

Aligning the Licensing Regulations with the ASAM Criteria

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Overview

- ▶ Why are we incorporating ASAM?
- ▶ What is ASAM?
- ▶ How was this action put together?
- ▶ Emergency Regulations/The regulatory process
- ▶ The Regulatory Language

Why?

- ▶ The 2020 General Assembly directed DBHDS to utilize emergency authority to promulgate licensing regulations that align with the American Society of Addiction Medicine (ASAM) Levels of Care Criteria “to ensure the provision of outcome-oriented and strengths-based care in the treatment of addiction.”
- ▶ When directed to act by the General Assembly either in a bill or within the Appropriation Act the Department does not have discretion and must act.

What is ASAM?

- ▶ ASAM is the American Society of Addiction Medicine and the ASAM Criteria is the most widely used and comprehensive set of guidelines for the placement, stay, transfer and discharge of patients with addiction and co-occurring conditions.
 - ▶ ASAM is the group of addiction subject matter experts
 - ▶ The ASAM Criteria is the codification of the best practices in the area of addiction treatment systems as agreed upon by those experts

What is ASAM

- ▶ Federal policy required that states demonstrate providers met the ASAM Criteria prior to participating in the Medicaid program. (Since 2015). In Virginia, DMAS demonstrated this by hiring the Westat firm to certify that the providers met the Criteria.

The Development of These Regulations

- ▶ SMEs within the DBHDS Office of Licensing (OL) performed a crosswalk of the ASAM Criteria and the Licensing Regulations to determine which services (Levels of Care, or LOC) should be incorporated into the Department's Licensing Regulations
- ▶ The DBHDS Office of Regulatory Affairs (ORA) utilized the ASAM Criteria itself and the checklists Westat utilized to certify providers to draft initial language.
- ▶ The DBHDS ORA worked extensively with DMAS and internal SMEs to develop the language from that initial draft.

Emergency Regulations

- ▶ These regulatory actions are Emergency Actions per the General Assembly mandate.
 - ▶ The actions were published 2/1/2021 and effective 2/20/2021
 - ▶ Office of Licensing implementation date of 7/1/2021
 - ▶ Will be effective for 18 months (24 total if granted an extension by the Governor)
 - ▶ While the temporary emergency regulations are in effect, the Department will be developing permanent regulations
- ▶ There was also a Notice of Intended Regulatory Action (NOIRA) to start the standard process for adoption of permanent regulations.
- ▶ Emergency/NOIRA publication-> Comment Period ->Proposed publication-> Comment Period -> Final regulations published and enacted.
 - ▶ Edits take place from the NOIRA to the Proposed stage and again from the Proposed stage to the Final stage. Feedback from SMEs within the field is appreciated at those points.

The Regulatory Language

- ▶ Both the Rules and Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Services (12VAC35-105) and the Regulations for Children’s Residential Facilities (12VAC35-46) are being aligned with the ASAM Criteria.
- ▶ The Department considered integrating the Criteria throughout the regulations where appropriate, however the Department is also undergoing a massive licensing regulatory overhaul in which the regulations will be completely restructured. Therefore the new requirements are being added at the end of the regulations as a new Part, Part VII to be titled Addiction Medicine Service Requirements, starting at 12VAC35-105-1430.
 - ▶ As the Children’s Regulations are not organized into parts the requirements will begin at the current “end” of the regulations, starting at 12VAC35-46-1160.

The Regulatory Language

- ▶ The ASAM Criteria are organized into Levels of Care (LOC), with 4.0 being the most intensive level of care and 1.0 being the least intensive.
- ▶ The following Levels of Care have been integrated into the Regulations:
- ▶ Adult:
 - ▶ Medically managed intensive inpatient (4.0)
 - ▶ Medically monitored intensive inpatient (3.7)
 - ▶ Clinically managed high-intensity residential (3.5)
 - ▶ Clinically managed population-specific high-intensity residential (3.3)
 - ▶ Clinically managed low-intensity residential services (3.1)
 - ▶ Partial hospitalization (2.5)
 - ▶ Substance abuse intensive outpatient (2.1)
 - ▶ Substance Abuse Outpatient Services (1.0)
 - ▶ Medication Assisted Opioid Treatment

The Regulatory Language

- ▶ Children's:
 - ▶ Clinically managed, medium-intensity residential (3.5)
 - ▶ Clinically managed, low-intensity residential services (3.1)
- ▶ Within each level of care the following requirements have been integrated:
 - ▶ Staff Criteria
 - ▶ Program Criteria
 - ▶ Admission Criteria
 - ▶ Discharge Criteria
 - ▶ Co-occurring enhanced programs requirements
 - ▶ These are requirements for those program which treat co-occurring disorders
 - ▶ These include Support System, Staff, and Therapies requirements

