



Provider Touchpoint

Friday, May 2, 2025



Provider Touchpoint

Friday, March 28, 2025

- **Welcome**
- **Alcohol Awareness Month**
- **Guest Star – Jennifer Jennings**
- **Data Dig**
- **Provider Spotlight**
- **Announcements**



Before We Begin

- The moderated Q&A is available in the controls bar at the top of your screen.
- Submit questions through the moderated Q&A feature *at any time* throughout the broadcast.
- **We will take multiple breaks throughout the broadcast to address Q&A submissions.**
- When asking a question, *please identify your organization and any relevant details* so our subject matter experts (SMEs) can answer your question as accurately as possible.
- If you need to ask a question that is specific to your agency or the services you provide, please contact your provider network contract manager or email provider.info@vayahealth.com

Where Can I Find...



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Recordings & Resources

Provider Central > Resources
> Provider Touchpoint



Provider Communication
Bulletin
Sign-up & Archive

Provider Central > Resources >
Communication Bulletins



Today's Guests

- **Donald Reuss**, VP of BH & I/DD Network Operations (**Host**)
- **George Ingram**, VP of PH Network Operations & Value Based (**Host**)
- **Olivia Wilson**, Provider Educator
- **Justine Tullos**, Administrative Support Professional
- **Jennifer Jennings**, SU Network Development Director (**Guest Star**)
- **Kate Glance**, Regulatory Reporting Director
- **Vanita Shipp**, MH Network Development Director



Welcome!



Alcohol Awareness Month

- Early Detection: Regular screening for alcohol use can help identify patients at risk of alcohol misuse early. Tools like AUDIT (Alcohol Use Disorders Identification Test) are effective in primary care settings
- Recognizing Signs: Healthcare providers should be aware of common signs of alcohol misuse, such as frequent intoxication, withdrawal symptoms, and neglect of responsibilities. Early recognition can lead to timely intervention



Alcohol Awareness Month

- Patient Communication: Open and non-judgmental communication about alcohol use can encourage patients to share their experiences and seek help. Providers should create a supportive environment to discuss alcohol-related issues
- Integrated Care: Incorporating alcohol misuse screening and intervention into routine care can improve overall patient outcomes. This includes coordinating care with mental health services and substance use treatment programs



Substance Use Waiver Services

Jennifer Jennings, MS, LCMHC, NCC
SU Network Development Director



VAYAHEALTH

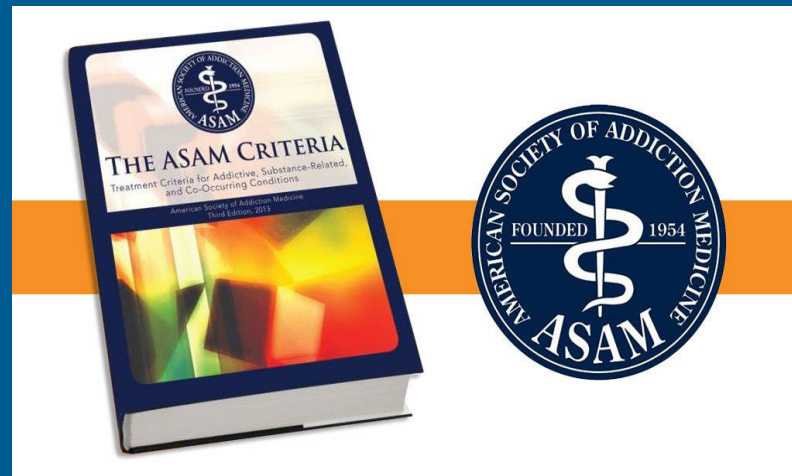


Substance Use Waiver

- In April 2019, North Carolina received approval from the Centers of Medicare and Medicaid (CMS) to implement the 1115 SUD Demonstration Waiver.
- The waiver will expand Substance Use services to offer the full American Society of Addiction Medicine (ASAM) continuum of services across the state.
- In addition, it will ensure services and providers meet evidenced based program and licensing standards.
- It will also strengthen care management/care coordination for individuals with substance use disorders.
- North Carolina Department of Health and Human Services (NCDHHS) is making enhancements to the North Carolina Controlled Substance Reporting System to provide visual analytics to support clinician review of the patients' history of controlled substance prescriptions.

