html#pricing-chat-now</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bluestream</td>
<td>Yes</td>
<td>Rapid Response - Free</td>
<td>Individual</td>
</tr>
<tr>
<td><a href="https://www.bluestreamhealth.com/">https://www.bluestreamhealth.com/</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="https://www.bluestreamhealth.com/rapid-response/">https://www.bluestreamhealth.com/rapid-response/</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bright Heart Health – Mental Health and Substance Use Disorder Program</td>
<td>Yes</td>
<td>$60/clinic/month</td>
<td>Both</td>
</tr>
<tr>
<td><a href="https://www.brighthearthealth.com/services/substance-abuse-iop/">https://www.brighthearthealth.com/services/substance-abuse-iop/</a></td>
<td></td>
<td>Includes technical assistance and training</td>
<td></td>
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</table>
The patient experience/perspective

- This talk (and ASAM, SAMHSA, etc) focus primarily on how to deliver services to people with addiction during pandemic
- We shouldn’t neglect how people with addiction are experiencing the pandemic, how they are dealing w social isolation, what they might miss about the inperson clinic experience
Continuation of Medication for OUD during COVID-19

- Telehealth for continuing care
  - Can be telephonic, can be any type of video support
- What about urine drug testing?
- What about group counseling?
- What about care coordination? Care coordination can still be billed without counseling
- Medication/Pharmacy
  - All co-pays suspended
  - Up to 90 days for most medications (including buprenorphine)
- What about extended release/SQ Bup and COVID-19: consider switching to SL formulation if clinic injection not available
Changes in Virginia regulations

• **Virginia Board of Pharmacy** - [https://www.dhp.virginia.gov/pharmacy/news/PharmacyCoronavirusInfoUpdate03242020.pdf](https://www.dhp.virginia.gov/pharmacy/news/PharmacyCoronavirusInfoUpdate03242020.pdf)
  - **Schedule III-V** 1. Pharmacists may dispense a one-time early refill of schedule III-V prescriptions and must document the reason for the early refill.
  - **Schedule II** 1. Pharmacists may dispense a one-time early dispensing of a Schedule II prescription for a chronic condition and must document the reason for the early dispensing. 2. A Schedule II prescription may be dispensed pursuant to the emergency allowance in 18VAC110-20-290
  - There are no laws/regulations prohibiting providers from prescribing a 90-day supply of a controlled substances

• **Virginia Board of Medicine** - [https://www.dhp.virginia.gov/medicine/](https://www.dhp.virginia.gov/medicine/)
  - “as authorized by Executive Order 42, a license issued to a health care practitioner by another state, and in good standing with such state, shall be deemed to be an active license issued by the Commonwealth”

  - Fee-For-Service and Medicaid managed care health plans will:
    - **Suspend all drug payments**
    - **Suspend refill “too soon” edits** – Drugs dispensed for 90 days will be subject to a 75% refill “too-soon” edit. Patients will only be able to get a subsequent 90 day supply of drugs after 75% of the prescription has been used (approximately day 68)
    - **Cover 90-day-supplies of all drugs except schedule II**
      - Buprenorphine-containing products are Schedule III
Initiation of Medication for OUD during COVID-19

- It is critical that we not only continue to care for the patients we have but allow new patients to be seen
- Emergency regulations allow for buprenorphine initiation via remote (telephone or video) health
- Bup induction does not need to occur under direct medical observation
- “Home Induction”
Initiation of Medication for OUD during COVID-19

- Same as in person
  - Establish DSM-5 criteria for OUD
- Use same or similar protocol to your clinic
  - SOWS not COWS
- Or a Simplified induction
  - When symptomatic withdrawal or SOWS>8:
    - 4mg bup – repeat in 2 hours if needed – max day 1=8m
    - Increase by 4mg as needed day 2 to max 16mg/day
- Follow up within 2 days w patient
- Don’t forget Supportive medications (clonidine, loperamide, ibuprofen, etc)
The Subjective Opiate Withdrawal Scale (SOWS)

Date ____________________  Time ____________________

Please Score Each of the 16 Items Below According to How You Feel NOW (Circle one number)