The Regulatory Language

- ▶ The emergency regulatory language can be found on the Regulatory Town Hall:
 - ▶ <https://townhall.virginia.gov/L/ViewXML.cfm?textid=14848>
 - ▶ <https://townhall.virginia.gov/L/ViewXML.cfm?textid=14519>
- ▶ The emergency language is also available on the Virginia Register of Regulations website:
 - ▶ http://register.dls.virginia.gov/emergency_regs.shtml
- ▶ When regulations are permanent, they are found in the Administrative Code:
 - ▶ <http://law.lis.virginia.gov/admincode/title12/agency35/chapter105/>
 - ▶ <http://law.lis.virginia.gov/admincode/title12/agency35/chapter46/>

Regulatory Requirements by Service Type

ALL INFORMATION IS IN SUMMARIZED FORM; CONSULT THE REGULATIONS DIRECTLY.

Admission & Discharge Criteria

- ▶ Across the Levels of Care prior to admitting an individual, the individual shall meet the provider's criteria for admission as defined by the provider's policy. The provider's policy shall at a minimum require the individual to:
 - ▶ Meet the diagnostic criteria for SUD or addictive disorder as defined by the DSM; and
 - ▶ Meet the admission criteria of the LOC within ASAM.
- ▶ Across the Levels of Care prior to discharging an individual, the individual shall meet the criteria for discharge or transfer as defined by the provider's policies, which shall require the individual:
 - ▶ Achieve the goals of the treatment and no longer require the LOC;
 - ▶ Been unable to achieve the goals of the individual's treatment but could achieve the individual's goals with a different type of treatment; or
 - ▶ Achieved the individual's original treatment goals but have developed new treatment challenges that can only be adequately addressed in a different type of treatment.

Medically Managed Intensive Inpatient Level of Care 4.0

Staff Requirements

- Team of professionals providing medical management by physicians 24 hrs/day, primary nursing care & observation 24 hrs/day and professional counseling services 16 hrs/day.
- Interdisciplinary team including: Addiction-credentialed physicians, nurse practitioners, physician assistants, nurses, counselors, psychologists, & social workers
- Staff who are knowledgeable about biopsychosocial dimensions of addiction as well as biomedical, emotional, behavioral, and cognitive disorders;
- Facility approved addiction counselors or licensed, certified, or registered addiction clinicians.

Program Requirements

- 24 hour medically managed acute care setting
- Cognitive, behavioral, motivational, pharmacologic therapies provided on an individual or group basis
- Physical health interventions to supplement addiction treatment
- Individualized treatment activities designed to monitor the individual's mental health
- Clinical interventions to enhance the understanding and acceptance of the individual's addiction illness
- Family and caregiver treatment services
- Health education services
- MAT

Co-occurring Enhanced Programs

- Staffed by credentialed mental health professionals who assess and treat the individual's co-occurring mental disorders.
- Individualized treatment activities designed to stabilize the individual's active psychiatric symptoms, including medication evaluation and management.

Medically Monitored Intensive Inpatient Level of Care 3.7

Staff Requirements

- Licensed physician to oversee treatment process. Physician, licensed nurse practitioner, or licensed physician assistant shall be available 24/7 in person or by phone. Assessment by physician within 24 hrs of admission.
- 24 hr nursing care & nursing assessment on admission.
- Interdisciplinary staff including physicians, nurses, addiction counselors, & behavioral health specialists able to assess & treat & obtain & interpret information regarding the individual's psychiatric & SUD.
- Daily onsite counseling and clinical services.
- Specialized training in behavior management techniques.
- Staff to provide a planned regimen of 24 hour evaluation, care and treatment.
- Medication Assisted Treatment (MAT)

Program Requirements

- Must be available to all individuals within the inpatient setting
- Combination of individual & group therapy
- Medical & nursing services onsite to provide ongoing assessment & care
- Direct affiliations with other LOC
- Family & caregiver treatment services
- Educational & information programming. Including materials to enhance the individual's understanding of addiction.
- Random drug screening
- Monitor the individual's adherence to taking prescribed medications

Co-occurring Enhanced Programs

- Psychiatric services, medication evaluation, & laboratory services. Psychiatrist shall assess the individual by phone within 4 hrs of admission and in person within 24 hrs of admission. An LMHP shall conduct a behavioral health assessment at admission. A RN shall monitor the individual's progress & administer psychotropic medications.
- Staffed by addiction psychiatrists & behavioral health professionals who have specialized training in behavior management techniques.
- Planned clinical activities designed to promote stabilization of the individual's behavioral health needs & psychiatric symptoms & to promote such stabilization, including medication education and management and motivational and engagement strategies.

Clinically Managed High-Intensity Residential Services

Level of Care 3.5

Staff Requirements

- Phone or in-person consultation with a physician, a licensed nurse practitioner, or a licensed physician assistant in case of an emergency related to an individual's SUD 24/7.
- Onsite 24/7 clinical staffing by credentialed addiction treatment professionals within an interdisciplinary team.
- Staff knowledgeable about the biological & psychosocial dimensions of SUD & mental health disorders & their treatment. Specialized training in behavior management techniques.

