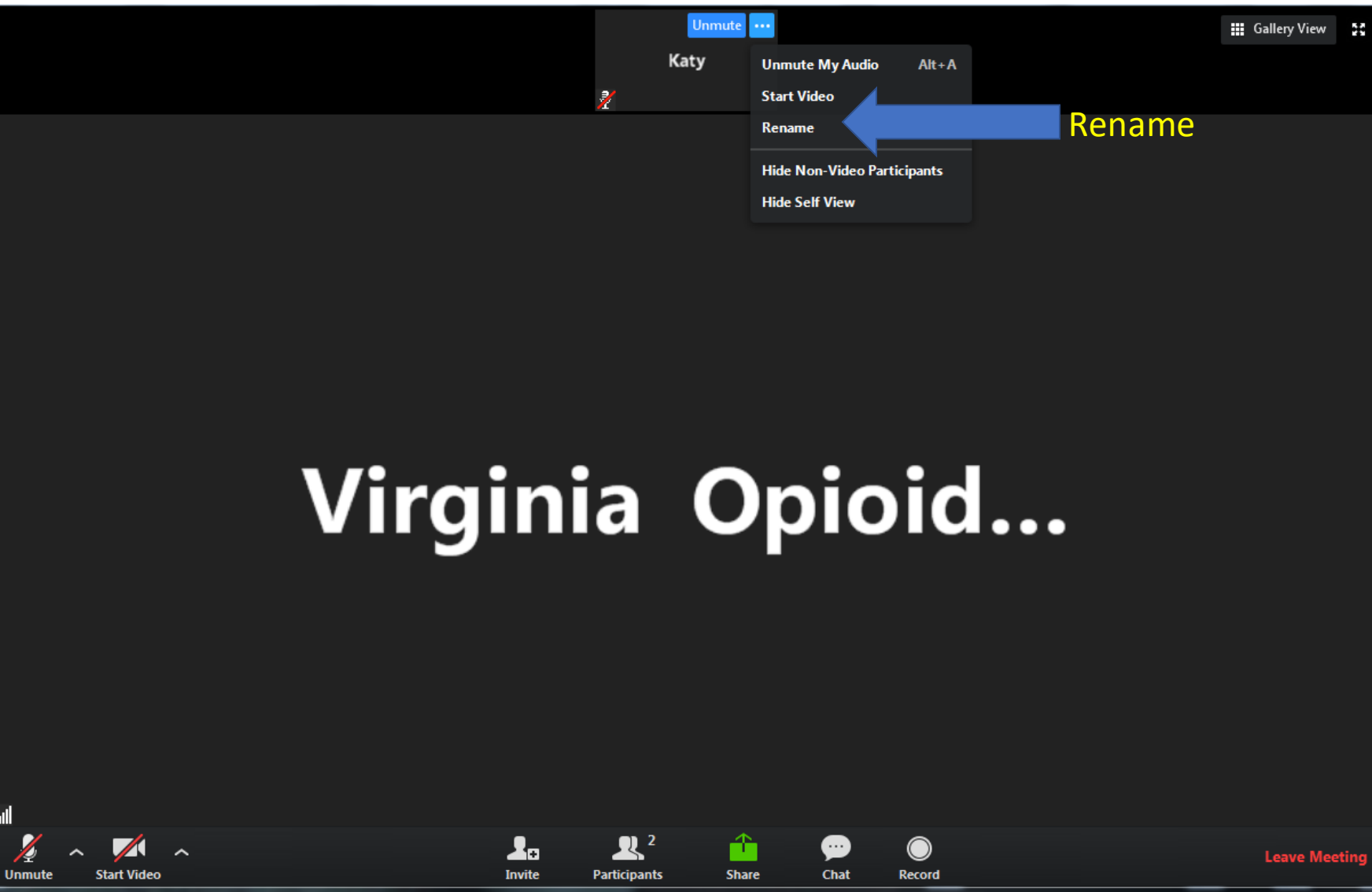


Virginia Opioid Addiction ECHO* Clinic

June 5, 2020

