

# Substance Use Disorder Intake, Screening, & Assessment (SUDISA) Workgroup Meeting Minutes

August 28, 2024, 9:05AM-10:30AM PST

Meeting Recording: Substance Use Disorder Intake, Screening, & Assessment (SUDISA) Committee - SharePoint

<input checked="" type="checkbox"/>	Kelley Sandaker, HCA	<input checked="" type="checkbox"/>	Bethany Barnard	<input type="checkbox"/>	Amy Ruge
<input checked="" type="checkbox"/>	Michelle Martinez, HCA	<input checked="" type="checkbox"/>	Brandy Branch	<input checked="" type="checkbox"/>	David Sapienza
<input type="checkbox"/>	Theresa Adkison, HCA	<input type="checkbox"/>	Elizabeth Bridges	<input type="checkbox"/>	Bergen Starke
<input checked="" type="checkbox"/>	Amy Sawyer, HCA	<input type="checkbox"/>	Dallas Delagrange	<input type="checkbox"/>	Wayne Swanson
<input checked="" type="checkbox"/>	Meta Hogan, HCA	<input checked="" type="checkbox"/>	Charnay DuCrest	<input checked="" type="checkbox"/>	Angela Tonkovich
<input checked="" type="checkbox"/>	Ruth Leonard, HCA	<input checked="" type="checkbox"/>	Alicia Egan	<input type="checkbox"/>	Lashonti Turner
<input type="checkbox"/>	Gayle Martinsen, HCA	<input checked="" type="checkbox"/>	Dominique Fortson-Jordan	<input type="checkbox"/>	Daniel White
<input checked="" type="checkbox"/>	Sarah Melfi-Klein, HCA	<input type="checkbox"/>	Trina Gallacci		
<input type="checkbox"/>	Melanie Oliver, HCA	<input checked="" type="checkbox"/>	Sarah Gillard		
<input checked="" type="checkbox"/>	Eliza Tharp, HCA	<input checked="" type="checkbox"/>	Ana Hartu		
<input type="checkbox"/>	Tony Walton, HCA	<input type="checkbox"/>	Garrett Leonard		
<input checked="" type="checkbox"/>	Rachel Downs, HCA	<input type="checkbox"/>	Molly Martin		
<input checked="" type="checkbox"/>	Brianna Peterson, HCA	<input checked="" type="checkbox"/>	Beth Myers		
<input type="checkbox"/>	Cathy Assata	<input checked="" type="checkbox"/>	Katie Ramos		
		<input type="checkbox"/>	Cara Reidy		

## Meeting Attachments

- Meeting Agenda
- SUDISA Legislative Report

## Announcements

**Kelley Sandaker**, SURSAC/SUDISA Administrator, shared that he made presentations to external collaborators and received feedback on recommendations from the Washington State Association of Drug Court Programs (WSADCP) and Association of Washington Healthcare Plans (AWHP). WSADCP recommended that they use other language than “level of care”, such as “screener”. So, utilizing different vernacular to avoid billing and payor issues. AWHP brought up social workers who have been trained to work in a behavioral health agency that can do assessments if within their scope. They brought up an idea of different types of trainings (other than ASAM) that could possibly be taught to conduct assessments in behavioral health agencies that are not SUDPs/SUDPTs. The Designated Crisis Responder (DCR) Association acknowledged they are passed the deadline to provide feedback on recommendations, however, have been in contact with Kelley and will provide that, at which time, Kelley will share updates of received feedback from DCRA at the very next scheduled SUDISA workgroup meeting.

## Finalizing Recommendations

**Recommendation #1 – Increase the Medicaid fee schedule (reimbursement rates) for behavioral health services so that behavioral health service providers, facilities, and organizations providing substance use disorder treatment can offer higher wages to substance use treatment providers, incentivizing more people to choose this career path**

Feedback from AWHP included:

- Given 1) finite funds available to improve health care in WA; 2) high prevalence of co-existing mental health conditions in those with SUD; and 3) overwhelming evidence that individuals with SUD benefit more from integrated/whole person treatment vs. segmented “SUD only” treatment programs, would prioritize increasing rates and quality incentives for those providers who offer treatment for SUD and MH concurrently, utilizing staff trained in the full scope of behavioral health conditions. This approach is further supported by ASAM 4<sup>th</sup> Ed, which describes specific co-occurring capabilities expected at each ASAM level of care.