Program Requirements

- Daily clinical services, including a range of cognitive, behavioral and other therapies in individual or group therapy; programming & psychoeducation.
- Counseling and clinical interventions to teach an individual skills needed for daily productive activity, prosocial behavior & reintegration into the family & community.
- Motivational enhancement & engagement strategies
- Direct affiliations with other LOC
- Family & caregiver treatment services
- Educational, vocational & informational programming
- Random drug screening
- Document the length of stay is determined by the individual's condition & functioning.
- SUD treatment available for all individuals
- Medication Assisted Treatment (MAT)

Co-occurring Enhanced Programs

- Psychiatric services, medication evaluation, & laboratory services. Such services shall be available by phone within 8 hours & onsite or closely coordinated offsite within 24 hours.
- Staffed by appropriately credentialed mental health professionals who have specialized training in behavior management techniques.
- Planned clinical activities designed to stabilize the individual's mental health problems & psychiatric symptoms & to maintain such stabilization.

Clinically Managed Population Specific High-Intensity Residential Level of Care 3.3

Staff Requirements

- Phone or in-person consultation with a physician, a licensed nurse practitioner, or a physician assistant in case of emergency related to an individual's substance use disorder 24/7.
- Allied health professional staff onsite 24/7. At least 1 clinician with competence in SUD treatment available onsite or by phone 24/7.
- Staff knowledgeable about the biological & psychosocial dimensions of SUD & mental health disorders & treatment & able to identify the signs & symptoms of acute psychiatric conditions. Staff shall have specialized training in behavior management techniques.

Program Requirements

- Daily clinical services including a range of cognitive, behavioral & other therapies administered on an individual & group basis, medication education & management, educational groups, & occupational or recreation activities.
- Daily professional addiction & mental health treatment services.
- Services to improve the individual's ability to structure & organize the tasks of daily living & recovery.
- Make available medical, psychiatric, psychological & laboratory & toxicology services.
- Case management
- Motivational interventions
- Direct affiliations with other LOCs
- Family & caregiver treatment services
- Random drug screening
- Monitoring of the individual's taking of prescribed medications
- Must be available to all individuals served
- Medication Assisted Treatment (MAT)

Co-occurring Enhanced Programs

- Psychiatric services, medication evaluation, & laboratory services. Shall be available by phone within 8 hrs & onsite within 24 hrs.
- Staffed by psychiatrists and mental health professionals who can assess & treat co-occurring mental disorders & who have specialized training in behavior management techniques.
- Planned clinical activities designed to stabilize the individual's mental health problems & psychiatric symptoms & to maintain such stabilization.

Clinically Managed Low-Intensity Residential Level of Care 3.1

Staff Requirements

- Offer phone or in-person consultation with a physician in case of an emergency related to SUD 24/7. Onsite allied health professional staff 24/7.
- Clinical staff knowledgeable about the biological & psychosocial dimensions of SUD & their treatment & can identify the signs & symptoms of acute psychiatric conditions.
- Appropriately trained and credentialed medical, addiction & mental health professionals.

Program Requirements

- Min. of 5 hours a week of professionally directed treatment in addition to other treatment services
- Services shall be designed to improve the individual's ability to structure & organize the tasks of daily living & recovery.
- Ensure collaboration with care providers
- Counseling & clinical monitoring to support successful initial involvement in regular, productive daily activity
- Case management services
- Motivational interventions
- Direct affiliations with other LOC
- Ability to arrange for needed procedures
- Family & caregiver treatment & peer recovery support services
- Addiction pharmacotherapy & ability to arrange for pharmacotherapy for psychiatric medications
- Random drug screening
- Substance abuse treatment program available to all individuals served
- Medication Assisted Treatment (MAT)

Co-occurring Enhanced Programs

- Offer psychiatric services, including medication evaluation & laboratory services. Provided onsite or closely coordinated offsite.
- Staffed by licensed mental health professionals who can assess & treat co-occurring disorders with the capacity to involve addiction-trained psychiatrists.
- Offer planned clinical activities that are designed to stabilize the individual's mental health problems & psychiatric symptoms & maintain such stabilization, including medication education & management & motivational & engagement strategies.

Partial Hospitalization Level of Care 2.5

Staff Requirements

- Interdisciplinary team of addiction treatment professionals, including counselors, psychologists, social workers & addiction credentialed physicians. Physicians treating individuals shall have specialty training or experience in addiction medicine.
- Staff able to obtain & interpret information regarding the individual's biopsychosocial needs.
- Staff trained to understand the signs & symptoms of mental disorders & to understand & be able to explain the uses of psychotropic medications & their interactions with SUD.