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Not At All</th>
<th>A Little</th>
<th>Moderately</th>
<th>Quite a Bit</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 I feel anxious</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2 I feel like yawning</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3 I am perspiring</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4 My eyes are teary</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5 My nose is running</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6 I have goose bumps</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7 I am shaking</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8 I have hot flushes</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9 I have cold flushes</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10 My bones and muscles ache</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11 I feel restless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12 I feel nauseous</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13 I feel like vomiting</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14 My muscles twitch</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>15 I have stomach cramps</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>16 I feel like using now</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Range 0-64 (SAMHSA, 2006)
Changes in federal regulations

• **HIPAA - Enforcement discretion for telehealth** [https://www.hhs.gov/hipaa(for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html](https://www.hhs.gov/hipaa(for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html)
  - “The Office for Civil Rights will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency.”

  - “We emphasize that, under the medical emergency exception, providers make their own determinations whether a bona fide medical emergency exists for purposes of providing needed treatment to patients.”

  - “Accordingly, as of March 16, 2020, and continuing for as long as the Secretary’s designation of a public health emergency remains in effect, DEA-registered practitioners in all areas of the United States may issue prescriptions for all schedule II-V controlled substances to patients for whom they have not conducted an in-person medical evaluation, provided all of the following conditions are met:
    • The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice;
    • The telemedicine communication is conducted using an audio-visual, real-time, two-way interactive communication system; and
  
**March 31, 2020 guidance:** DEA will allow waivered physicians to initiate buprenorphine using telephonic (audio-only) communication [https://www.samhsa.gov/sites/default/files/dea-samhsa-buprenorphine-telemedicine.pdf](https://www.samhsa.gov/sites/default/files/dea-samhsa-buprenorphine-telemedicine.pdf)
  - The practitioner is acting in accordance with applicable Federal and State laws.”
"Under normal circumstances, DEA would not consider the initiation of treatment with a controlled substance based on a mere phone call to be consistent with the framework of the CSA given that doing so creates a high risk of diversion. However, in light of the extraordinary circumstances presented by the COVID-19 public health emergency, and being mindful of the exemption issued by SAMHSA, DEA likewise advises that, only for the duration of the public health emergency (unless DEA specifies an earlier date), OTPs should feel free to dispense, and DATA-waived practitioners should feel free to prescribe, buprenorphine to new patients with OUD for maintenance treatment or detoxification treatment following an evaluation via telephone voice calls, without first performing an in-person or telemedicine evaluation."

March 31, 2020
Methadone & Opioid Treatment Programs

  Diane Oehl, State Opioid Treatment Authority
  [Diane.oehl@dbhds.Virginia.gov](mailto:Diane.oehl@dbhds.Virginia.gov)

• Medicaid will reimburse for delivery of methadone to Medicaid members
  - DEA will allow delivery by an authorized staff member, law enforcement officer, or national guard personnel
  - Please see DMAS March 27, 2020 guidance “Clarifications and Changes: Behavioral Health and ARTS Provider Flexibilities Related to COVID-19” for billing for methadone delivery

• For new OTP patients that are treated with methadone, the requirements of an in-person medical evaluation remain
Resources for Prescribers

- Department of Medical Assistance Services Memo, “Provider Flexibilities Related to COVID-19” 3/19/2020
  - ARTS/OBOT Guidance: page 11

- Department of Medical Assistance Services Memo “Clarifications and Changes: Behavioral Health and ARTS Provider Flexibilities Related to COVID-19” 3/27/2020

- Please note federal regulations continue to change as we issue guidance

- ARTS billing related questions: SUD@dmas.Virginia.gov
Please Contact Me

- Mishka Terplan
- DMAS phone number: 804-638-0699
- Mishka.Terplan@dmas.virginia.gov
Substance Use Warmline
9 am – 8 pm (ET), Monday – Friday

1.855.300.3595

Free and confidential clinician-to-clinician telephone advice focusing on substance use evaluation and management for primary care clinicians.

Consultants include addiction medicine-certified physicians, clinical pharmacists, and advanced practice nurses who are available to discuss options and approaches in clinical care, from the most common problems to particularly challenging and complex cases.

