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SUBJECT Certified Recovery Specialists in Centers of Excellence

<p>BY</p>  <p>Sally A. Kozak, Deputy Secretary Office of Medical Assistance Programs</p>	<p>BY</p>  <p>Valerie Vicari, Acting Deputy Secretary Office of Mental Health and Substance Abuse Services</p>
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IMPORTANT REMINDER: All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at:
http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S_001994.

PURPOSE:

The purpose of this bulletin is to clarify staffing expectations of providers enrolled in the Medical Assistance (MA) Program and serving as Opioid Use Disorder Centers of Excellence (OUD-COEs).

SCOPE:

This bulletin applies to all providers enrolled in the MA Program and serving as OUD-COEs.

BACKGROUND/DISCUSSION:

Providers serving as OUD-COEs are required by the OUD-COE Provider Agreement for Participation in the Pennsylvania Medical Assistance Program to establish community-based care management teams to support individuals with opioid use disorder (OUD). These teams are required to include at least one certified recovery specialist. Certified recovery specialists are individuals with lived experience as a person in recovery who have completed a qualifying

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<p>COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:</p> <p>The appropriate toll free number for your provider type.</p> <p>Visit the Office of Medical Assistance Programs Website at: http://www.dhs.pa.gov/provider/healthcaremedicalassistance/index.htm.</p>

training course and received a credential from the Pennsylvania Certification Board.

PROCEDURE:

Providers serving as OUD-COEs should review their community-based care management teams and confirm that at least one certified recovery specialist is included on the team. If a certified recovery specialist is not currently included on the community-based care management team, the provider serving as an OUD-COE should employ a certified recovery specialist or assist an eligible current employee in attaining the certified recovery specialist credential within six months of the effective date of this Bulletin.

ATTACHMENT:

OUD-COE Addendum to the Provider Agreement for Participation in the Pennsylvania Medical Assistance Program, last updated December 28, 2016.

Center of Excellence Requirements

This document provides additional, detailed guidance on the requirements that were originally described in the Request for Applications (RFA) that the Center of Excellence (COE) designee signed and submitted. The allocation of \$500,000 will be distributed in an initial installment of \$330,000 and a second installment of \$170,000 approximately six months later, contingent on the COE establishing the care management team and delivering services and supports, and tracking and reporting outcomes as specified below.

The requirements outlined in the RFA include:

Deploying a Community-based Care Management Team

The majority of the COE funding must be used for care management/coordination of individuals with opioid use disorder (OUD).

The COE must deploy a community-based care management (CBCM) team that consists of licensed and unlicensed professionals. The CBCM team's activities must not overlap or be redundant of already existing reimbursed care management services. The CBCM team will work within its local community to engage individuals with OUD at local emergency departments, state and county correctional facilities, and primary care providers, among others, to educate them about treatment and the disease of addiction, assist them in initiating appropriate treatment, including behavioral/mental and physical health services, and motivate them to stay engaged. It will also work with inpatient and outpatient drug and alcohol providers to assure individuals living with OUD transition from that level of care to the COE for ongoing engagement in treatment. The CBCM team will motivate and encourage individuals with OUD to stay engaged in both physical health and mental health treatments. Team members will facilitate recovery by helping individuals find stable housing and employment, and helping them reestablish family/community relationships.

Tracking/Reporting Access to Care and Quality Outcomes

Each COE will be expected to track and report metrics at an individual and aggregate level.

Participation in a Learning Network

Each COE will be expected to use \$15,000 of the grant funding to participate in a learning network that will include COE operational implementation and complex case-based learning.

To fulfill the requirements originally outlined in the RFA, the COE will comply with the following.

- A. COE Services:** The COE will deploy a CBCM team that consists of licensed and unlicensed professionals.