Program Requirements

- No fewer than 20 hours of programming per week in a structured program.
- Provide a combination of individual & group therapy.
- Medical & nursing services
- Motivational enhancement & engagement strategies
- Direct affiliations with other LOC
- Family & caregiver treatment
- Educational & information programming
- Document that the length of service determined by the individual's condition & functioning
- Emergency services available 24/7 when the program is not in session
- Medication Assisted Treatment (MAT)

Co-Occurring Enhanced Programs

- Psychiatric services appropriate to the individual's mental health condition. Services shall be available by phone & onsite or closely coordinated offsite within a shorter time than in a co-occurring program.
- Intensive case management shall be delivered by cross-trained, interdisciplinary staff through mobile outreach & shall involve engagement-oriented addiction treatment & psychiatric programming.
- Intensive case management, assertive community treatment, medication management & psychotherapy.

Intensive Outpatient Services

Level of Care 2.1

Staff Requirements

- Interdisciplinary team including counselors, psychologists, social workers & addiction-credentialed physicians. Physicians shall have specialty training or experience in addiction medicine or addiction psychiatry.
- Staff that can obtain & interpret information regarding the individual's biopsychosocial needs.
- Staff trained to understand the signs & symptoms of mental disorders & to understand & be able to explain the uses of psychotropic medications & their interactions with SUD & other addictive disorders.

Program Requirements

- Minimum 3 service hours/service day. 9-19 hours of programming per week in a structured environment.
- Psychiatric & other medical consultation available 24/7 by phone & within 72 hours in person
- Consultation in case of emergency related to the individual's SUD by phone 24/7 when the program is not in session
- Combination of individual & group therapy
- Direct affiliations with other LOC
- Family & caregiver treatment & peer recovery support services
- Education & informational programming
- Document that length of service shall be determined by the individual's condition & functioning
- Medication Assisted Treatment (MAT)

Co-Occurring Enhanced Programs

- Psychiatric services. Such services shall be available by phone & onsite or closely coordinated offsite within a shorter time than in a co-occurring capable program.
- Mental health professionals who assess & treat co-occurring mental disorders. Capacity to consult with an addiction psychiatrist shall be available.
- Intensive case management, assertive community treatment, medication management, & psychotherapy.

Outpatient Services

Level of Care 1.0

Staff Requirements

- Staff who assess & treat substance-related mental & addictive disorders.
- Staff who are capable of monitoring stabilized mental health problems & recognizing any instability of individuals with co-occurring mental health conditions.
- Medication management services by a licensed independent practitioner with prescribing authority

Program Requirements

- No more than 9 hours of programming a week
- Emergency services shall be available by phone 24/7.
- Individual or group counseling, motivational enhancement, family therapy, educational groups, occupational & recreational therapy, psychotherapy, addiction & pharmacotherapy
- For individuals with mental illness, shall ensure the use of psychotropic medication, mental health treatment & the individual's relationship to SUD are addressed
- Medical, psychiatric, psychological, laboratory, & toxicology services onsite or through consultation or referral. Medical & psychiatric consultation shall be available within 24 hrs by phone or if in person within an appropriate timeframe.
- Direct affiliations with other LOCs
- Documentation that the duration of treatment varies with the severity of the individual's illness & response to treatment.

Co-occurring Enhanced Programs

- Intensive case management for highly crisis prone individuals with co-occurring disorders.
- Mental health trained personnel who can assess, monitor, & manage the types of severe & chronic mental disorders seen in a level 1 setting as well as other psychiatric disorders that are mildly unstable.
- Staff knowledgeable about management of co-occurring mental & substance-related disorders.
- Therapies to actively address, monitor, & manage psychotropic medication, mental health treatment & interaction with substance-related & addictive disorders.

Medication Assisted Opioid Treatment

Level of Care OTS

Staff Criteria

- Linkage with or access to psychological, medical & psychiatric consultation
- Access to emergency medical & psychiatric care through affiliations with more intensive LOC
- Access to physical evaluations & ongoing primary medical care
- Ability to conduct or arrange for laboratory & toxicology testing

Program Requirements

- Individualized, patient-centered assessment & treatment
- Case management, including medical monitoring & coordination with onsite & offsite
- Psychoeducation, including HIV/AIDS education & other health education services
- Assess, order, administer, reassess, & regulate medication & dose levels appropriate to the individual; supervise withdrawal management from opioid analgesics, including methadone or buprenorphine & oversee & facilitate access to treatment
- Monitor a minimum of 8 drug tests per year