Learn more at http://nccc.ucsf.edu/clinical-resources/substance-use-management/

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U1OHA30039-01-00 (AIDS Education and Training Centers National Clinician Consultation Center) in partnership with the HRSA Bureau of Primary Health Care (BPHC) awarded to the University of California, San Francisco.
Paul Brasler, MA, MSW, LCSW
Behavioral Health Addiction Specialist, DMAS

Paul Brasler became fascinated about substances of misuse while in graduate school when he completed an internship at a residential substance use treatment center for adult women. Since then, he has worked as a Licensed Clinical Social Worker in a variety of settings including seven years as a Senior Clinician at the Chesterfield County Juvenile Drug Court, eight years conducting psychiatric and SUD assessments in area Emergency Departments, and two and a half years as head of behavioral health for Daily Planet Health Services, a Federally Qualified Health Center, which he developed into a leading Office-Based Opioid Treatment program (OBOT.) Paul served as an adjunct professor for the Virginia Commonwealth University School of Social Work where he developed a popular graduate course on substance use treatment. Paul has been a PESI presenter since 2016, and he has presented classes on Mental Health Emergencies and High-Risk Clients across the county. His first book, High-Risk Clients: Evidence-Based Assessment & Clinical Tools to Recognize and Effectively Respond to Mental Health Crises, PESI publishing, was published in August 2019. Paul is married to Claire, a Licensed Professional Counselor and Pediatric Nurse, and they are busy raising three boys: 13, 11 and 7; along with a lazy dog and a fearless bunny. Claire, Paul and their boys are proud residents of Richmond, Virginia.
The SUPPORT team completed two webinars (4-02 & 4-03) during the week of March 30 on providing tele-behavioral health for members receiving SUD services

- The training addressed basic tele-health practices
- And some basic therapeutic approaches to working with people with SUD remotely

The second training was recorded and is now available for participants who were not able to view the live webinars

We are moving forward with implementing additional trainings, modified to address tele-behavioral health issues
TELE-BEHAVIORAL HEALTH

• We first need to admit that most of us do not enjoy “connecting” with clients this way; “I didn’t go to school for this!”

• We also need to acknowledge (and DMAS is aware) that not all clients have ready access to the technology to participate in tele-behavioral health and so we have to improvise

• Therefore practitioners and clients are using phones, Skype and FaceTime to conduct sessions

• Clinicians do not have to use HIPAA-compliant video conferencing technology and Health & Human Services will waive any penalties for HIPAA violations related to the platform used during this emergency - https://www.hhs.gov/about/news/2020/03/17/ocr-announces-notification-of-enforcement-discretion-for-telehealth-remote-communications-during-the-covid-19.html
Before engaging in tele-behavioral health, it is important that you understand the licensing requirements for your state AND your client should they live in another state.

It is also important that you make sure that your malpractice insurance covers tele-behavioral health (most do) AND that the client’s health insurance provider also covers tele-behavioral health services.

DMAS is allowing telehealth and telephonic communication for CMHRS, ARTS, outpatient, inpatient services to minimize the spread of COVID-19.

In light of the COVID-19 public health emergency, many states have loosened the requirements for tele-health; please see the DMAS March 19 Memo and DMAS March 27 Memo.
INFORMED CONSENT TO TREATMENT

- Informed consent should be obtained in prior to the start of tele-mental health and that verbal consent should be documented.

- Make reasonable attempts to get these physically signed within 45 after the end of the state of emergency.

- I recommend that the clinician review all aspects of the Consent to Treatment form with the client prior to the start of treatment to ensure that the client understands what is expected in treatment and the limits of what the clinician can and cannot disclose without the client’s permission.

- The National Association of Social Workers has developed an example of a Tele-mental Health Informed Consent you can find at: https://www.socialworkers.org/LinkClick.aspx?fileticket=fN67-dWQReM%3d&portalid=0
PHYSIOLOGICAL NEEDS

• Does your client have:
  • Food
  • Shelter
  • Medication and medical services
  • Employment or financial assistance
  • The ability to self-quarantine if sick or exposed
• If not, how can you help your client access services?
• It is imperative that you stay up-to-date on services available in the areas where your clients live
SAFETY NEEDS

• How safe does your client feel at home?

