

# Wisconsin Association for the Treatment of Opioid Dependence

March 26, 2020

## COVID-19 Pandemic Medicaid Relief Response

Wisconsin Department of Health Services  
Division of Medicaid Services

Medication Assisted Treatment by definition treats the entire patient in a comprehensive treatment model. This comprehensive treatment approach is the basis of why this treatment modality is the most effective evidence based treatment to date. Regardless of the treatment approach selected for a patient, studies have repeatedly demonstrated that the bottom line to successful treatment is that the more engagement a patient receives, the better the patient recovery.

Fiscal trends have varied over the years. Since all treatment and licensing models for MAT's require and rely on a comprehensive treatment model, historically, Medicaid responded with a reimbursed model of a bundled (comprehensive) approach. This mirrored the very definition and concept of the MAT model. Since studies demonstrated that more patient contact in all aspects of the continuum of patient care resulted in better patient outcomes, the fiscal model shifted to demonstrate these studies. The simple goal is more services = healthier patients. The fiscal model became an incentive for an improvement in patient care across the board. With that Medicaid shifted to an unbundled fiscal model.

COVID-19 State of Emergency: treatment over the last two weeks has changed dramatically as we all work together to respond to patient and staff safety. It has been an exhausting challenge for all involved. Opiate Treatment Programs (OTP's) have worked closely with Beth Collier, Wisconsin SOTA, daily to address patient and clinic needs, respond to requests, communicate and advocate for OTP's and we are all very grateful for this unified, structured response. This has gone a long ways to instill confidence and calm our patient and staff fears....they feel cared about and that we are doing our best to be their voice and advocate on their behalf. Our treatment approach over the last two weeks is completely different and it feels as though we work in a war zone. We are in triage mode and moving as fast as humanly possible to reduce our clinic footprint and get as many patients as appropriate back to the safe haven of their home to self-quarantine. There is no business as usual. Telehealth is one response we are attempting to address overnight and it not a simple ask, however, we are embracing this opportunity as tool to engage with our patients for both safety checks and continued counseling support. In addition, we are confident that telehealth will allow us to support our patients with this emergency, their recovery and ultimately their health if they are impacted by the COVID-19 virus. They have a changed home environment and additional concerns they have never been confronted with.

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Wisconsin's COVID-19 response has been a swift patient centered response that has allowed us to provide additional waived take-home schedules, waive standing counseling appointments to reduce their time in the clinic, human contact as well as surface contact. I can assure you, this has not resulted in reduced work schedules or cost, in fact, quite the opposite. We have staff whom have been working around the clock and without days off for the last 12+ days. The time and energy it takes to mobilize this response is nothing short of moving a mountain.

Patient treatment looks very different right now and is not reflected in the existing fee for service models. The Daily contacts to ALL patients has consumed a large part of staff days and resulted in a lot of overtime. Monday, we were approved to reduce the frequency of all patient daily contact and will be able to mirror the patients original treatment Phase Level for frequency of contact. Since programs have been in a state of emergency, it has been all hands on deck to reduce our treatment footprint including all our counseling staff, medical team, front office, etc.

As a temporary measure and to mirror our current treatment environment, I request that Medicaid consider a COVID-19 Relief Response that mirrors the Medicare Reimbursement Model that New York, New Jersey and several other states are considering adopting during this temporary, emergency response for all their OTP's or some similar bundled rate as this has been done previously in several other states during crisis situation and has proven effective.

If this fiscal impact is not addressed, my fear is that during an opioid epidemic, this lack of support / relief will result in fiscal failure of Wisconsin OTP's and reduce access care.

Attached, please find the Medicare OTP fee schedule. Below, please find additional information regarding MAT patient care model directly from SAMHSA.

We appreciate our partnership with Wisconsin and look forward to working with you to determine a relief response that is manageable for all.

Sincerely,

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### Medication and Counseling Treatment

Medication-assisted treatment (MAT) is the use of medications with counseling and behavioral therapies to treat substance use disorders and prevent opioid overdose.