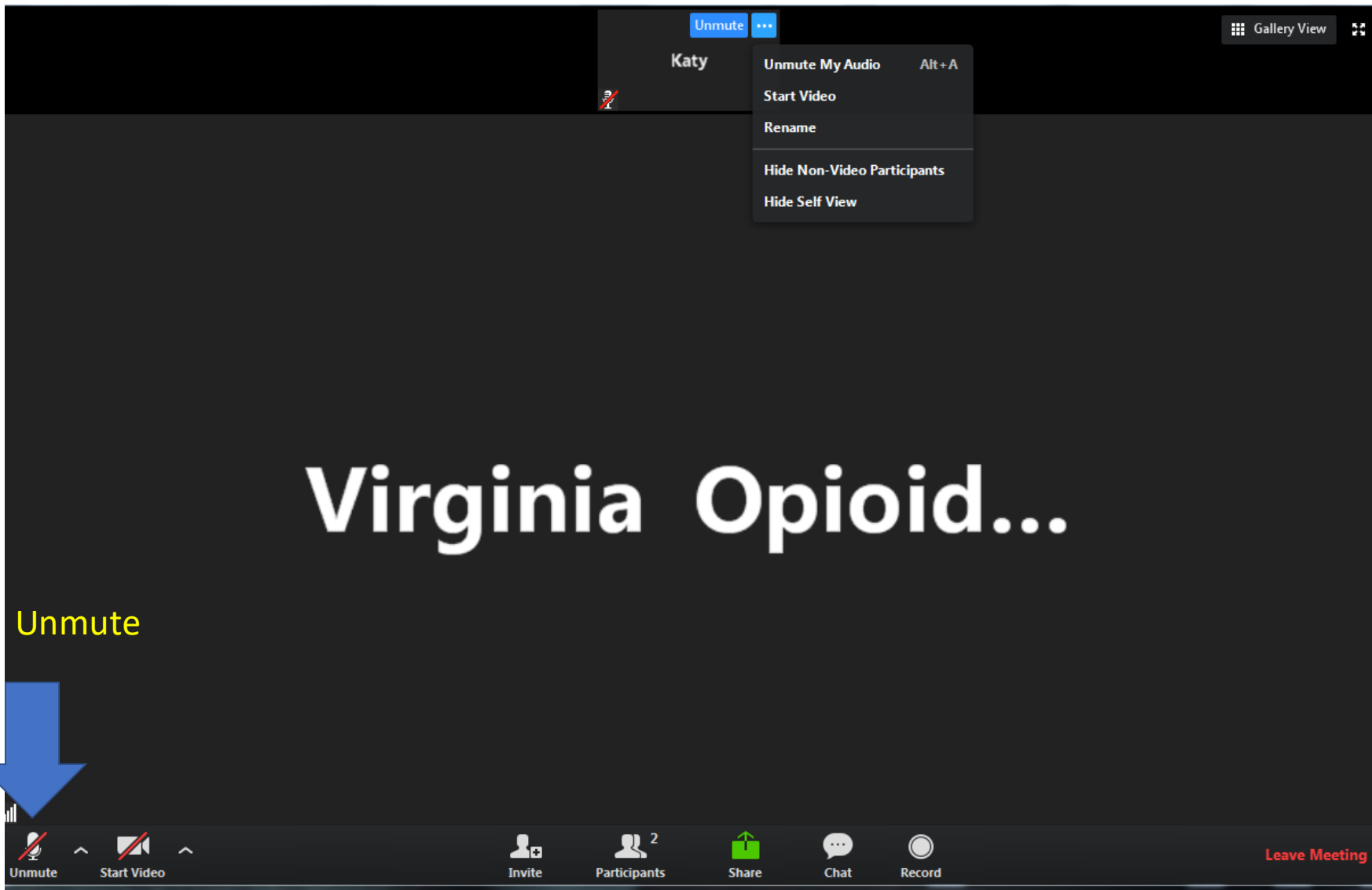
*ECHO: Extension of Community Healthcare Outcomes