Feedback to recommendation from the committee included:

- A SUDISA committee member shared that they infer the AWHP recommendation to mean that they are suggesting new language. Instead of making changes specific to reimbursement for SUD treatment, they would increase reimbursement for individuals providing treatment for co-occurring disorders.
- A SUDISA committee member suggested that the recommendation could eventually read that organizations providing co-occurring services, alongside their entire milieu of services, could help incorporate the feedback provided by AWHP.

Questions included:

**Q:** RE: the cannabis tax incentive, are financial incentives sustainable? Where would this funding come from and how would it be determined?

**A:** We should be able to present this recommendation to the state legislature and procure funding for this dedicated cannabis fund and incentive.

## **Recommendation #2 – Education campaign to clarify state requirements related to intake and assessments that must be administered prior to providing different types of behavioral health services.**

Feedback from AWHP included:

- Consider adding: “Emphasize real provider experience/feedback from those who prescribe MOUD/MAUD in settings outside of specialized SUD, such as primary care, OB/GYN, mental health/psychiatry. Providers frequently report great satisfaction offering lifesaving medications to patients and short learning period to reaching confidence in prescribing.”

Feedback to recommendation from the committee included:

- A SUDISA Committee member wanted to make sure they are clear about the ask regarding the feedback from AWHP as they would have to have legislatively appropriated funding to move forward with this.
- A SUDISA committee member shared that these individuals do need to have proper training to be able to conduct assessments to appropriately diagnose and discern the level of care needed to treat an individual. The recommendation just needs to be clear about what the scope of practice for being able to effectively and confidently diagnose based on the criteria that is in the DSM5.
- A SUDISA committee member shared that they are comfortable with supporting the addition of the educational campaign and information if it does not change the overall recommendation.
  - They further shared that it is a significant change to allow unlicensed practitioners (people pursuing licensure) to be able to provide substance use services and assessments. Historically, this has only been done by SUDPs/SUDPTs.
- A SUDISA committee member shared that there are both inherent risks and benefits to adding this language. The benefit is another level of assurance to a higher standard of competency. However, the risk is that the less people do it and it is required for someone to access payment for their medical, there would be less people doing it.

Questions included:

**Q:** RE: the cannabis tax incentive, are financial incentives sustainable? Where would this funding come from and how would it be determined?

**A:** We should be able to present this recommendation to the state legislature and procure funding for this dedicated cannabis fund and incentive.

## Recommendation #4 – Expanding remote access pathways to receiving an SUD assessment (e.g., via phone or video call) and increasing virtual treatment options

Feedback to recommendation from the committee included:

- A SUDISA committee member stated that it is currently in the WAC that licensed providers can do audio call assessments so long as they have an established relationship with the patient. This does not apply to new patients.
- A SUDISA committee member shared they are a little hesitant on this recommendation due to the number of moving parts relative to conducting assessments.
  - Another SUDISA committee member stated that the current associated statutes would have to be amended to freely allow for audio calls to be conducted.
- A SUDISA committee member stated that it is clear that medical care can be used to establish care through telehealth services, but wanted to ensure there is a differentiation between physical and mental health care RE: billing practices.
  - Bill 5481 passed last year and ensures there is a differentiation between physical health and behavioral health assessment.
  - Physical health has a lot of actual limitations on audio only we have a code list to kind of demonstrate that for audio only. There are still a lot that cannot be done, RE: physical health, over the phone.
- A SUDISA committee member shared that their understanding of the recommendation is to increase availability of video assessments so that people can access virtual appointments if that is more accessible and available to them than walk-in appointments.
- A SUDISA committee member shared that the Behavioral Health Institute offers free trainings on telehealth. Additionally, regarding audio calls, there is a conundrum of federal statutes and WACs governing this topic. The original charter of this work group was also working to ensure they were not making recommendations that conflict with federal statutes. As such, legislative changes would most likely need to take place for this to work correctly.

Questions included:

**Q:** Should Recommendation #4 be folded into its own section on educational campaigns relative to Recommendation #2 for telehealth?

**A:** It would be good to have a telehealth section in Recommendation #2 for nuance, but still allow it to have its own recommendation.

## Next Steps

1. First draft of the recommendations are due to HCA by September 13<sup>th</sup> and will continue to be worked on.
2. Kelley Sandaker will make sure to include DCR feedback on recommendations to the SUDISA committee at the next meeting.

## Next Meeting

**Monday September 16, 2024 – 1:05PM-2:30PM PST**

## Addendum Links:

Link to the public SUDISA webpage: [SUD Intake, Screening, and Assessments \(SUDISA\) work group | Washington State Health Care Authority](#)