# NC Department of Health and Human Services

## NORTH CAROLINA Medicaid Opioid Treatment Program Draft Policy Review

Howard Anthony, LCAS
NC DHHS, Division of Health Benefits, Medicaid

Starleen Scott Robbins, LCSW
NC DHHS, Division of Mental Health, Developmental Disabilities & Substance Abuse Services

June 18, 2020

Initiative by the Centers for Medicare & Medicaid Services (CMS) to combat the opioid crisis as well as the NC 1115 SUD Waiver.

Requirements Include:

- Full continuum of care
- Quality measurement
- Coordination across systems and levels of care
- Benefit management strategy
- Expanding SUD benefits to offer the complete American Society of Addiction Medicine (ASAM) continuum of SUD services.

## CMS 1115 SUD Demonstration Waiver (Continued)

- Obtaining a waiver of the Medicaid institution for mental diseases (IMD) exclusion for SUD services;
- Ensuring that providers and services meet evidence-based program and licensure standards;
- Building SUD provider capacity;
- Strengthening care coordination and care management for individual with SUDs; and
- Amending/Creating 14 clinical coverage policies.

## Opioid Treatment Program
## (Present & Future)

- Medicaid currently covers office-based opioid treatment and Outpatient opioid treatment programs w/ present policy directed at medication management.
- Medicaid is revising current clinical coverage policy 8-A to reflect that the 2013 ASAM criteria and to develop an integrated service model for outpatient opioid treatment that includes medication, medication administration, counseling, lab tests & case management activities.

## OTP Program Policy – Section 1.0
## (Description)

The OTP Service is:

- an organized, outpatient treatment service for beneficiaries with an opioid use disorder (OUD).
- utilizes methadone, buprenorphine formulations, naltrexone or other drugs approved by the FDA.
- delivered by an interdisciplinary team of professionals trained in treatment of OUDs providing individualized treatment, case management, health education and a range of SUD focused therapies reflecting a variety of treatment approaches.

OTP Program Policy – Section 2.0 (Eligibility)

An eligible beneficiary shall:

- be enrolled in NC Medicaid or the Health Choice Program (NCHC).
- Medicaid shall cover OTP service for an eligible beneficiary 18 years or older.
- NCHC shall cover OTP service for an eligible beneficiary who is 18 years of age till their 19th birthday.

OTP Program Policy – Section 3.2 (Specific Criteria)

Medicaid and NC Health Choice shall cover the Opioid Treatment Program Service when the beneficiary meets the following specific criteria:

- A DSM-5 (or subsequent editions of this manual) diagnosis of a severe opioid use disorder **AND**
- Meets the American Society of Addiction Medicine (The ASAM Criteria, 3rd edition or subsequent editions of this reference manual) for Opioid Treatment Services (Opioid Treatment Program specific) level of care.

OTP Program Policy – Section 3.2 (Admission Criteria)

- A comprehensive clinical assessment (CCA) is completed by a licensed professional meeting the criteria included in Medicaid Clinical Coverage Policy 8C.
- The CCA, which demonstrates medical necessity, must be completed prior to the provision of this service.
- Relevant diagnostic information must be obtained and documented in the beneficiary's Person-Centered-Plan (PCP).

## OTP Program Policy – Section 3.2
## (Continued Stay Criteria)

A. Documentation of the beneficiary's current status based on the ASAM Criteria 6 dimensions for OTP that indicates a need for continued stay. Documentation must include details of the assessment of each ASAM level of functioning (1-6). And

B. The beneficiary meets one of the following:

1. Beneficiary has achieved current PCP goals and additional goals are indicated.

OTP Program Policy – Section 3.2
(Continued Stay Criteria)

2. Beneficiary is making satisfactory progress toward meeting goals and there is documentation that supports continuation of service to address goals outlined in their PCP.
3. Beneficiary is making some progress, but the specific interventions in the PCP need to be modified. **OR**
4. If beneficiary is functioning effectively with this service, this service must be maintained when it can be reasonably anticipated that regression will likely occur if service is withdrawn.

## OTP Program Policy – Section 3.2
## (Discharge Criteria)

Beneficiary meets criteria for transfer or discharge if documentation of current status based on the ASAM Criteria 6 dimensions for OTP indicates need for transfer or discharge AND meets one of the following:

1. Beneficiary's level of functioning has improved and there are no medical expectations that symptoms will persist without ongoing medication.
2. Beneficiary has achieved positive life outcomes that support stable and ongoing recovery, there is a low potential for regression.

OTP Program Policy – Section 3.2
(Discharge Criteria)

3. Beneficiary is not making progress or is regressing, and all reasonable strategies and interventions have been exhausted, indicating need for more intensive services;
4. Beneficiary or legally responsible person no longer wishes to receive the Opioid Treatment Program Service.

OTP Program Policy – Section 5.1 (Prior Approval)

Medicaid and NCHC shall require prior approval for the Opioid Treatment Program (OTP) Service beyond the unmanaged unit limitation. Coverage of the OTP service is limited to four (4) unmanaged units once per episode of care per state fiscal year.

