



CHAPTER 540 NEONATAL ABSTINENCE SYNDROME CENTER SERVICES

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DISCLAIMER: This chapter does not address all the complexities of Medicaid policies and procedures, and must be supplemented with all State and Federal Laws and Regulations. Contact BMS Fiscal Agent for coverage, prior authorization requirements, service limitations, and other practitioner information.



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BACKGROUND

A Neonatal Abstinence Syndrome Center (NASC) provides care for newborns diagnosed with, or at risk of, Neonatal Abstinence Syndrome (NAS). NAS is often a multisystem disorder due to an exposure to drugs while in utero. It frequently involves the central nervous system, gastrointestinal system, autonomic system, and respiratory system. Overt behavioral and physical symptoms include, but are not limited to, high-pitch crying, sleep difficulties, jitteriness, hypertonia, myoclonic jerking, tremors, generalized convulsions, sweating, fever, mottling, excessive sucking or rooting, poor feeding, vomiting, and diarrhea. Manifestations of NAS depend on various factors, including the drug used, its dose, frequency of use, and the infant's own metabolism and excretion of the active compound or compounds. In addition, prenatal drug exposure depends on the infant's last intrauterine drug exposure and the mother's drug metabolism and excretion. Withdrawal is generally a function of the drug's half-life. The intent of the NASC is to reduce or prevent symptoms of withdrawal in newborns who have been prenatally exposed to addictive drugs using both pharmacological and non-pharmacological interventions. NAS diagnosed newborns are medically stable to be discharged from hospitalization but continue to need a withdrawal protocol that cannot be delivered by traditional family-infant care.

POLICY

540.1 PROVIDER PARTICIPATION REQUIREMENTS

An NASC must be a qualified entity located within the State of West Virginia.

540.1.1 State Licensure

As a condition of participation as an NASC in the West Virginia Title XIX Medicaid program, the NASC must be currently licensed in accordance with the applicable WV State Code and Legislative Rule. The NASC must meet and maintain the standards for licensure on a continuing basis. As required by the NAC rule [69 CSR 9](#), the NASC have an administrator who is legally responsible for establishing and implementing policies regarding the management and operations of the facility. The NASC must also meet all federal and state standards for participation in the Title XIX Medicaid program and remain in compliance with all other applicable federal, state, and local laws, rules, and regulations affecting the health and safety of all members.

540.1.2 Provider Enrollment

The provider must submit a completed, signed, and dated NASC provider enrollment application in order to apply with the Bureau for Medical Services (BMS) for approval to participate in the Title XIX Medicaid program as a NASC. Prior to approval as a provider, a Certificate of Need (CON) must be approved by the West Virginia Health Care Authority (HCA). The NASC must meet Medicaid certification requirements. See [Chapter 300, Provider Participation Requirements](#).

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540.1.3 Provider Certification

The Office of Health Facility Licensure and Certification (OHFLAC) will conduct periodic and timely evaluations of the NASC for certifying the NASC for participation in the Medicaid program. Prior to entering into an agreement of participation in the Title XIX Medicaid program with the NASC, the BMS will obtain certification recommendations from the OHFLAC to ensure the NASC follows both state and federal statutes and regulations.

540.2 STAFFING AND GENERAL INFORMATION

The NASC must have sufficient nursing staff on a 24-hour basis to provide nursing and related services to obtain or maintain the highest practicable physical, mental, and psychosocial well-being of each member, as determined by member assessments and individual plans of care. According to the Neonatal Abstinence Centers' (NAC) licensure rule, [69 CSR 9](#), the NASC must have a minimum of two licensed nurses on each shift, one of which must be a registered professional nurse. Staff to infant ratio is one registered professional nurse for every four infants. The facility must ensure that ratio is maintained, primarily when the census may suddenly increase.

Only qualified staff shall provide services in the NASC. The center must employ staff sufficient in number and in qualifications as required to meet the needs of each member pursuant to their care plans and to protect their health and safety.

The administrator or designee for the NASC assumes responsibility for the provision of services directly or through outside resources to meet the needs of each member. The member's representative or volunteers may not perform direct care services for individuals. At a minimum, the administrator or designee of the NASC is required to ensure the facility complies with NAC licensure rule [69 CSR 9](#) for services to be provided in a licensed NASC.

The NASC must assure that all staff are properly licensed and competent to provide appropriate care. A NASC is required to have the following staff to meet the guidelines for appropriate licensure and accreditation in [69 CSR 9](#):

1. **Facility Director/Administrator:** The governing body of the NASC must appoint a facility director/administrator to be responsible for the overall management of the facility. The facility director/administrator must have appropriate academic credentials and administrative experience in child/adolescent psychiatric treatment and is responsible for the fiscal and administrative support of the facility's clinical program. The facility director/administrator must have a minimum of a bachelor's degree in an appropriate area of study and a minimum of four years of management or administrative experience with programs for NAS, neonatal care, pediatric care, substance abuse, mental health, or other related field at the discretion of the governing body OR a minimum of a master's degree in an appropriate area of study and a minimum of two years of management or administrative experience with programs for neonatal abstinence syndrome, neonatal care, pediatric care, substance abuse, mental health, or other related field at the discretion of the governing body.