Children's Regulations

Clinically Managed, Medium-Intensity Residential

Level of Care 3.5

Staff Requirements

- Ensure availability of emergency consultation with a licensed physician by phone or in person in case of an emergency related to an individual's SUD available 24/7. Staff shall be available 24/7.
- Licensed clinicians who can obtain & interpret information regarding the signs & symptoms of intoxication & withdrawal, as well as the appropriate monitoring & treatment of those conditions & how to facilitate entry into ongoing care
- Staff who are competent to implement physician-approved protocols for the individual observation, supervision & treatment, including over the counter (OTC) medications for symptomatic relief, determination for the appropriate LOC, & facilitation of the individual's transition to continuing care
- Staff training
- Access to medical evaluation & consultation shall be available 24/7 to monitor the safety & outcome of withdrawal management

Program Requirements

- Daily clinical services, including a range of cognitive, behavioral & other therapies in individual or group therapy, programming & psychoeducation
- Counseling & clinical interventions to teach an individual the skills needed for daily productive activity, prosocial behavior & reintegration into the family & community
- Motivational enhancement & engagement strategies
- Direct affiliations with other LOC
- Family & Caregiver treatment services
- Educational, vocational & information programming
- Random drug screening
- Document that length of stay is determined by the individual's condition & functioning
- Medication Assisted Treatment (MAT)
- Educational services in accordance with state law to maintain educational & intellectual development
- All individual's shall have access to the substance use treatment program
- Daily clinical services to address withdrawal status & service needs.

Co-occurring Enhanced Programs

- Psychiatric services, medication evaluation, & laboratory services. Services shall be available within 8 hrs onsite or closely coordinated offsite within 24 hrs.
- Staff who assess & treat co-occurring mental disorders & have specialized training in behavior management techniques.
- Planned clinical activities designed to stabilize the individual's mental health problems & psychiatric symptoms & to maintain such stabilization, including medication education & management & motivational & engagement strategies.

Clinically Managed, Low-Intensity Residential Level of Care 3.1

Staff Requirements

- Phone or in-person consultation with a physician & emergency services, available 24/7.
- Allied health professional staff present 24/7.
- Staff who are knowledgeable about the biological & psychosocial dimensions of SUD & their treatment & can identify the signs & symptoms of acute psychiatric conditions.
- Staff knowledgeable about child or adolescent development & experience in engaging & working with children or adolescents.

Program Requirements

- Min of 5 hrs a week of professionally directed treatment in addition to other treatment services. Services shall be designed to stabilize the child's or adolescent's SUD, improve the child's or adolescent's ability to structure & organize the tasks of daily living & recovery
- Collaborate with care providers
- Counseling & clinical monitoring to support successful initial involvement in regular, productive daily activity
- Case management services
- Motivational interventions
- Direct affiliations with other LOCs
- Family & caregiver treatment, & peer recovery support services
- Addiction pharmacotherapy & the ability to arrange for pharmacotherapy for psychiatric medications;
- Random drug screenings
- All residents have access to the substance use treatment program
- Medication Assisted Treatment (MAT)

Co-Occurring Enhanced Programs

- Appropriate psychiatric services, including medication evaluation, & laboratory services. Services shall be provided onsite or closely coordinated offsite.
- Mental health professionals who can assess & treat co-occurring disorders with the capacity to involve addiction-trained psychiatrists.
- Planned clinical activities that are designed to stabilize the individual's mental health problems & psychiatric symptoms & maintain such stabilization, including medication education & management & motivational & engagement strategies.

Service Modification Process

The slide features a white background with a decorative graphic on the right side. This graphic consists of several overlapping, semi-transparent green triangles and polygons in various shades of green, ranging from light lime to dark forest green. The shapes are arranged in a way that they appear to be layered, creating a sense of depth and movement. The overall aesthetic is clean and modern.

Abbreviated Service Modification Process

- ▶ On April 12, 2021, OL will begin to prioritize and process service modifications for current providers of substance use disorders services who will need to be re-licensed based on the ASAM Level of Care provided in order to continue providing services starting July 1, 2021.
- ▶ OL has established an expedited review process and has developed a specialized service modification form titled “Project Bravo & ASAM Abbreviated Service Modification Form.”
- ▶ **Note:** This expedited process is in place only for providers transitioning from their current license to the corresponding ASAM Level of Care license. If a provider would like to add additional substance use disorder services that they are not currently licensed to provide, they will need to submit the standard [service modification form](#) and all required attachments.



What Service(s) Do I Apply For?

- ▶ For providers of Substance Abuse Partial Hospitalization (SAPHP), Substance Abuse Intensive Outpatient Services (SAIOP), Substance Abuse Outpatient Services (SAOP), and Medication Assisted Treatment Services (MAT), providers should submit the abbreviated service modification form in order to apply for the corresponding ASAM Level of Care service licenses:
 - ▶ Partial hospitalization (ASAM Level 2.5);
 - ▶ Substance abuse intensive outpatient (ASAM Level 2.1);
 - ▶ Substance abuse outpatient services (ASAM Level 1.0); and
 - ▶ Medication assisted opioid treatment (Opioid Treatment Programs).
- ▶ When using the abbreviated SM form providers for ASAM Levels 3.7, 3.5, 3.3 and 3.1, providers may **only** apply for the level(s) of care they were certified by Westat to provide.