Helpful Reminders



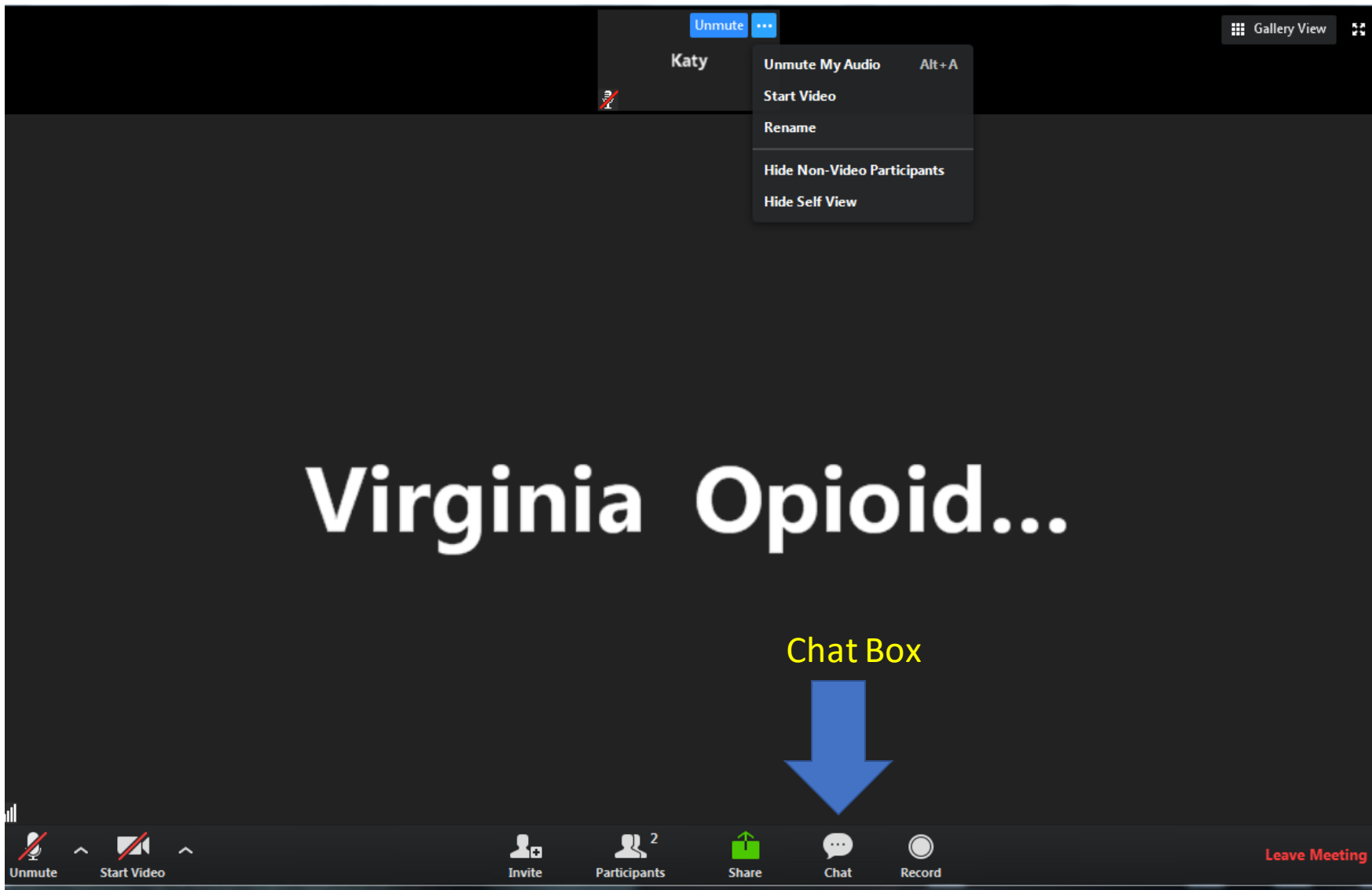
- Rename your Zoom screen, with your name and organization

Helpful Reminders



- You are all on **mute**
please **unmute** to talk
- If joining by telephone
audio only, ***6** to mute
and unmute

Helpful Reminders



- Please type your full name and organization into the chat box
- Use the chat function to speak with IT or ask questions

VCU Opioid Addiction ECHO Clinics



- Bi-Weekly 1.5 hour tele-ECHO Clinics
- Every tele-ECHO clinic includes a 30 minute didactic presentation followed by case discussions
- Didactic presentations are developed and delivered by inter-professional experts
- Website Link: www.vcuhealth.org/echo

Hub and Participant Introductions



VCU Team

Clinical Director	Gerard Moeller, MD
Administrative Medical Director ECHO Hub	Vimal Mishra, MD, MMCI
Clinical Experts	Lori Keyser-Marcus, PhD Courtney Holmes, PhD Albert Arias, MD
Didactic Presentation	Ke'Shawn Harper, MS Jessica Johnson, MA
Program Manager	Bhakti Dave, MPH
Practice Administrator	David Collins, MHA
IT Support	Vladimir Lavrentyev, MBA

- Name
- Organization

Reminder: **Mute** and **Unmute** screen to talk

***6** for phone audio

Use **chat** function for Introduction

What to Expect

- I. Didactic Presentation
 - Ke'Shawn Harper, MIS**
 - Jessica Johnson, MA**
- II. Case presentations
 - I. Case 1
 - I. Case summary
 - II. Clarifying questions
 - III. Recommendations
 - II. Case 2
 - I. Case summary
 - II. Clarifying questions
 - III. Recommendations
- III. Closing and questions



Lets get started!

Didactic Presentation



Disclosures

Jessica Johnson, MA and Ke'Shawn Harper, MIS have no financial conflicts of interest to disclose.

There is no commercial or in-kind support for this activity.

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

ADDICTION AND RECOVERY TREATMENT SERVICES

Medicaid Reimbursement for Telehealth and Care Coordination



Jessica S. Johnson, M.A. NCC, QMHP-A
ARTS Service Coordinator

Virginia Department of Medical Assistance Services

Ke'Shawn Harper BA, MIS, GCertPPCM, GCertPAP,
QMHP-A
ARTS Senior Policy Specialist



Learning Objectives

- ✓ To provide an overview of substance use care coordination
- ✓ To review service requirements within Preferred OBOTs and OTPs.
- ✓ To review provider requirements.
- ✓ To discuss documentation and billing basics for substance use care coordination.