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2. **Medical Director:** The facility must appoint a medical director to be responsible for coordinating medical services and directing member treatment. The medical director must be a board eligible or board-certified physician certified by the American Academy of Pediatrics with a specialty in pediatrics with at least three years of experience in the medical care of infants with NAS.
3. **Director of Nursing:** The director of nursing shall hold a current and unencumbered license from the West Virginia Board of Examiners for Registered Professional Nurses and have at least two years' experience in the medical care of neonatal or pediatric patients.
4. **Registered Professional Nurse:** Registered professional nurses shall hold a current and unencumbered license from the West Virginia Board of Examiners for Registered Professional Nurses. They must have a Neonatal Advanced Life Support (NALS) or a Sugar, Temperature, Airway, Blood pressure, Lab Work, and Emotional Support (S.T.A.B.L.E) certification (www.stableprogram.org) within one year of employment.
5. **Social Worker:** The social worker must have an unencumbered and valid West Virginia Social Work licensure and three years of experience in working with people with substance abuse disorders and/or patient welfare.
6. **Personal Care Assistants/Volunteers:** The facility may employ personal care assistance or volunteers. Whether employed or voluntary, the personal care assistant/volunteer must comply with the fingerprint-based background check, have a minimum of a high school diploma or equivalent and have a NALS or S.T.A.B.L.E certification within one year of employment or volunteer work. No one under the age of 18 may volunteer or be a personal care assistant. The facility must provide a comprehensive orientation to each personal care assistant which includes an understanding of all facility policies, protocol for reporting abuse and fraud, therapeutic handling of infants, and scoring assessments involving NAS symptoms.

540.2.1 Fingerprint-Based Background Check Requirements

Please see [Chapter 700, West Virginia Clearance for Access: Registry & Employment Screening \(WV CARES\)](#) for fingerprint-based criminal history background check information.

540.3 MEMBER ELIGIBILITY

The NASC treatment is reimbursable for a newborn within the first 28 days of birth who is in a medically stable condition and without other unrelated serious health conditions, and is:

- Diagnosed with NAS; or
- At risk of NAS based on:
 - Suspicion of prenatal exposure without documentation or evidence; or
 - Signs and symptoms consistent with NAS based on a screening; or
 - Asymptomatic newborn with documentation or other confirmatory evidence of prenatal exposure.

540.4 HOSPITAL TRANSFER AGREEMENT

In accordance with the NAC Licensure Rule [69 CSR 9](#), the governing body or designee of the NASC must show documentation of a written transfer agreement that must be in effect with one or more

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hospitals to reasonably assure timely admission of a patient to the hospital when transfer is medically appropriate as determined by a physician. The transfer agreement with one or more hospitals to reasonably assure medical and other information needed for care and treatment of the member is exchanged between the NASC and the admitting hospital.

540.5 SERVICES PROVIDED BY OUTSIDE SOURCES

If the NASC does not provide a required service to meet the needs of one or more members, the governing body or designee may enter into a written agreement/contract with an outside service, program, or resource to provide this service which is to be paid by the NASC under the all-inclusive rate. The administrator or designee is responsible and accountable for assuring that outside sources meet the standards for quality of services and the timeliness of providing those services.

The administrator or designee must assure that the vendor and its staff is able to meet all mandatory educational, licensing, certification, and criminal investigation background check requirements for the specific area of service(s) furnished and follow the policies and procedure of the NASC. The agreement/contract must clearly state the responsibilities, functions, objectives, and the terms of the agreement and be signed and dated by both parties.

540.6 DRUG STORAGE

An administrator or designee must assure that pharmaceutical services are provided as outlined in the NAC Licensure Rule [69 CSR 9](#) to accurately and safely provide or obtain pharmaceutical services, which include the provision of routine and emergency medications and biologicals and consultation of a licensed pharmacist, to meet the needs of its members.

The administrator or designee shall assure the development and implementation of written procedures based on policies approved by the governing body, including procedures that assure the accurate acquisition, receipt, dispensing, and administration of all medications and biologicals.

Drugs and biologicals used in the NASC must be labeled in accordance with the requirements of federal, state and local laws, rules and regulations. The labels must include the appropriate accessory and cautionary instructions with the expiration date when necessary and must conform to the physician order and must adhere to all applicable State Board of Pharmacy rules for labeling.