What Do I Need to Submit?

- ▶ The specialized service modification form requires each provider to submit the completed specialized service modification form along with the following attachments, which all providers should already have pursuant to the Licensing and Children's Residential Regulations:
 - ▶ A service description for each transitioning service;
 - ▶ Discharge criteria for each transitioning service;
 - ▶ A schedule of staffing pattern for each transitioning service; and
 - ▶ A signed policy and procedure attestation form attesting to the fact that the provider's policies and procedures have been updated, as needed, to comply with the new ASAM regulations prior to the submission of the attestation form.

Abbreviated Service Modification Form

- ▶ Providers will need to include the following information on the abbreviated service modification form:
 - ▶ Applicant Information (including NPI Number, as applicable)
 - ▶ Chief Executive Officer or Director
 - ▶ Complete list of the ASAM service(s) applying for
 - ▶ Previous ASAM Levels of Care Certifications
 - ▶ Service Locations
 - ▶ **Example:** If a provider is currently licensed to provide substance abuse intensive outpatient at three different locations and substance abuse partial hospitalization at two different locations, they should include the information for all five service locations below.
 - ▶ Complete list of non-ASAM SUD services the provider is closing
 - ▶ **Example:** A provider currently licensed for substance abuse intensive outpatient (02-001) transitioning to the ASAM Level 2.1 Substance Abuse Intensive Outpatient license (02-035) should mark that they are closing out their 02-001 license.
- ▶ Certificate of Application

How do I know which service(s) to close?

- ▶ When determining which non-ASAM SUD license to close, the provider should refer to their DBHDS license or license addendum. A provider can also find a list of their licensed services using this link from the DBHDS web-site: <http://lpss.dbhds.virginia.gov/lpss.aspx>

Example: Children's Residential License

Stipulations
The customers that may be served and the services which may be provided at each location are limited to those listed in [REDACTED] - SA Service application for licensure or certification. A SUBSTANCE ABUSE CHILDREN'S RESIDENTIAL SERVICE FOR ADOLESCENTS

By: _____
Director of Licensing *Commissioner*

Issuing Agency: Department of Behavioral Health and Developmental Services
Address: P.O. Box 1797, Richmond, Virginia 23218
Telephone: (804) 786-1747

License Number: [REDACTED]-14-007 Date: 4/16/2021

How do I know which service(s) to close?

Example: Non-Children's Residential License

Licensed Services

1. Licensed As: A mental health and/or substance abuse residential group home service for adults

Stipulations:

Service License Number	Type of License	Effective Date	Expiration Date
XXXX-01-003	Annual	06/26/2020	06/25/2021

Locations: 1

[Redacted]

Glen Allen, VA 23059

Bed Capacity: 4 Child/Adol. Beds: 0
Effective Date: 06/14/2019

2. Licensed As: A substance abuse intensive outpatient program for adults

Stipulations:

Service License Number	Type of License	Effective Date	Expiration Date
XXXX-02-001	Annual	11/25/2020	09/25/2021

Locations: 1

[Redacted]

Richmond, VA 23223

Bed Capacity: 0 Child/Adol. Beds: 0
Effective Date: 12/21/2018

How do I know which service(s) to close?

Example: DBHDS web-site

Welcome to the Provider Search System.

Here you will find information relating to all Providers licensed by our department inclu

Note: A Provider or User Program with an * besides it means this is a

Navigation bar with search and display options: 1 of 1, 100%, Find | Next, and icons for refresh and print.

Service Provider Details

Program Name	SA Residential Group Home
License #	██████-01-003
Licensed As	A mental health and/or substance abuse residential group home service for adults
Contact	████████████████████
Stipulations	None
License Type	Annual
Effective Date	06/26/2020
Expiration Date	06/25/2021

Reminders when completing the Abbreviated Service Modification Form:

- ▶ An Abbreviated Service Modification Form can only be submitted by providers that are transitioning from their current license to the corresponding ASAM Level of Care license and for providers of ICT/PACT who will be transitioning to an ACT Team license.
- ▶ Typically, when a provider closes a non-ASAM SUD or PACT/ICT service, they will only select one corresponding service in which they are applying. Example: If your agency closes four non-ASAM SUD or PACT/ICT services then you would only place an X on the four corresponding services in which your agency is applying.
- ▶ For ASAM Levels 3.7, 3.5, 3.3 and 3.1, providers should use the Abbreviated Service Modification Form to apply for the level(s) of care they were certified by DMASs' contractor, Westat Inc. (as applicable), to provide for purposes of Medicaid reimbursement through the ARTS benefit.