Who Can Provide Substance Use Care Coordination?

✓ OBOTs

- Addiction treatment services for individuals with a primary opioid use disorder (OUD) provided by buprenorphine-waivered practitioners working in collaboration with CATPs providing psychotherapy and substance use disorder (SUD) counseling in public and private practice settings.

✓ OTPs

- Programs certified by the United States Substance Abuse and Mental Health Services Administration (SAMHSA) that engage in supervised assessment and treatment, using methadone, buprenorphine, L-alpha acetyl methadol, or naltrexone, of members who are addicted to opioids (12VAC30-130-5020).

What is Substance Use Care Coordination?

- ✓ Collaboration of the interdisciplinary team who is involved in the members treatment. Working closely with the member and their families in organizing the member's care and services across all treatment settings.
- ✓ Helping members navigate specialists, hospital departments, outpatient appointments, tests, procedures, medications, follow-up appointments.
- ✓ Care coordination help to reduce overall cost of treatment, while reducing time away from work and family.
- ✓ The purpose of care coordination is to help address physical needs, safety needs, social needs, individual values and personal needs throughout treatment.

Substance Use Care Coordination Provider Requirements

- ✓ A bachelor's degree in one of the following fields (social work, psychology, psychiatric rehabilitation, sociology, counseling, vocational rehabilitation, human services counseling) and
 - One year of substance use related direct experience providing services to individuals with a diagnosis of substance use disorder or;
 - One year of clinical experience working with individual with co-occurring diagnoses of substance use disorder and mental illness
- ✓ Licensure by the Commonwealth as a registered nurse with
 - One year of direct experience providing services to individuals with a diagnosis of substance use disorder or;
 - One year of clinical experience working with individuals with co-occurring diagnoses of substance use disorder and mental illness
- ✓ Certified Substance Abuse Counselor (CSAC), CSAC-Supervisees or CSAC-Assistant under appropriate supervision as defined in 18VAC115-30-10 et seq.
- ✓ Licensed or Registered Behavioral Health Professionals with the appropriate licensing board

Examples of Primary Staff Responsibilities

- ✓ Meet face-to-face and utilize telephonic/collateral contacts with the member and significant others to facilitate recovery.
- ✓ Act as the primary point of contact for the member and the interdisciplinary team in the Preferred OBOT or OTP setting.
- ✓ Engage members in Substance Use Care Coordination activities as identified in the ISP for OTP settings and the IPOC in Preferred OBOT settings.
- ✓ Communicate with the member about their ongoing or newly identified needs on at least a monthly basis (or a frequency as requested by the member).

Substance Use Care Coordination Documentation Requirements

- ✓ Substance Use Care Coordination supports interdisciplinary care planning meetings between buprenorphine-waivered practitioners and licensed behavioral health professionals.
- ✓ Interdisciplinary teams can use the IPOC as a recovery oriented tool with planned interventions that align with the member's identified needs and goals; it is regularly updated as the member's needs change, and details progress throughout the course of treatment.
- ✓ Separate documentation must be completed to support and document activities that meet billing requirements.

Substance Use Care Coordination Service Delivery

- ✓ Participate in interdisciplinary treatment team meetings for care planning at least once every 30 days for each member.
- ✓ Monitoring the provision of services and assuring the coordination of services and service planning with other providers.
- ✓ Enhancing community integration and linking the member to community supports.
- ✓ Assisting the member directly to locate, develop, or obtain needed services, resources.
- ✓ Ensure that appropriate mechanisms are in place to receive member input, complaints and grievances.
- ✓ Soliciting and helping to support the member's wishes.
- ✓ Knowing and monitoring the member's health status and providing education as needed to support informed decisions.

How to Bill Substance Use Care Coordination

- ✓ Preferred OBOTs or OTPs may bill for substance use care coordination if they meet all provider and documentation requirements. Providers must use the DMAS IPOC forms to support billing Substance Use Care Coordination (**G9012**).
- ✓ Substance Use Care Coordination may not be billed if the member is currently receiving Substance Use Case Management services (H0006) in the same month.
 - CSBs, BHAs, or private providers with Substance Use Case Management licensing may choose to provide either Substance Use Case Management services (H0006) or Substance Use Case Coordination (G9012) and must follow the program requirements for billing.
 - OBOTs should have documentation in members record indicating how they are working with the case management provider and how OBOT-related services are being coordinated.