• Remember the potential for increased risk of inter-partner violence, especially in areas (or specific homes) under quarantine—know the resources available in your client’s community

• Also remember to screen for depression and potential suicidal ideation

• Is your client able to practice “social distancing” while also remaining safe?
RECOVERY/TREATMENT NEEDS

• We must remember that many of our clients with SUD fall into higher-risks groups for COVID-19 due to co-occurring medical issues and/or compromised immune systems

• Many people with SUD now find themselves with fewer supports than before the onset of COVID-19

• Some people on MAT are still being required to go to their clinics for medication, on a daily basis, even if this means decreasing social distancing from others (and clinics are advised to follow guidance to allow for fewer visits)

• Since many people with SUD also deal with co-morbid mental health issues, we have to help them attend to these areas as well
RECOVERY/TREATMENT NEEDS

- I would not use this time to “dig deep” into a client’s issues, SUD or otherwise

- I would instead focus on encouraging our clients to:
  - Create structure in their lives
  - Adhere to medical directions, including the use of psychiatric medications and MAT
  - Maintain contact with supportive peers, Certified Peer Recovery Support Specialists, their counselors, 12-step and other peer-support groups (even in a virtual setting)
  - Being graceful toward themselves if they make a mistake, and this includes lapses and relapses
  - Understand some of the basic aspects of SUD
SUD TREATMENT APPROACHES

- I believe that Cognitive Behavioral Treatment approaches are better suited in a tele-behavioral health approach given that they are more concrete.

- This is especially helpful when working with people with SUD by:
  - Examining triggers to use
  - Helping to plan to decrease amount or frequency of use
  - Engaging in alternative/safer behaviors
  - Changing the thinking patterns behind SUD or related problems
STEPS IN COGNITIVE THERAPY

• Help your client identify their automatic thoughts
  • “What am I thinking right now?”
• Help them recognize that these automatic thoughts are not completely valid
  • “Is what I am thinking true?”
• This helps the client to move toward seeing themselves more realistically
  • This also allows them to see situations differently
• Use some of the tools used in counseling
  • Reminder cards/statements: “When I feel _____, I will _____ instead of ______.”
  • When this happens, they will hopefully have less need to use substances
• Therapy will also focus on developing new habits to replace the older ones (substance use)
  • “What could you do differently?”
BREAKING DOWN THE EXAMPLE

• Feelings (Activating Stimuli)
  • Self-awareness/self-talk: “I am vulnerable when I am angry, sad, lonely, depressed, scared, etc.”

• Thoughts of using (Beliefs)
  • Use a decisional balance (see next slide): Drink/no drinking; Use/no use
  • Find ways to recognize and challenge automatic thoughts

• See cravings and urges as temporary
  • Wait five minutes before doing anything else

• Challenge facilitating beliefs
  • What are some ways to distract yourself or do something different?

• Carry out the plan to do something different
  • Listen to music, call your sponsor
UPCOMING BEHAVIORAL HEALTH SUD TRAINING

SUPPORT 101 Classes:

- SUD Overview (Biopsychosocial-spiritual aspects of SUD; Basic neurobiology of addiction)
- Substances of Misuse (Opioids, alcohol, stimulants, cannabinoids, CNS depressants; includes intoxication and withdrawal symptoms)
- SUD Treatment Basics
- Start up your OBOT
- Screening & Assessment
- Suicide Assessment, Screening and Intervention
- Crisis & De-escalation Techniques
UPCOMING BEHAVIORAL HEALTH SUD TRAINING

SUPPORT 201 Classes:

• SUD, MAT and Providing Trauma-informed care (for all clinic [including support] staff)

• **Client engagement (Motivational interviewing & Case Management/Care Coordination)**

• Group therapy skills (basic)

• Individual therapy skills (psychodynamic approaches, CBT)