In accordance with state and federal laws, the administrator or designee must store all drugs and biologicals in locked compartments under proper temperature controls and permit only authorized personnel to have access to the keys. The governing body or designee must provide separately locked, permanently affixed compartments for the storage of drugs subject to abuse and controlled drugs as identified by federal regulations. The NASC may also use single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.

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540.7 ADMINISTRATIVE REQUIREMENTS

In addition to the documentation requirements described in this chapter, NASC providers must comply with the documentation and maintenance of records requirements described in [Chapter 100, General Information](#), and [Chapter 300, Provider Participation Requirements](#) of the Provider Manual.

- The provider must assure implementation of the policies and procedures pertaining to service planning, documentation, and case record review. Uniform guidelines for case record organization should be used by staff, so similar information will be found in the same place from case record to case record and can be quickly and easily accessed. Copies of completed release of information forms and consent forms must be filed in the case record.
- Records must contain completed member identifying information. The member's individual plan of service must contain service goals and objectives and must stipulate the planned service activities and how they will assist in goal attainment. Discharge reports must be filed upon case closure.
- Records must be legible and, if requested, the provider must provide copies of Medicaid members' records within one business day of the request.

540.8 DOCUMENTATION

The medical record is an essential tool in treatment. It is the central source of all pertinent information about each member. It provides an accurate chronological accounting of the treatment process: assessment, planning, intervention, evaluation, revision, and discharge. There must be a permanent medical record maintained in a manner consistent with applicable state and federal licensing regulations and agency record keeping policies. Documentation must include:

- The physician's certification of the need for services;
- A comprehensive treatment plan and withdrawal protocol;
- Physician progress notes (completed daily);
- Date, duration, type, and focus/content of service; symptoms/impairments, interventions, member's response, progress made toward attainment of objectives outlined in the individualized treatment plan, and signature/credentials of services provider;
- Results of a nationally recognized NAS scoring tool;
- Negative incident occurrence, where applicable; and a
- Discharge plan.

Medical records must be complete, accurate, organized and accessible, legible, and signed and dated by the professional providing the service. Documentation must support claims submitted for reimbursement. The progress notes must include a description of the nature of the treatment the member's response to the therapeutic intervention and the relation to the goals developed in the treatment plan.

540.9 MEDICAL NECESSITY

All NASC services covered in this chapter are subject to a determination of medical necessity defined as services and supplies that are:

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- Appropriate and necessary for the symptoms, diagnosis or treatment of an illness;
- Provided for the diagnosis or direct care of an illness;
- Within the standards of good practice;
- Not primarily for the convenience of the plan member or provider; and
- The most appropriate level of care that can be safely provided.

Medical necessity must be demonstrated throughout the provision of services. Consideration of these factors in the service planning process must be documented and re-evaluated at regular service plan updates per utilization guidelines. Diagnostic and standardized instruments may be administered at the initial evaluation and as clinically indicated. The results of these measures must be available as part of the clinical record, as part of the documentation of the need for the service, and as justification for the level of care and type of service provided.

540.10 PRIOR AUTHORIZATION

Prior authorization requirements governing the provision of all West Virginia Medicaid services apply pursuant to [Chapter 300, Provider Participation Requirements](#) of the BMS Provider Manual. General information on prior authorization requirements for additional services and contact information for submitting a request may be obtained by contacting the UMC. The following limitations also apply to the requirements for payment of NASC services described in this chapter:

- Providers must be registered and prior authorize **all** NASC services described in this manual.
- Prior authorization must be obtained from the UMC.
- Prior authorization requests must be submitted within the timelines required by and in a manner specified by the utilization management contractor (UMC).

540.11 BILLING PROCEDURES

PROCEDURE CODE: S9475

SERVICE UNIT: 24 hours

SERVICE LIMITS: One per day - All units must be prior authorized per the UMC guidelines

PAYMENT LIMITS: The daily all-inclusive per diem rate provides reimbursement for all medically necessary services identified on the treatment plan during the member's placement at the facility, excluding physician treatment services and pharmaceutical costs. Any services not included in this per diem code may not be billed separately by the NASC.

540.12 ADMISSION CRITERIA

The NASC operates as a specific withdrawal management system for newborns diagnosed with or at risk of NAS. The NASC must obtain initial medical necessity prior authorization review and continued stay authorization review through the UMC. Prior authorizations are required for all newborns for this level of care.

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The BMS uses the UMC to certify member medical necessity for admission and continued stays through the prior authorization process in all NASCs. The BMS is not financially responsible for reimbursement for services provided to a member who is not prior authorized for admission or for continued stays in the program by the UMC.

540.13 DISCHARGE PLANNING

To ensure a smooth transition to a home environment, or, if unsuccessful, to a higher level of care, discharge planning must begin at the time of admission to the NASC and must be finalized at least seven days prior to discharge. Each parent or legal representative must sign a discharge preparation agreement upon admission, acknowledging the understanding of their responsibility for working towards discharge of the infant.