Service	Provider Requirements	Code/Unit	Who Provides the MAT?
Substance Use Care Coordination	OBOT	G9012	• OBOT
	OTP	1 unit = 1 month	• OTP

Interdisciplinary Plan of Care (IPOC) Requirements

- ✓ The IPOC shall be developed and documented within 30 calendar days from the completed ISP by a Credentialed Addiction Treatment Professional to address needs specific to the member's unique treatment as identified in the initial ISP or the multidimensional assessment as applicable to the ASAM Level of Care. A licensed Credentialed Addiction Treatment Professional must sign off on the Initial IPOC if developed by a Certified Substance Abuse Counselor (CSAC).
- ✓ The IPOC is an essential documentation and planning tool required to bill Substance Use Care Coordination and shall be reviewed during monthly interdisciplinary treatment team meetings. Completion of the IPOC shall support the monthly billing of the Substance Use Care Coordination (G9012).
- ✓ Providers may use their own templates as long as all the required components of the care plans are included.

Continued Interdisciplinary Plan of Care (IPOC) Requirements

- ✓ While the IPOC must be reviewed monthly during interdisciplinary treatment meetings, the minimum requirement to update the IPOC is at least quarterly or whenever there is a significant change in the member's treatment goals and objectives.
- ✓ The IPOC is considered meeting the comprehensive ISP requirements if it is reviewed and updated every 30 calendar days.
- ✓ The IPOC must be added to the member's medical record no later than 7 days from the calendar date of the review.

Interdisciplinary Team Staff Requirements

- ✓ Physician, Physician Extender and Nurse Practitioner with buprenorphine waiver (required)
- ✓ Credentialed Addiction Treatment Professional (required)
 - Includes Residents and Supervisees under the licensed personnel
- ✓ Certified Substance Abuse Counselors (CSACs), CSAC-Supervisees (optional)
- ✓ Certified Peer Recovery Specialists (optional)
- ✓ Registered Nurses / Licensed Nurse Practitioners (optional)
- ✓ Pharmacists (optional)

***All staff must practice within their Va Board approved scope of practice.**

COVID-19 Flexibilities

Current state of emergency service & billing allowances

- ✓ DMAS will allow for telehealth (including telephonic) delivery of all behavioral health services via telehealth including: care coordination, interdisciplinary team meetings, and treatment planning.
- ✓ The provider must have emergency procedures in place to address the needs of any member in a psychiatric crisis.
- ✓ The provider should also ensure that the member continues to have access to medications to treat OUD, as well as care coordination activities as appropriate.
- ✓ OBOT and OTP providers may continue to bill for care coordination that is provided telephonically and in the absence of counseling services, if necessary and appropriate.

Questions?



We are Here to Help!

For more information:

Call the ARTS Helpline at (804) 593-2453

Email: SUD@dmas.virginia.gov

Check out the ARTS Webpage:

<http://www.dmas.virginia.gov/#/arts>

COVID-19 Flexibilities

<http://www.dmas.virginia.gov/#/emergencywaiver>

Case Presentation #1

Faisal Mohsin, MD

- 12:35-12:55 [20 min]
 - 5 min: Presentation
 - 2 min: Clarifying questions- Spokes
 - 2 min: Clarifying questions – Hub
 - 2 min: Recommendations – Spokes
 - 2 min: Recommendations – Hub
 - 5 min: Summary - Hub



Reminder: **Mute** and **Unmute** to talk

***6** for phone audio

Use **chat** function for questions

Please state your main question(s) or what feedback/suggestions you would like from the group today?

How can we get this patient to give us negative urine screens for illicit opiates and Benzodiazepines?

Or, how can we get this patient to stop using Benzodiazepines?

Demographic Information (e.g. age, sex, race, education level, employment, living situation, social support, etc.)

Pt. is a 31 yr. single, unemployed, homeless Caucasian male.

DIAGNOSIS:

Generalized Anxiety Disorder
Sedative Anxiolytic Use Disorder
?Alcohol Use Disorder

Currently being prescribed Suboxone 12/3mg 1/2 strip BID.

Also being prescribed Gabapentin 900mg TID ? by his PCP for "Restless Legs".

He was prescribed Requip for his restless leg last week at our clinic, 0.5mg BID. He was reluctant to take it.

History of domestic violence. Cannot return to his parents' home.

Refuses to take any non-benzodiazepine treatments for his anxiety. Claims these worsen his "restless leg".

Reminder: **Mute** and **Unmute** to talk

***6** for phone audio

Use **chat** function for questions

Physical, Behavioral, and Mental health background information (e.g. medical diagnosis, reason for receiving opioids, lab results, current medications, current or past counseling or therapy treatment, barriers to patient care, etc.)

Frequently tests positive for BZDs.

He has also tested positive for opiates and last year he was started on Suboxone. Treatment was brief since the patient sought only benzodiazepines. After a few visits, he became non-compliant and decided he no longer wanted to continue Suboxone.

He has had a very poor engagement with therapy services at the CSB. No attendance in any 12 step program.