• Co-occurring Disorders

• Drug Testing & Privacy Laws
Technical Assistance Opportunities

• **Weekly Question and Answer Sessions on Providing Substance Use Disorder Treatment Via Telehealth**
  - Fridays, 11 am – 12 pm, starting April 10th:
    https://covaconf.webex.com/covaconf/j.php?MTID=mab0aec6846e298682399d24402952dad
  - Session Leads:
    • Dr. Mishka Terplan, Addiction Medicine Specialist
    • Paul Brasler, Behavioral Health Addiction Specialist

• **Upcoming Webinars: Presented by Paul Brasler**
  - Client Engagement
    • 04.14, 1:00 – 2:00 pm: https://covaconf.webex.com/covaconf/onstage/g.php?MTID=e77c8c0c586ae3c522852ab6e5f6f058d
    • 04.23, 2:00 - 3:00 pm: https://covaconf.webex.com/covaconf/onstage/g.php?MTID=efd94553eb1e87b6487d397eaddb51ab7
  - Suicide:
    • 04.16, 2:00 - 3:00 pm: https://covaconf.webex.com/covaconf/onstage/g.php?MTID=e16af81eefc30dcfdcf99c39341b6053e
    • 04.27, 1:00 – 2:00 pm: https://covaconf.webex.com/covaconf/onstage/g.php?MTID=e141f45d97f5661266cbbc96cbfded32a6
  - Crisis & De-escalation:
    • 04.20, 1:00 – 2:00 pm: https://covaconf.webex.com/covaconf/onstage/g.php?MTID=e35faf500def46a50cc03a9889bfbe6b9
    • 04.24, 2:00 - 3:00 pm: https://covaconf.webex.com/covaconf/onstage/g.php?MTID=efb3b9012824404881905b173a44e37e7

Questions about the webinars? Contact Paul.brasler@dmas.virginia.gov

Advanced registration not required: use links below when webinars begin
BREAK TIME!

Please take a short – five minute – break

When you return, open the browser on your mobile device or computer and visit www.menti.com
What do you see as the biggest challenges to delivering SUD services during the COVID-19 pandemic?

- Social distancing
- Communication
- Engagement
- Access to levels of care
- Inpatient access
- Referrals
- Compassion fatigue
- Availability of resources
- Limits of online recovery
- Insurance issues
- Increased use
- Residential placements
- Client's not having phone
- Presence
- Clients not having phones
- In-person assessments
- Access to technology
- Access to internet
- Scheduling
- Billing
- Stigma
- Retention
- Distance
- Rural areas
- Competency
Medication Assisted Peer Support (MAPS) Recovery Program

Tracey van Marcke
Chief Executive Officer
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Colin Dwyer
Grant Manager
cdwyer@vhha.com
VHHA & VHHA Foundation

- Virginia Hospital & Healthcare Association
  - Alliance of 107 hospitals and 27 health systems in Virginia

- VHHA Foundation
  - Non-profit foundation in support of VHHA’s vision to make Virginia the healthiest state in the nation
Our Team

Tracey van Marcke  
Chief Executive Officer

Betsy Archer  
Sr. Director, Strategic Partnerships

Colin Dwyer  
Grant Manager
Program Overview

**Aim:**
- to increase MAT and PRS capacity at five Virginia hospitals

**Goal:**
- to prevent repeat hospitalizations for overdose and SUD-related mortality
- to improve patient referral to treatment
- to increase number of patients successful in recovery
Objectives

• Enroll five hospitals
• Increase number of hospital-based providers licensed, waived, and trained to induce MAT
• Increase number of hospitals offering PRS services in their EDs and provide training and certification to peers.
Target Population

• Individuals at high-risk of overdose
• Pregnant and parenting women with SUD/OUD
• Justice-involved individuals
Program Plan - VHHA Foundation

- Subcontract with partnering hospitals to serve as fiscal intermediary
- Retain services of expert faculty to guide curriculum development and mentor hospitals
- Administer needs assessment
- Develop and implement education and training curriculum to fill identified gaps
- Host monthly learning events
- Develop recommended protocols
- Promote collaborative sharing among participants
- Create publicly facing webpage
- Conduct post-grant evaluation
Program Plan - Hospitals