1. The COE will:
 - a. Establish one or more CBCM teams to provide support to and help individuals with OUD engage and stay engaged in treatment, including helping the individual with OUD navigate the health system and find community resources such as individual and group therapy, social services and recovery supports. Care management teams are expected to:
 - i. Address individual treatment and non-treatment needs to help individuals with OUD remain **engaged** in treatment and progress throughout the recovery process. These activities will include: evaluation of needs; direct assistance with and ongoing facilitation of needed physical and behavioral health services; follow-up care and re-engagement in care, as necessary; referrals for housing, job training, transportation services, educational services, vocational services, food, healthcare services, mental health services, pain management services, substance use disorder level of care evaluation, interpreter services, voter registration and self-help meetings; advocacy; monitoring; urine or blood screening;
 1. **Engaged** is defined as at least one face-to-face contact within 30 days of the face-to-face level of care evaluation. Further engagement, at 60, 90, 180, 210, 240, 270, 300, 330 and 365 days is defined as a face-to-face activity at least once every 30 days during that time period. (For example: An individual engaged in treatment for 365 days has at least one face-to-face treatment encounter in 30 days, a second face-to-face treatment encounter in 31-60 days, a third in 61-90 days, a fourth in 91-120, and so on through days 121-150, 151-180, 181-210, 211-240, 241-270, 271-300, 301-330, and the 12th encounter in days 331-365 [Note: The 12th month data collection point has 35 days.])
 - ii. Include licensed nurses, licensed social workers, certified recovery specialists, and other professionals to provide recovery-focused care and supports;
 - iii. Develop and maintain a mobile capacity to make initial contact with individuals where they present, including emergency departments, state prisons, county jails, and other medical and non-medical settings;
 - iv. Facilitate **initiation** into OUD treatment from emergency departments, primary care physicians, criminal justice system, and other sources. **Initiation** is defined as a face-to-face level of care evaluation;
 - v. Facilitate admission to treatment within 14 calendar days of initiation with behavioral health managed care organizations, treatment providers and other entities as appropriate and necessary;
 - vi. Collaborate with local primary care providers to educate about screening, referral, and treatment for OUD;
 - vii. Help individuals transition from inpatient levels of care to ongoing engagement in outpatient treatment;
 - viii. Create an individualized support plan for each patient it serves;

- ix. Regularly and directly communicate with the individual’s direct care team;
 - x. Motivate and encourage individuals with OUD to stay engaged in both physical health and behavioral health treatments;
 - xi. Work with telemedicine psychiatry providers in rural areas to increase the referral for appropriate treatment of mental health conditions; and
 - xii. Facilitate recovery by helping individuals find stable housing and employment, and reestablishing family/community relationships.
- b. Collaborate with community providers to identify individuals who may need to be readmitted into COE services.
 - c. Initiate treatment for and engage at least 300 new patients in its first year of operation. A new patient is an individual who has not had services within the past 60 days.
 - d. Administer the Outcomes Tool face-to-face within 30 days of the initial COE treatment admission date and re-administer it face-to-face at six-month intervals.
2. The COE may place an individual in an inactive status from COE services if:
- a. He or she voluntarily elects to discontinue participation in the program; or
 - b. He or she consistently participates in drug and alcohol treatment and establishes community supports that perpetuate the recovery process.
3. Neither the COE nor any provider with which it collaborates to provide services to COE patients may charge COE patients cash for any opioid use disorder-related services.
- B. COE Activities:** The COE will provide clinical expertise to the wider provider community in a “hub-and-spoke” model of care. The COE will participate in a learning network that will include COE operational implementation and complex case-based learning.
- 1. The COE will convene and facilitate recurring meetings with key stakeholders, including Single County Authorities, behavioral and physical health managed care organizations, treatment providers not designated as COEs, hospitals and health systems and other appropriate treatment referral/access sources, in its county to:
 - a. Review existing OUD-related services;
 - b. Identify opportunities to collaborate and bridge treatment and recovery support gaps;
 - c. Develop strategies to implement a cooperative network of behavioral and physical health services for recipients of COE support services in collaboration with behavioral and physical health managed care organizations.
 - 2. In counties with more than one COE, the COE will work cooperatively with the other COE(s) to convene the key stakeholder group.