Discharge planning begins during the intake and placement process for the infant. When plans for the infant are being developed with the family, discharge plans are made, and continue as part of ongoing discussion throughout withdrawal treatment. This will involve preparing the family, kinship placement, or foster/adoptive family to the nature of home treatment for NAS, precaution, environmental factors, and potential health issues involving the infant.

At time of discharge, the social worker must have copies of the parent(s)', kinship placement's, or foster care/adoptive parent's certificates and training about the treatment and caring for infants, and the understanding of NAS symptoms. Furthermore, the facility will provide the parent(s), kinship placement, or foster care/adoptive parents with:

- A written copy of the after-care plan.
- Information concerning proper use of medication (if any). If medication is to be taken home, the pharmacy must do full labeling.
- Documentation of communication between the facility physician and the community physician assuming responsibility for the ongoing treatment to discuss the infant's treatment plans while in the facility as well as the discharge plan.

540.14 CONTINUED STAY CRITERIA

When West Virginia Medicaid members are prior authorized for NASC admission by the UMC, they are authorized a limited number of days for that admission. If the treatment goals are not accomplished within that timeframe, it is the NASC's responsibility to establish that the requirements for a continued stay have been met and justify to the UMC why a longer stay should be prior authorized no later than seven days prior to the end of an infant's authorized stay.

In reviewing requests for extended treatment, the UMC reviews the appropriateness and quality of the infant's ongoing treatment as planned, provided, evaluated, revised, and documented by the treatment team. The reason for continued stay must be directly related to the physical withdrawal symptoms of the infant, which have not improved.

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When discharge problems arise because of the lack of an appropriate placement for the infant (ex: unsuitable family environment, foster home unavailability), it is the responsibility of the NASC, together with the member's legal guardian, to locate and/or arrange an appropriate placement. The lack of post-discharge options alone will not be considered a valid basis for continued NASC stay.

540.15 SERVICE PROVISION

The purpose of such comprehensive services is to provide treatment to infants diagnosed with NAS. A schedule of preformed activities should be documented daily and an objective assessment of symptoms completed twice a day. NASCs provide a range of comprehensive services to treat withdrawal symptoms of NAS. These services include:

- Comprehensive assessment to determine plan of care;
- Pharmaceutical withdrawal management, with tapering protocol as referenced by the American Academic of Pediatrics;
- Monitoring withdrawal objective assessment, at least twice, daily;
- Non-Pharmacological interventions, including but not limited to; therapeutic swaddling, vestibular stimulation/vertical rocking, C-position, head to toe movements, clapping, exercise to relieve gas discomfort, newborn massage, etc.; and
- Low or reduced stimulus environment, slow introduction to sensory stimulation (both sight and sound).

540.16 REIMBURSEMENT REQUIREMENTS

The West Virginia Medicaid daily per diem rate provides reimbursement for all medically necessary services identified on the child's treatment plan during placement at the facility. The NASC agrees to:

- File appropriate claims for reimbursement in accordance with established BMS procedures. The submission by or on behalf of the NASC of any claim for payment under the Medicaid program shall constitute certification by the NASC that the services or items for which payment is claimed were provided by the NASC to the Medicaid member;
- File claims only for items provided to the Medicaid member only;
- File claims which are correctly coded in accordance with billing instructions prescribed by the BMS and file them in a timely manner in accordance with federal and state regulations; and
- Submit all information, with or in support of the information, in a true, accurate, and complete manner.

REFERENCES

West Virginia State Plan Amendment reference for NAS Services [State Plan Amendment \(SPA\) 17-004](#)
The Code of State Rules [69 CSR 9](#)

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GLOSSARY

Definitions in [Chapter 200, Definitions and Acronyms](#) apply to all West Virginia Medicaid services, including those covered by this chapter. Definitions in this glossary are specific to this chapter.

Neonatal: The period of time covering the first 28 days after birth.

Neonatal Abstinence Syndrome (NAS): A multisystem disorder due to an exposure to drugs while in utero. NAS frequently involves the central nervous system, gastrointestinal system, autonomic system, respiratory system. Overt behavioral and physical symptoms include, but are not limited to, high-pitch crying, sleep difficulties, jitteriness, hypertonia, myoclonic jerking, tremors, generalized convulsions, sweating, fever, mottling, excessive sucking or rooting, poor feeding, vomiting, and diarrhea.

Neonatal Abstinence Syndrome Center (NASC): A facility that is licensed through the West Virginia OHFLAC and the BMS as an NASC and provides care for newborns diagnosed with, or at risk of, NAS.

CHANGE LOG

REPLACE	TITLE	EFFECTIVE DATE
New Chapter	Neonatal Abstinence Syndrome Center Services	June 12, 2019