Reminders when completing the Abbreviated Service Modification Form:

- ▶ Any providers that were not certified by Westat, or have not signed an attestation with DMAS and have not been receiving payment through DMAS:
 - ▶ Will need to consult with the ASAM Level of Care Crosswalk available on the OL website to determine the potential corresponding levels of care with their current license

ASAM Level of Care Crosswalk with DBHDS Licenses/Numbers

ASAM Level of Care	ASAM Description	DBHDS Licenses	DBHDS License Numbers
4.0	Medically Managed Intensive Inpatient	n/a - VDH license only	n/a
		Freestanding Psychiatric Hospital and Inpatient Psychiatric Unit with a DBHDS Medical Detoxification License or Managed Withdrawal License;	04-001 thru 004 (adults) 04-005 (children) 04-011 thru 012 (medical detox) or 01-025 thru 026 (managed withdrawal)
		Substance Abuse Residential Treatment Services (RTS) for adults/children with a	01-006 (adults) 14-007(children) 01-025 thru 026 (managed

- ▶ Will also need to review the emergency regs to determine which service best aligns with service the provider is currently providing.

Reminders when completing the Abbreviated Service Modification Form:

- ▶ This reasoning should be documented within a cover letter submitted with the service modification application. The letter should also mention that the provider was not certified by Weststat and did not attest to a LOC, as they do not accept Medicaid.
- ▶ Prior to submitting the application, provider will want to make sure that any necessary changes are made to their service/policies/procedures etc. to comply with the regulations.
- ▶ Ex: Provider is currently licensed to provide 01-006 SA Residential and they were not certified by Weststat and did not attest to a level of care as they do not accept Medicaid.
 - ▶ Based on the Office of Licensing crosswalk, the 01-006 license could qualify as an ASAM Level 3.7, 3.5 or 3.3 license depending on the intensity of the service provided.
 - ▶ The provider should compare their service description to the emergency regulations to determine which level of care best matches the service they are currently providing.
 - ▶ The provider should then select to “close” their 01-006 license on the service modification form, and select to add the ASAM level of care they have determined is the appropriate match.
 - ▶ The provider should submit a cover letter with their service modification detailing their decision to select the level of care that they did. The letter should mention that the provider was not certified by Weststat and did not attest to a LOC, as they do not accept Medicaid.
 - ▶ Lastly, prior to submitting the application, provider should make sure that any necessary changes are made to comply with the regulations.

Scenario that may arise when submitting your Abbreviated Service Modification Form:

- ▶ There may be instances in which one non-ASAM SUD service is closed and the provider applies for two services.
- ▶ Example:
 - ▶ A provider is currently licensed for 07-005: A substance abuse outpatient service for (population served).
 - ▶ If the provider is only providing services to adults, then they will close 07-005 and apply for 07-013: ASAM Level 1.0: Substance abuse outpatient service for adults
 - ▶ If the provider currently provides services to adults, children and adolescents then the provider would need to close 07-005 and apply for 07-013: ASAM Level 1.0: Substance abuse outpatient service for adults AND 07-014: ASAM Level 1.0: Substance abuse outpatient service for children and adolescents

Scenario that may arise when submitting your Abbreviated Service Modification Form:

- ▶ Example #2:
 - ▶ A provider is currently licensed for 07-004: A mental health and substance abuse outpatient service for (population served).
 - ▶ If the provider is providing substance abuse, including those with co-occurring disorders, they would only apply for 07-013: ASAM Level 1.0: Substance abuse outpatient service for adults AND/OR 07-014: ASAM Level 1.0: Substance abuse outpatient service for children and adolescents
 - ▶ If the provider provides strictly MH Outpatient and SA Outpatient separately, then the provider would need separate licenses for the MH OP and SA OP.
 - ▶ This provider would submit the Abbreviated Service Modification Form to add 07-003: A mental health outpatient service for (population served) AND an Abbreviated Service Modification Form to apply for 07-013: ASAM Level 1.0: Substance abuse outpatient service for adults AND/OR 07-014: ASAM Level 1.0: Substance abuse outpatient service for children and adolescents

When Do I Submit My Service Modification?

- ▶ **ASAP:** Providers are encouraged to submit their service modification and requested information as soon as possible, but no later than **May 15, 2021** in order to ensure the new service license(s) will be effective by July 1, 2021.
- ▶ Service modifications submitted in accordance with this process will be prioritized and OL will notify DMAS, the Managed Care Organizations (MCOs), and Magellan of Virginia of license approvals each business day as applications are approved.
- ▶ OL cannot guarantee that modification forms received after May 15, 2021 will be processed prior to July 1, 2021.
- ▶ Providers who do not have this conditional license issued by July 1, 2021 will not meet the DMAS requirements for reimbursement through the Addiction and Recovery Treatment Services (ARTS) benefit.

How Do I Submit My Service Modification?