- Identify physician, nursing, and administrative champions to promote program internally
- Recruit a program coordinator and up to two employed PRS
- Increase number of waiver-trained physicians
- Develop and enhance relationships with community partners
Hospital Partners

• Discussions about subcontracting with hospitals in four health systems serving different parts of the state
  – Inova, Northern
  – VCU, Central
  – Sentara, Eastern
  – Ballad Health, Southwest
Faculty Partners

• In talks with Carilion and two doctors from Chesapeake to serve as our program faculty
  – Carilion to develop training curriculum, provide virtual education and technical assistance, advise on development of needs assessment.
  – Chesapeake to act in coaching/mentoring capacity, provide ad hoc troubleshooting, assist with partner site program launches.

• Discussing best ways to implement PRS and Buprenorphine Waiver Trainings…
Questions?

Please contact Colin Dwyer at cdwyer@vhha.com
ADDICTION AND RECOVERY TREATMENT SERVICES
COVID-19 POLICY UPDATES
SUPPORT ACT SECTION 1003 STAKEHOLDER MEETING
April 2020
Impact of the State of Emergency and Members with Substance Use Disorders (SUD)

Potential Implications of COVID-19

• COVID-19 attacks the lung and thus can be a serious threat to:
  ▪ People who smoke tobacco or marijuana, or vape
  ▪ People with opioid use disorder (OUD) or methamphetamine use disorder due to drug’s effects on respiratory and pulmonary health

• Individuals with SUD are more likely to experience:
  ▪ Housing instability, homelessness or incarceration compared to general population putting them at increased risk regarding transmission of the virus.

• Impact of social distancing and access to support and treatment

Impact of the State of Emergency and Members with Substance Use Disorders (SUD)

Potential Implications of COVID-19

• People with OUD facing challenges obtaining medications for OUD or access to harm reduction programs

• Social distancing potential impacting likelihood of overdoses when there are no observers to administer naloxone

• Increases isolation and stress due to pandemic

• Impact on emergency departments increased caseloads and likeliness of initiating medication for opioid use disorder (MOUD)

Evolving Strategy to Address the Impact of the Pandemic

Focus to Increasing Access to Treatment for All SUD

- Reduce Risk of Addiction and Overdose
- Initiation and continuation of MOUD
- Telehealth and telephonic transitions
- Policy changes, technical assistances and training
Virginia Medicaid is taking action to fight COVID-19

- No co-pays for any Medicaid or FAMIS covered services
- No pre-approvals needed and automatic approval extensions for many critical medical services
- Outreach to higher risk and older members to review critical needs
- 90 day supply of many routine prescriptions
- Ensuring members do not inadvertently lose coverage due to lapses in paperwork or a change in circumstances
- Encouraging use of telehealth

Medicaid covers all COVID-19 testing and treatment. Call your doctor.

More Info: www.dmas.virginia.gov/#/emergencywaiver
Questions: dmas.virginia.gov/contactforms/#/general
DMAS Memos on Flexibilities for Behavioral Health Delivery during COVID-19

- DMAS emphasizes that it is advised that all providers limit face-to-face contacts with members. If a provider, member, caregiver, and or anyone in the home or facility is experiencing symptoms that are consistent with COVID-19, all face-to-face contact shall be minimized and/or avoided to support containment of spread.

- Some of the highlights of the Medicaid memos including the following:
  - Allowance for telehealth (including telephonic) delivery of all substance use disorder services.
  - Allowance for a member’s home to serve as the originating site.

This is particularly important for those who are quarantined, are diagnosed with and/or demonstrating symptoms of COVID-19, and/or are at high risk of serious illness from COVID-19.
DMAS Memos on Flexibilities for Behavioral Health Delivery during COVID-19

• Allowance of a **fourteen (14) day grace period** for the submission of Service Authorizations apply for ASAM Levels of Care 2.1 and higher.

• **Flexibilities for time frames** for skilled treatment services for ASAM Levels 2.1 and 2.5.

• DMAS also clarified that individuals who have not participated in a service in 30 days **do not have to be discharged** from the service.

