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Wednesday, January 2, 2019

Seema Verma

Administrator, Centers for Medicare & Medicaid Services

Centers for Medicare and Medicaid Services

7500 Security Boulevard

Baltimore, MD 21244

Re: NE Section 1115 Waiver Extension Request

Dear Administrator Verma,

On behalf of the Midwest Society of Addiction Medicine (MWSAM) and the American Society of Addiction Medicine (ASAM), a national medical specialty society representing more than 6,100 physicians and allied health professionals who specialize in the prevention and treatment of addiction, we are pleased to provide comments to Nebraska's section 1115 waiver demonstration application to waive the IMD exclusion.

According to the waiver application, state officials are seeking a waiver of the 15-day monthly maximum on Medicaid expenditures for substance use disorder (SUD) treatment services provided in residential treatment facilities, commonly known as Institutes for Mental Disease (IMD) for members ages 21-64. MWSAM and ASAM support Nebraska's application to waive the IMD exclusion for those residential treatment providers in facilities that are able to deliver services consistent with the most recent edition of the ASAM Criteria and provide evidence-based substance use disorder treatment, including FDA-approved agonist and antagonist medications for opioid use disorder treatment.

As CMS considers the state's application, we urge CMS and the state to work together to ensure that treatment provider assessments for all addiction treatment services, levels of care, and length-of-stay recommendations, as well as methods of residential treatment provider qualification, are performed by an independent third party that has the necessary competencies to use the most recent edition of The ASAM Criteria (or such other evidence-based patient placement assessment tools and nationally-recognized program standards, as applicable).

We thank CMS for its guidance to state Medicaid directors regarding strategies to address the opioid overdose epidemic, as that guidance requires states to align their section 1115 demonstrations with certain goals and milestones. These include access to critical levels of care for opioid use disorder (OUD) and other substance use disorders (SUDs); use of evidence-based guides, such as The ASAM Criteria, for patient

placement; maintaining adequate provider capacity at each level of care; utilizing nationally recognized program standards, such as those in The ASAM Criteria, to set residential treatment provider qualifications; and improving care coordination. However, we continue to urge CMS to revise the state Medicaid director letter to clarify that Section 1115 demonstration applications should cover all FDA-approved medications to treat addiction involving opioid use. Treatment modalities work differently for each patient and these decisions should be made by doctors and their patients.

MWSAM and ASAM appreciate the agency's focus on efficient and effective solutions and opportunities to combat and end the opioid overdose epidemic. If you have any questions, comments, or concerns, please contact Corey Barton, Senior Manager, ASAM Private Sector Relations at 301-547-4106 or via email at cbarton@asam.org.

Sincerely,

Handwritten signature of Kelly J. Clark in blue ink.

Kelly J. Clark, MD, MBA, DFASAM, DFAPA
President, American Society of Addiction Medicine

Handwritten signature of Maria C. Davila in blue ink.

Maria C. Davila, MD, FASAM, DFAPA
President, Midwest Society of Addiction Medicine