OTP Program Policy – Section 5.2.2 (Reauthorization)

Medicaid may cover up to 6 months for the authorization based on medical necessity documented in the PCP, the authorization request form, documentation of the beneficiary's current status based on the ASAM Criteria 6 dimensions for Opioid Treatment Program that indicates a need for continued stay and supporting documentation. Reauthorization should be submitted prior to initial or concurrent authorization expiring.

## OTP Program Policy – Section 5.5
## (Documentation)

- A Medication Administration Record (MAR) shall be utilized to document each administration of medication ordered for the treatment of opioid use disorder and all take-home doses ordered.
- A full service note is required for documenting all beneficiary clinical events.
- A full service note is required for documenting all counseling or therapy sessions, case management activities, health education and all other significant activities, events, changes in status or situations.

OTP Program Policy – Section 6.2
(Staffing)

- Medical Director: Minimum of .10 FTE
- Program Physician/Physician Extender: .5 FTE Program Physician, Physician Assistant or Nurse Practitioner who may serve up to 100 individuals. OTP must have an additional .33 FTE for these staff positions for each additional 100 individuals.
- Supervising Registered Nurse: 1 FTE, serving 150 individuals. OTP must have an additional .33 FTE Registered Nurse/Practical Nurse for each additional 50 individuals.

OTP Program Policy – Section 6.2
(Staffing)

- Program Director: 1.0 FTE
- Licensed Clinical Addiction Specialist (LCAS): 1 FTE, may serve up to 50 individuals (per caseload). And, OTP service must have additional 1.0 FTE LCAS/LCAS-A or Certified Alcohol and Drug Counselor (CADC) for everyone additional 50 individuals (per caseload).

OTP Program Policy – Section 6.3
(Training)

Within **30 calendar days** of hire to provide service:

- 3 hours OTP Service Definition: All Staff
- 3 hours Crisis Response Training: All Staff
- 3 hours PCP Instruction: LP & CADC
- 1 hour of scope of practice in OTP: RN & LPN
- 3 hours NC State Opioid Treatment Authority (SOTA) Webinar Training: RN, LPNs, MDs, extender & Program Director.

Within **90 calendar days** of hire to provide this service:

- 13 hours Introductory Motivational Interviewing

OTP Program Policy – Section 6.3
(Training)

- (MI) 2-day training: All Staff
- 6 hours ASAM Criteria Training: All Staff
- 3 hours of Co-Occurring Treatment Training: All Staff
- 3 hours of Trauma Informed Care: All Staff
- 3 hours of Pregnancy and Opioid Use Disorder Treatment Training: All Staff
- 6 hours of Medication Assisted Treatment Training: All Staff except MDs and extenders.

**Annually**: 3 hours of Crisis Response Training: All Staff and 10 hours of continuing education in evidence based treatment Practices: All Staff

OTP Program Policy – Section 6.3
(Program Requirements)

Activities included in the weekly bundled rate for this service:

- managing medical plan of care including medical monitoring;
- individual, recovery focus person-centered plan;
- a minimum of 2 required counseling or therapy sessions per beneficiary per month during the first year of opioid treatment services & 1 required counseling session per beneficiary per month thereafter;
- nursing services related to administering medication, preparation, monitoring and distribution of take-home medications;

OTP Program Policy – Section 6.3
(Program Requirements)

Activities included in the weekly bundled rate for this service (continued):

- cost of the medication;
- presumptive drug screens and definitive drug tests;
- psychoeducation including HIV/AIDS education and other health education services; and
- case management including coordination of on and off-site treatment and supports.

## OTP Program Policy – Section 6.3
## (Program Requirements)

In addition to the weekly bundled rate activities, providers may bill separately for:

- evaluation and management billing codes;
- diagnostic assessments or CCAs;
- medication assisted treatment induction;
- medication management visits;
- laboratory tests (excluding drug toxicology);
- individual, group, & family counseling (provided beyond the minimum 2 counseling or therapy sessions per month during the first year or one counseling or therapy session per month thereafter) (licensed professionals only); and peer support services.

## OTP Program Policy – Section 6.3
## (Expected Outcomes)

- reduced symptomatology;
- decreased frequency or intensity of crisis episodes;
- increased ability to function in the major life domains;
- engagement in the recovery process;
- increased ability to function as demonstrated by community participation;
- increased ability to live as independently as possible, with natural & social supports;
- increased identification & self-management of triggers, cues, & symptoms;
- increased ability to function in the community &access financial entitlements, housing, work, & social opportunities;

## OTP Program Policy – Section 6.3
## (Expected Outcomes)

- increased coping skills and social skills that mitigate life stresses resulting from the beneficiary's diagnostic and clinical needs;
- increased ability to use strategies and supportive interventions to maintain a stable living arrangement;
- decreased judicial system involvement related to the beneficiary's mental health or substance use disorder diagnosis; and
- maintenance phase, wherein demonstrated improvement, is not criteria for discharge.

Stakeholder Feedback, Comments & Questions are welcomed and must be submitted by email to Howard Anthony, NC Medicaid no later then June 29, 2020 at 5:00pm

Please submit to howard.anthony@dhhs.nc.gov

Thank you for your participation!

# Q & A