Medication-Assisted Treatment (MAT) is the use of medications, in combination with [counseling and behavioral therapies](#), to provide a “whole-patient” approach to the treatment of substance use disorders. Research shows that a combination of medication and therapy can successfully treat these disorders, and for some people struggling with addiction, MAT can help sustain recovery. Learn about many of the [substance use disorders](#) that MAT is designed to address.

MAT is primarily used for the treatment of addiction to opioids such as heroin and prescription pain relievers that contain opiates. The prescribed medication operates to normalize brain chemistry, block the euphoric effects of alcohol and opioids, relieve physiological cravings, and normalize body functions without the negative effects of the abused drug. [Medications used in MAT](#) are approved by the Food and Drug Administration (FDA), and MAT programs are clinically driven and tailored to meet each patient’s needs. Combining medications used in MAT with anxiety treatment medications can be fatal. Types of anxiety treatment medications include derivatives of Benzodiazepine, such as Xanax or valium.

### Opioid Treatment Programs (OTPs)

Opioid treatment programs (OTPs) provide MAT for individuals diagnosed with an [opioid use disorder](#). OTPs also provide a range of services to reduce, eliminate, or prevent the use of illicit drugs, potential criminal activity, and/or the spread of infectious disease. OTPs focus on improving the quality of life of those receiving treatment.

OTPs must be accredited by a [SAMHSA-approved accrediting body](#) and certified by SAMHSA. The [Division of Pharmacologic Therapies \(DPT\)](#), part of the [SAMHSA Center for Substance Abuse Treatment \(CSAT\)](#), oversees accreditation standards and certification processes for OTPs. Learn more about the [certification of OTPs](#) and SAMHSA’s [oversight of OTP Accreditation Bodies](#).

Federal law requires patients who receive treatment in an OTP to receive medical, counseling, vocational, educational, and other assessment and treatment services, in addition to prescribed medication. The law allows MAT professionals to provide treatment and services in a range of settings, including hospitals, correctional facilities, offices, and remote clinics. Learn more about the [legislation, regulations, and guidelines](#) that govern OTPs.

As of 2015, OTPs were located in every U.S. state except North Dakota and Wyoming. The District of Columbia and the territories of Puerto Rico and the Virgin Islands also had OTPs in operation.

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### Counseling and Behavioral Therapies

Under federal law, MAT patients must receive counseling, which could include different forms of behavioral therapy. These services are required along with medical, vocational, educational, and other assessment and treatment services. Learn more about these [treatments for substance use disorders](#).

### MAT Effectiveness

In 2013, an estimated 1.8 million people had an [opioid use disorder](#) related to prescription pain relievers, and about 517,000 had an opioid use disorder related to heroin use. MAT has proved to be clinically effective and to significantly reduce the need for inpatient detoxification services for these individuals. MAT provides a more comprehensive, individually tailored program of medication and behavioral therapy. MAT also includes support services that address the needs of most patients.

The ultimate goal of MAT is full [recovery](#), including the ability to live a self-directed life. This treatment approach has been shown to:

- Improve patient survival
- Increase retention in treatment
- Decrease illicit opiate use and other criminal activity among people with substance use disorders
- Increase patients' ability to gain and maintain employment
- Improve birth outcomes among women who have substance use disorders and are pregnant

Research also shows that these medications and therapies can contribute to lowering a person's risk of contracting HIV or hepatitis C by reducing the potential for relapse. Learn more about substance misuse and how it relates to [HIV, AIDS, Viral Hepatitis, and other common comorbidities](#) that occur with substance use disorders.

Unfortunately, MAT is greatly underused. For instance, according to [SAMHSA's Treatment Episode Data Set \(TEDS\) 2002-2010](#), the proportion of heroin admissions with treatment plans that included receiving medication-assisted opioid therapy fell from 35% in 2002 to 28% in 2010. The slow adoption of these evidence-based treatment options for alcohol and opioid dependence is partly due to misconceptions about substituting one drug for another. Discrimination against MAT patients is also a factor, despite state and federal laws clearly prohibiting it. Other factors include lack of training for physicians and negative opinions toward MAT in communities and among health care professionals.

<https://www.samhsa.gov/medication-assisted-treatment/treatment#medications-used-in-mat>