2013 ASAM Criteria

- All Comprehensive Clinical Assessments and Diagnostic Assessments completed on individuals who have a diagnosis of substance use MUST have an ASAM level of care determination.
- All licensed clinicians contracted to complete CCAs or DAs must be trained on the 2013 ASAM criteria, third edition, or subsequent editions.
- [The ASAM Criteria Training Project for North Carolina | Behavioral Health Springboard](#)





ASAM Levels of Care – Outpatient

ASAM Level of Care	Service Description
ASAM 0.5	SBIRT
ASAM 1	Outpatient Treatment
ASAM 2.1	Substance Abuse Intensive Outpatient (SAIOP)
ASAM 2.5	Substance Abuse Comprehensive Outpatient Treatment (SACOT)
OTP	Opioid Treatment Program



ASAM Levels of Care – Withdrawal Management(WM)

ASAM Level of Care	Service Description
ASAM 1 WM	Ambulatory Withdrawal Management without extended onsite monitoring
ASAM 2 WM	Ambulatory Withdrawal Management with extended onsite monitoring
ASAM 3.2 WM	Clinically Managed Residential Withdrawal Management (Social Setting Detox)
ASAM 3.7 WM	Medically Monitored Inpatient Withdrawal Management (Non-Hospital Detox)
ASAM 4 WM	Medically Managed Intensive Inpatient Withdrawal Management



ASAM Levels of Care – Residential

ASAM Level of Care	Service Description
ASAM 3.1	Clinically Managed Low Intensity Residential Services (Halfway House)
ASAM 3.3	Clinically Managed Population Specific High Intensity Residential Services
ASAM 3.5	Clinically Managed High Intensity Residential Services
ASAM 3.7	Medically Monitored Intensive Inpatient Services
ASAM 4	Medically Managed Intensive Inpatient Services



Timeline for the Substance Use Waiver Implementation

- Opioid Treatment Program Definition was finalized October 2023
- Four of the five Withdrawal Management Services were finalized October 2024
- SAIOP, SACOT, Social Setting Detox, and all the residential treatment services are still pending finalization.



Substance Use and Co-Occurring Medical Conditions

- According to the National Institute on Drug Abuse, it is well-known that tobacco smoke can cause many cancers, methamphetamine can cause severe dental problems, known as meth mouth, and that opioids can lead to overdose and death. In addition, some drugs, such as inhalants, may damage or destroy nerve cells, either in the brain or the peripheral nervous system (the nervous system outside the brain and spinal cord).
- Recently, there is a new drug that has begun to circulate called Xylazine, or “tranq” or “tranq dope”. This is a nonopiate, sedative and tranquilizer that can cause extreme sedation, dangerously low blood pressure, difficulty breathing, slowed heart rate, wounds that can become infected, and death. Because this drug is a nonopiate, it does not respond to naloxone; however, naloxone should be administered in response to any suspected overdose to reverse possible opioid effects.

Substance Use and Co-Occurring Medical Conditions

- The Impact of Addiction Can Be Far-Reaching
 - Cardiovascular disease
 - Stroke
 - Cancer
 - HIV/AIDS
 - Hepatitis B and C
 - Lung disease





Tobacco Free Policy

- Starting July 1, 2025, Tobacco-related policy requirements will be effective for Standard Plans and Tailored Plans, including contracted medical, behavioral health, I/DD and traumatic brain injury (TBI) service providers. [Tobacco-Related Policy Requirements](#)
- All contracted Medicaid and State Funded service providers will be required to implement a tobacco free policy across all their offices/campuses.
- This tobacco-free policy requirement does not apply to:
 - retail pharmacies;
 - properties where no direct clinical services are provided;
 - non-emergency medical transport;
 - alternative family living settings;
 - manufacturing sites that employ people who receive adult developmental vocational program services; or other group day services



Tobacco Cessation Assessment Reminder

- Vaya Health is pleased to offer providers value-based incentive payments for every assessment completed for individuals with active tobacco use. Providers can receive a 5% rate increase using code **90791YG** when they complete an assessment on a member who has active tobacco use. Providers do not have to use a specific template or assessment tool when assessing individuals.
- For more information about the rates, please visit our [Rate and Checkwrite Schedules](#) on our website. The code and value-based rate is effective as of 7/1/2024, and provider contracts have been updated to reflect the new code.
- Also, members enrolled in Tailored Plans and who are interested in quitting tobacco can be referred to Quit for Life that will provide them with one-on-one coaching, free nicotine replacement therapy, and more! Please see our [Tobacco Cessation](#) webpage for more information on how members can access this free resource.

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Let's Talk About It!

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1st Q&A Check-in



Data Dig

With Kate Glance



Underage Drinking in the United States

Alcohol is a factor in the deaths of thousands of people younger than age 21 in the United States each year. This includes:

- 1,345 from motor vehicle crashes involving an alcohol-impaired driver
- 998 from homicides
- 177 from alcohol overdose, falls, burns, and drowning
- 649 from suicides



According to the 2023 National Survey on Drug Use and Health, for people ages 12 to 20:

- 12.6 million reported that they have had at least one drink in their lives.
- 5.6 million reported that they drank in the past month.
- 3.3 million reported binge drinking in the past month.
- 663,000 reported heavy alcohol use in the past month.