Currently staying with a friend who reportedly drinks but not using opiates.

He presented to the clinic some weeks ago stating he had relapsed back on heroin and had been sniffing daily. Urine drug screen at the time was positive for Fentanyl only. However, negative for benzos and Et G. He was inducted into Suboxone with the understanding he would not resort to any benzos or alcohol while in treatment with Suboxone. He made the customary promises. Usually presents quite very meek and humble.

He presented last week positive for Fentanyl, Opi, BZDs, Bupg and THC.

Reported he was very stressed about both his parents being in the hospital and not having slept for 3 nights in a row. "I need something for sleep". Refused to consider any option other than a benzodiazepine. Request was declined to which he responded "I guess, then, I gotta do what I gotta do. I need to sleep". Mood was distinctly irritable and almost hostile needing redirection.

What interventions have you tried up to this point ?
Additional case history (e.g. treatments, medications, referrals, etc.)

Has been offered SSRIs, Buspirone, Hydroxyzine, Seroquel, Propranolol, trazodone.

Last year I did in fact prescribe him Clonazepam 0.5mg BID for safety/harm reduction purposes so that he would not buy these off the streets. Prescriptions were written every 2 weeks with no refills. After a couple of prescriptions the patient mysteriously stopped making his appointment visits.

What is your plan for future treatment? What are the patient's goals for treatment?

The goal is to keep him in recovery for his OUD.

The preferred goal is to keep him in recovery from all substances especially Benzodiazepines!

Other relevant information

He was incarcerated for some weeks last year after an incident of domestic violence where he caused property damage at his parents' home and reportedly also assaulted his mother. They have a protective order against him and he can no longer return . It was reported to us by another patient that he had consumed alcohol and taken the clonazepam before the incident. After this, we stopped prescribing him benzodiazepines.

Reminder: Main Questions

Please state your main question(s) or what feedback/suggestions you would like from the group today?

How can we get this patient to give us negative urine screens for illicit opiates and Benzodiazepines?

Or, how can we get this patient to stop using Benzodiazepines?

Case Presentation #2

Ademola Adetunji, NP



- 12:55pm-1:25pm [20 min]
 - 5 min: Presentation
 - 2 min: Clarifying questions- Spokes (participants)
 - 2 min: Clarifying questions – Hub
 - 2 min: Recommendations – Spokes (participants)
 - 2 min: Recommendations – Hub
 - 5 min: Summary - Hub

Reminder: **Mute** and **Unmute** to talk
*6 for phone audio
Use **chat** function for questions

Please state your main question(s) or what feedback/suggestions you would like from the group today?

Is it appropriate to treat this client with the clonidine and Vistaril or no medications assistance needed for this encounter?

Demographic Information (e.g. age, sex, race, education level, employment, living situation, social support, etc.)

39 y/o Caucasian male, presented to detox center c/o using cocaine, alcohol, marijuana and opioid.

Cocaine smoke/snort powder or rock about 1/2 oz daily relapse 2 mths ago after sobriety x 2 1/2 yrs. first use since high school, last use 5/31/2020 (2 days ago)

Marijuana use about couple g daily x 2 mths after sobriety x 1 yr, first use high school, last use 5/31/2020 (2 days ago)

Alcohol use: Vodka about 1/5th daily x 2 mths, no period of being clean. First use @ high school, last use 6/1/2020.

Opioid use: Non Rx Hydrocodone 30mg (1-2 tabs) po daily x 1 wk, first use 1 wk ago, last use 2 days ago

Heroin use: Snort 1/2g daily x 2 wks, first use 2 wks ago, last use 2 days ago (5/31/2020)

Tobacco use: 1PPD x 21 yrs

Allergies: NKDA, NKFA, Pollens and grass

Education: Some college (11/2 years). Currently work as a mechanic

Living situation: Lives with family

Reminder: **Mute** and **Unmute** to talk

*6 for phone audio

Use **chat** function for questions

Physical, Behavioral, and Mental health background information (e.g. medical diagnosis, reason for receiving opioids, lab results, current medications, current or past counseling or therapy treatment, barriers to patient care, etc.)

Physical: Denies medical conditions including current or chronic pain except seasonal allergies.

Mental Health: C/o depression and anxiety in late 20s.

Medications: Wellbutrin XL 300mg daily

Vistaril 25mg BID PRN.

Per client, has not used medications in over 2 yrs

Client did not bring any medications to Detox clinic today.

Lab results at Detox clinic on admission

UDS- + COC, THC.

V/S: B/P 112/76, P 92, R 18, T 98.2, Pox 99%. BAC 0.0, CIWA 1, COWs 6

What interventions have you tried up to this point ?

Additional case history (e.g. treatments, medications, referrals, etc.)

Cocaine dependence: Monitor.