- ▶ Providers should email their service modification applications, and all required attachments, to the Office of Licensing at licensingadminsupport@dbhds.virginia.gov as soon as possible.
- ▶ Please note that only electronic versions of the abbreviated service modification applications will be accepted. Hard copy submissions will not be accepted and may result in a delay in processing.



What Happens After I Submit My Application?

- ▶ A conditional license will be issued for each new substance use disorder service as part of the transition process.
 - ▶ Pursuant to Code of Virginia § 37.2-415, a conditional license may be granted to a provider to operate a new service in order to permit the provider to demonstrate compliance with all licensing standards.
 - ▶ As the regulatory changes to align the Licensing Regulations with the ASAM Criteria include new service specific regulations for substance use disorder services, providers will need to demonstrate compliance with these regulations prior to the issuance of an annual license.
- ▶ Following the issuance of the conditional license, a representative of the Office of Licensing will conduct a thorough review of each provider's compliance with the emergency regulations as part of the annual inspection.
- ▶ Once compliance with all the applicable regulations within each service is demonstrated, including the new DBHDS regulations incorporating the ASAM Criteria for the corresponding service, then the provider will be granted an annual license.

Frequently Asked Questions (FAQs)

- ▶ Q: Will this presentation be available to attendees?
 - ▶ A: Yes, the presentation will be sent out to all attendees following the training and will also be posted on the Office of Licensing website.
- ▶ Q: I am a provider of substance use disorder case management services. Do I need to apply for a new license?
 - ▶ A: No, there are no new Licensing Regulations for SA case management. Therefore, we will not be issuing new licenses to SA case management providers.
- ▶ Q: In addition to transitioning my current services to the corresponding ASAM Level of Care, I would also like to add additional SUD services. May I use the abbreviated service modification process for this?
 - ▶ No, the abbreviated service modification may ONLY be used for services transitioning to their corresponding ASAM level of care. If a provider would like to add additional services, they will need to submit the full service modification application. These service modifications will not be processed until after July 1.

Frequently Asked Questions Continued

- ▶ What are the requirements for allied health professional?
 - ▶ **A:** The term allied health professional is a defined term in the new regulations
 - ▶ "Allied health professional" means a professional who is involved with the delivery of health or related services pertaining to the identification, evaluation, and prevention of diseases and disorders, such as a certified substance abuse counselor, certified substance abuse counseling assistant, peer recovery support specialist, certified nurse aide, or occupational therapist.
 - ▶ OL will be releasing additional guidance related to other professions who may qualify as allied health professionals depending on the service.
- ▶ **Q:** Could you provide the definition of co-occurring enhanced program?
 - ▶ **A:** Co-occurring enhanced programs are programs which treat individuals with co-occurring disorders. This means that the individuals treated have substance use disorder plus additional mental health disorder(s) and possibly developmental disabilities as well.
- ▶ **Q:** Will I need a separate license if I'm serving individuals with co-occurring disorders?
 - ▶ **A:** No. A separate license is not required. However, the provider's service description, staffing, and programming shall be updated, as necessary, to reflect the regulatory requirements for co-occurring enhanced programs.

Frequently Asked Questions Continued

- ▶ **Q: What are the requirements to be a Credentialed Addiction Treatment Professional?**
 - ▶ **A: The term credentialed addiction treatment professional is defined in the new regulations**
 - ▶ "Credentialed addiction treatment professional" means a person who possesses one of the following credentials issued by the appropriate health regulatory board: (i) an addiction-credentialed physician or physician with experience or training in addiction medicine; (ii) a licensed nurse practitioner or a licensed physician assistant with experience or training in addiction medicine; (iii) a licensed psychiatrist; (iv) a licensed clinical psychologist; (v) a licensed clinical social worker; (vi) a licensed professional counselor; (vii) a licensed psychiatric clinical nurse specialist; (viii) a licensed psychiatric nurse practitioner; (ix) a licensed marriage and family therapist; (x) a licensed substance abuse treatment practitioner; (xi) a resident who is under the supervision of a licensed professional counselor (18VAC115-20-10), licensed marriage and family therapist (18VAC115-50-10), or licensed substance abuse treatment practitioner (18VAC115-60-10) and is registered with the Virginia Board of Counseling; (xii) a resident in psychology who is under supervision of a licensed clinical psychologist and is registered with the Virginia Board of Psychology (18VAC125-20-10); or (xiii) a supervisee in social work who is under the supervision of a licensed clinical social worker and is registered with the Virginia Board of Social Work (18VAC140-20-10).
- ▶ **Q: Is there any advantage to becoming ASAM certified?**
 - ▶ **A: The Commission on Accreditation of Rehabilitation Facilities (CARF) recently announced the accreditation for residential levels of care: ASAM Level 3.1 - 3.7. DBHBS nor DMAS require the accreditation. However, it would support that a given treatment program is capable of administering evidence-based addiction treatment that is appropriately matched to a patient's individual needs if the provider elects to seek accreditation.**

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