According to the 2023 Monitoring the Future survey, 2.2% of students in 12th grade reported high-intensity drinking.





Provider Spotlight

The providers we'd like to highlight today operate standalone First Episode Psychosis Clinics, serving multiple counties in Western North Carolina. These clinics are grounded in the Coordinated Specialty Care Model for First Episode Psychosis (CSC-FEP).

CSC-FEP is a team-based, collaborative, recovery-oriented model that includes case management, medication management, individual therapy, family therapy, family education and support, supported employment & education services, and peer support.

Let's recognize their outstanding work to implement and grow these programs in support of our communities!



A Round of Applause for...

Mountain Community Health Partnership & Clarvida!



[WeCare2 | Mountain Community
Health Partnership](#)



[AEGIS Clinic | Linktree](#)



2nd Q&A Check-in





Announcements

Learning & Participation Opportunities

- Children with Complex Needs Trainings
- Mental Health First Aid
- Community Health Worker (CHW) Integration
- Echo Opioid & Pain Management Program
- Permanent Supported Housing



Announcements

- Scheduled System Maintenance
 - Provider Portal Downtime
 - CrushFTP Downtime
- Information for Behavioral Health, I/DD, and TBI Providers
 - NCDHHS Expands Investment in DSP Workforce – Round Two
 - New Bilingual Resources on the NC Innovations Waiver
- Save the Date: Vaya Provider Summit

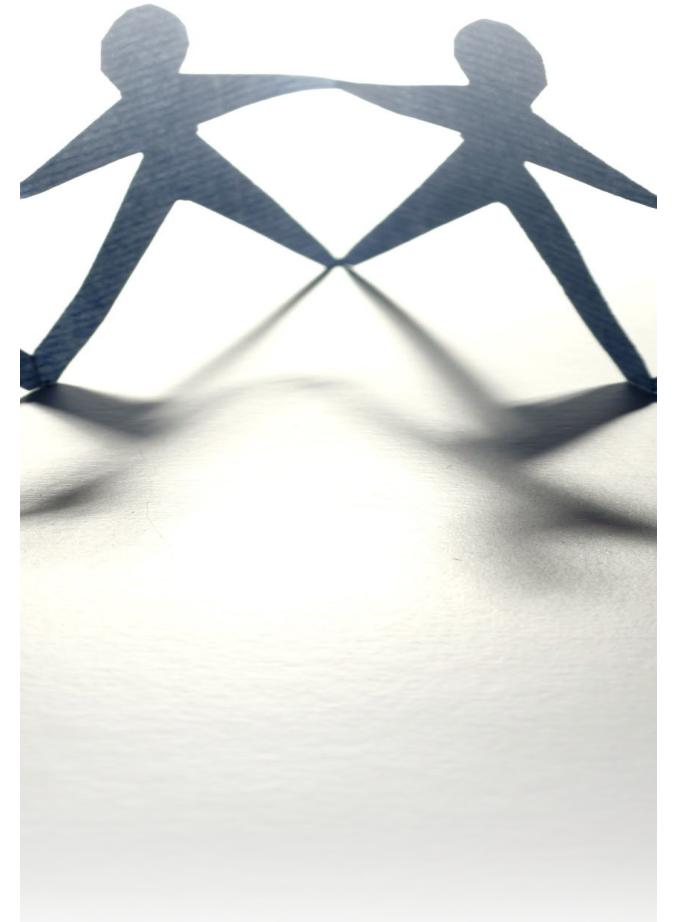


Vaya's 2025 Provider Summit

Better Together: A Celebration of Whole Person Care

Session Topic Sneak Peek:

1. Fatal 5 in IDD: Medical Evaluation of Behavior Change
2. Vaya: Population Health and Prevention Plan
3. Implementing the Collaborative Care Model
4. Tailored Care Management - Roles and Responsibilities
5. State Legislative Panel Discussion



Vaya's 2025 Provider Summit

Provider Award Nominations

During the provider summit, we will be giving out awards, and welcome both peer and self-nominations. **Please submit your forms for the following categories by Friday, May 16th, 2025.**

- [2025 Office Manager of the Year Award Nomination Form](#)
- [2025 Integration Innovation Award Nomination Form](#)
- [2025 Person-Centered Provider Award Nomination Form](#)





Final Q&A Check-in



Thank You

Join us again on Friday, May 30, 2025!

For further questions regarding this week's touchpoint, please email provider.info@vayahealth.com