Cannabis dependence: Monitor

Withdrawal anxiety: Clonidine 0.1mg po BID PRN x 7 days

Vistaril 25mg po q6H PRN x 7 days

Difficulty Sleeping: Trazodone 100mg (1/2-1 tab) po qHS PRN

Melatonin 3mg (1-5 tabs) po qHS PRN

Seasonal allergies: Loratadine 10mg po daily

Teaching done

The importance of F/u with Psychiatric and therapist

Further discussion with clinical staffs at detox for resources for client

What is your plan for future treatment? What are the patient's goals for treatment?

Collaborative work with clinical team to refer and connect client to psychiatric and therapist within the network.

Reminder: Main Questions

Please state your main question(s) or what feedback/suggestions you would like from the group today?

Is it appropriate to treat this client with the clonidine and Vistaril or no medications assistance needed for this encounter?

Case Studies

- Case studies
 - Submit: www.vcuhealth.org/echo
 - Receive feedback from participants and content experts
 - Earn **\$100** for presenting



Telehealth

About Telehealth at VCU Health	+
For Patients	+
For Providers	+

Thank You

The success of our telehealth program depends on our participants and those who submit case studies to be discussed during clinics. We recognize the following providers for their contributions:

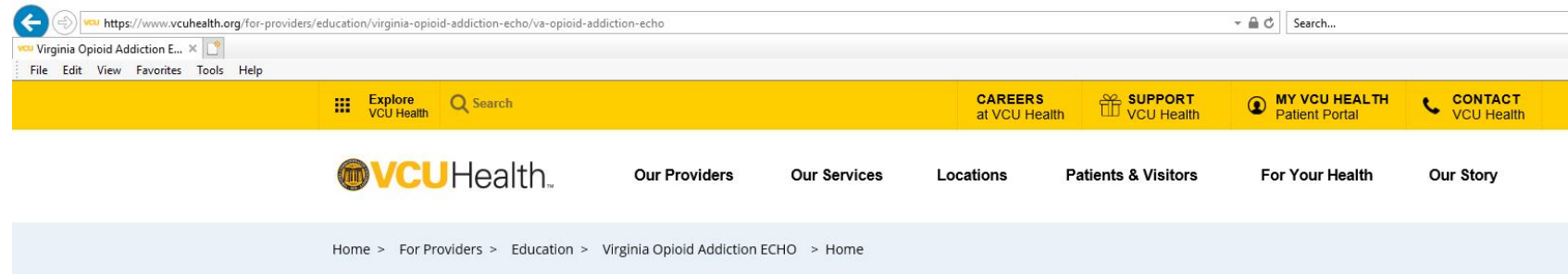
- **Ademola Adetunji, NP** from Fairfax County CSB
- **Michael Bohan, MD** from Meridian Psychotherapy
- **Diane Boyer, DNP** from Region Ten CSB
- **Melissa Bradner, MD** from VCU Health
- **Kayla Brandt, B.S.** from Crossroads Community Service Board
- **Susan Cecere, LPN** from Hampton Newport News
- **Michael Fox, DO** from VCU Health
- **Shannon Garrett, FNP** from West Grace Health Center
- **Sharon Hardy, BSW, CSAC** from Hampton-Newport News CSB
- **Sunny Kim, NP** from VCU Health
- **Thokozeni Lipato, MD** from VCU Health
- **Caitlin Martin, MD** from VCU Health
- **Maureen Murphy-Ryan, MD** from AppleGate Recovery
- **Faisal Mohsin, MD** from Hampton-Newport News CSB
- **Stephanie Osler, LCSW** from Children's Hospital of the King's Daughters
- **Jennifer Phelps, BS, LPN** from Horizons Behavioral Health
- **Crystal Phillips, PharmD** from Appalachian College of Pharmacy
- **Tierra Ruffin, LPC** from Hampton-Newport News CSB
- **Manhal Saleeby, MD** from VCU Health Community Memorial Hospital
- **Jenny Sear-Cockram, NP** from Chesterfield County Mental Health Support Services
- **Daniel Spencer, MD** from Children's Hospital of the King's Daughters
- **Cynthia Straub, FNP-C, ACHPN** from Memorial Regional Medical Center
- **Saba Suhail, MD** from Ballad Health
- **Barbara Trandel, MD** from Colonial Behavioral Health
- **Bill Trost, MD** from Danville-Pittsylvania Community Service
- **Art Van Zee, MD** from Stone Mountain Health Services
- **Ashley Wilson, MD** from VCU Health
- **Sarah Woodhouse, MD** from Chesterfield Mental Health





Claim Your CME and Provide Feedback



- www.vcuhealth.org/echo
- To claim CME credit for today's session
- Feedback
 - Overall feedback related to session content and flow?
 - Ideas for guest speakers?