3. The COE will maintain records of the agendas, attendance and meeting notes of COE stakeholder group meetings.
 4. The COE will use up to \$15,000 of the grant funding to do the following:
 - a. Participate in a learning network that will include OUD treatment operational implementation and complex case-based learning;
 - b. Collaborate with local primary care providers to educate about screening, referral, and treatment for OUD; and
 - c. Share best practices between COEs.
 5. The COE will work with providers, including through telecommunications technology, in rural areas to increase the referral for appropriate treatment of behavioral health conditions. The COE will utilize the Prescription Drug Monitoring Program (PDMP) as allowed and required by law to identify individuals at increased risk of inappropriate medication usage.
 6. The COE will comply with confidentiality requirements of the Pennsylvania Drug and Alcohol Abuse Control Act (71 P.S. §§ 1690.101 et seq.), the Public Health Services Act (42 U.S.C §§ 290ee-3, 290dd-2), Federal confidentiality regulations (42 CFR Part 2 and 45 CFR Part 96) and State confidentiality regulations (4 Pa. Code §§ 255.5 and 257.4).
- C. COE Reporting:** To track and report metrics at an individual and aggregate level, the COE will maintain the Department-provided Quality Measures tracking spreadsheet that records quality, care management and outcomes for each individual receiving COE services and supports and securely submit a care management and quality tracking report to the Department following its process for doing such.
1. The COE must collect and report data on the following quality metrics:
 - a. The number of individuals newly initiated in OUD treatment;
 - b. The number of new patients who engaged in OUD treatment for 30, 60, 90, 180, 210, 240, 270, 300, 330 and 365 days;
 - c. The number of new patients referred to treatment for a mental health condition;
 - d. The number of patients who received mental health treatment;
 - e. The number of new patients referred for drug and alcohol counseling;
 - f. The number of patients who received drug and alcohol counseling;
 - g. The number of new patients referred for pain management treatment;
 - h. The number of patients who received pain management treatment;
 - i. The number of new patients being prescribed benzodiazepines at the time of COE initiation;

- j. The number of new patients being prescribed opiates at the time of COE initiation;
 - k. The number of new patients taking illicit benzodiazepines at the time of COE initiation;
 - l. The number of new patients taking illicit prescription or non-prescription opioids at the time of COE initiation; and
 - m. Quality of life and movement toward recovery data determined through the Outcomes Tool for each individual within 30 days of the initial COE treatment admission date and re-administered face-to-face at six-month intervals.
2. The COE will maintain and keep updated a record of provider information for each practitioner who works at the COE that includes:
 - a. Provider name;
 - b. Medical Assistance ID number;
 - c. COE locations at which the provider may provide service;
 - d. Provider license and DEA number; and
 - e. Confirmation that the provider is enrolled in the Medical Assistance program.
- D. COE Budget:** The majority of the OUD-COE money must be used for care management/coordination of individuals with OUD.
1. The following are **allowable** COE expenses:
 - a. Salary and benefits of the care management staff;
 - b. Salary and benefits, or a pro-rata portion of salary and benefits, of a manager or supervisor of the care management team, as well as other employees involved in the administration and oversight of the COE (e.g., data entry, reporting) commensurate with the amount of time devoted to the COE;
 - c. Up to \$25,000 (5%) for minor computer equipment and software purchases, which may include computer equipment (e.g., personal computer or laptop) and mobile devices (or reimbursement for use of personal devices);
 - d. Travel-related costs (e.g., reimbursement for mileage for the CBCM team); and
 - e. \$15,000 (3%) for expenses related to participation in the Learning Community;
 - f. Up to \$15,000 (3%) for operating expenses, which may include expenses for rent, utilities, taxes, insurance, supplies, printing/copying and telephone.
 2. The following are **not allowable** COE expenses:

- a. Treatment services and other client-related support services that are covered under the Medical Assistance program (i.e., services included on the Medical Assistance program Fee Schedule or covered under a contract or an agreement between the provider and a physical or behavioral health managed care organization, as well as services that are covered under the individual's private insurance), given that the CBCM team's activities must not overlap or be redundant of already existing reimbursed care management services;
- b. Vehicles;
- c. Computer system purchases, including electronic health record software; and
- d. Brick and mortar or other capital costs or fixed assets (e.g., new building, renovations).