• For ARTS Level 3.1 and above, **medical necessity for continuation of care may be waived** if the individual is unable to transition to lower levels of care due to COVID-19 and quarantines.
State of Emergency ARTS Policy Changes

Opioid Treatment Programs (OTP) and Preferred Office-Based Opioid Treatment (OBOT) Services and Buprenorphine Waivered Practitioners (BWPs)

- **Prioritize the continuation** of members’ medication for treatment of OUD.

- **Not delay initiation or continuation** of medication due to a member's inability to see medical or behavioral health clinicians face-to-face.

- Medicaid echoes SAMHSA and the DEA regarding the allowance of and recommendation of the use of telehealth and/or telephonic services to provide evaluation and treatment of patients.
State of Emergency ARTS Policy Changes

OTP, Preferred OBOT and BWPs

• Allowance of OTP providers to deliver the medications to the member’s location and be reimbursed for this service.

• Medicaid, in accordance with Board of Pharmacy, covers buprenorphine as a maximum 90 day supply.
State of Emergency ARTS Policy Changes

Buprenorphine

- SAMHSA decided to preemptively exercise its authority to exempt OTPs from the requirement to perform an in-person physical evaluation for any patient treated by the OTP with buprenorphine.
- DEA waived requirement for in-person evaluation prior to prescription of a controlled substance (applies to buprenorphine prescribed by outpatient MAT provider). Allows initial evaluation via telehealth or telephonic means.
- Allowance for up to 90 day script

Methadone

- For new OTP patients that are treated with methadone, the requirements of an in-person medical evaluation remain.
- Existing OTP patients treated with methadone may be treated using telehealth or telephonic means.
- Allowance of take home dosing

Assigning a Designee for Pick Up or Home Delivery$^1, 2$

- Applicable when a patient is medically ordered to be under isolation or quarantine for COVID-19.

- Identify a trustworthy, patient designated, uninfected 3rd party (e.g., family member or neighbor) to deliver the medications using the OTP’s established chain of custody protocol for take home medication.

- If a designee is not available to come to the OTP, then the OTP should prepare a “doorstep” delivery of take home medications in an approved lock box.

14/28 Day Dose - State Exemption$^3$

- States must request a blanket exemption from SAMHSA that would allow:
  - All stable patients in an OTP to receive 28 days of take-home doses of methadone or buprenorphine.
  - Up to 14 days of take-home medication for patients who are less stable but who the OTP believes can safely handle this level of Take-Home medication.

Licensing Reciprocity

- Board of Medicine allowance for established patients.
- As March 19, 2020, the Virginia Board of Nursing allows for nurse practitioners licensure through endorsement.
- DEA-registered practitioners are not required to obtain additional registration(s) with DEA in the additional state(s) where the dispensing (including prescribing and administering) occurs, for the duration of the public health emergency.
Visit the DMAS ARTS website to locate providers with Google Maps: http://www.dmas.virginia.gov/#/arts

New! Indicates if ARTS providers treat pregnant members
ARTS Questions:

- ARTS Helpline number: 804-593-2453
- Email: SUD@dmas.Virginia.gov
- Website: http://www.dmas.virginia.gov/#/arts
Questions and Answers

Please unmute yourself or use the chat feature in WebEx to submit your questions.
Contact Information

**SUPPORT Act Grant Questions:**
- Anna Scialli – anna.scialli@dmas.Virginia.gov
- Ashley Harrell – Ashley.Harrell@dmas.Virginia.gov
- Jason Lowe – Jason.Lowe@dmas.Virginia.gov
- Paul Brasler – Paul.Brasler@dmas.Virginia.gov
- Tiarra Ross – Tiarra.Ross@dmas.Virginia.gov
- Christine Bethune – Christine.Bethune@dmas.Virginia.gov

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Thank you for calling in!

Your participation in the Monthly Stakeholder meetings is vital to the success of the SUPPORT Act Grant in Virginia.

Please note our following meetings will be call-in ONLY!

Next Meeting
Monday, May 11, 2020
10:00 AM – 12:00 PM