Access Your Evaluation and Claim Your CME





Virginia Opioid Addiction ECHO

Welcome to the Virginia Opioid Addiction Extension for Community Health Outcomes or ECHO, a virtual network of health care experts and providers tackling the opioid crisis across Virginia. [Register now for a TeleECHO Clinic!](#)



Network, Participate and Present

- Engage in a collaborative community with your peers.
- Listen, learn, and discuss didactic and case presentations in real-time.
- Take the opportunity to [submit your de-identified study](#) for feedback from a team of addiction specialists. We appreciate [those who have already provided case studies](#) for our clinics.
- Provide [valuable feedback & claim CME credit](#) if you participate in live clinic sessions.

Benefits

- Improved patient outcomes.
- **Continuing Medical Education Credits:** This activity has been approved for **AMA PRA Category 1 Credit™**.

Telehealth

- About Telehealth at VCU Health ▾
- For Patients ▾
- For Providers ▴
- Virginia Opioid Addiction ECHO ▴
 - Register Now!
 - Submit Your Case Study
 - Continuing Medical Education (CME)
 - Curriculum & Calendar
 - Previous Clinics (2018)
 - Previous Clinics (2019)
 - Resources
 - Our Team

Access Your Evaluation and Claim Your CME



https://redcap.vcu.edu/surveys/?s=KNLE8PX4LP Project ECHO Survey

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ECHO
Virginia Commonwealth University

Please help us serve you better and learn more about your needs and the value of the Virginia Opioid Addiction ECHO (Extension of Community Healthcare Outcomes).

First Name
* must provide value

Last Name
* must provide value

Email Address
* must provide value

I attest that I have successfully attended the ECHO Opioid Addiction Clinic.
* must provide value

Yes

No

reset

_____, learn more about Project ECHO

Watch video

How likely are you to recommend the Virginia Opioid Addiction ECHO by VCU to colleagues?

Very Likely

Likely

Neutral

Unlikely

Very Unlikely

reset

What opioid-related topics would you like addressed in the future?

What non-opioid related topics would you be interested in?

Access Your Evaluation and Claim Your CME



- www.vcuhealth.org/echo
- To view previously recorded clinics and claim credit

Access Your Evaluation and Claim Your CME

Telehealth

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[Previous Clinics \(2018\)](#)

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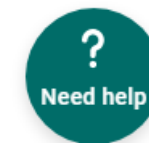


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Access Your Evaluation and Claim Your CME



vcu <https://www.vcuhealth.org/for-providers/education/virginia-opioid-addiction-echo/2019-clinics>

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Home > For Providers > Education > Virginia Opioid Addiction ECHO > Previous Clinics - 2019

Previous Clinics (2019)

Review topics we covered in previous Virginia Opioid Addiction ECHO clinics. Visit our [Curriculum and Calendar](#) for upcoming clinic topics.

Topic	Date	Resources
Trauma Informed Care and Treating Those Experiencing Opioid Addiction Led by Courtney Holmes, PhD	01/04/19	<ul style="list-style-type: none">Video of ClinicSlide Presentation
<u>Learning Objectives:</u> <ol style="list-style-type: none">1. Identify individuals who have experienced trauma.2. Understand the impact of trauma on human development particularly related to substance use and misuse.3. Learn components of trauma informed care.		
Syringe Exchange Led by Anna Scialli, MSW, MPH	01/18/19	<ul style="list-style-type: none">Video of ClinicSlide PresentationNarcan/Naloxone LawsNeedle Exchange Program FlyerBill to Remove Cooperation Law
<u>Learning Objectives:</u> <ol style="list-style-type: none">1. Understand current legislative landscape in regards to syringe exchange in VA.2. List benefits to clients and community of syringe exchange.3. Define harm reduction.		

Telehealth

About Telehealth at VCU Health ▾

For Patients ▾

For Providers ▴

Virginia Opioid Addiction ECHO ▴

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Curriculum & Calendar

Previous Clinics (2018)

Previous Clinics (2019)

Resources

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Virginia Sickle Cell Disease ECHO ▾

Telehealth Programs ▾

VCU Virginia Opioid Addiction TeleECHO Clinics

Bi-Weekly Fridays - 12-1:30 pm

Mark Your Calendar --- Upcoming Sessions

- | | |
|---|--------------------|
| June 19: SUD Treatment for Individuals with Co-Occuring Mental Health Diagnosis | Paul Brasler, LCSW |
| July 17: OUD Treatment for Pregnant and Parenting Patients | Mishka Terplan, MD |
| July 31: Illicit Drugs: What Are They , Where They Are and USDOJ Response | Olivia Norman, JD |

Please refer and register at vcuhealth.org/echo

THANK YOU!

Reminder: **Mute** and **Unmute** to talk
*6 for phone audio
Use **chat** function for questions