

Updated May 2023

**Opioid Treatment Program (OTP) Description for SAMHSA Certified Facilities
Division of TennCare**

Overview of the Opioid Use Disorder Opioid Treatment Program

The Division of TennCare along with the contracted Managed Care Organizations (MCO), Amerigroup, BlueCare and United Healthcare, has determined the need for a comprehensive network of opioid treatment programs (OTPs) who offer medication assisted treatment (MAT) to members with opioid use disorder (OUD).

Medication Assisted Treatment is the use of medications in combination with counseling and behavioral therapies to provide a whole-patient approach to the treatment of substance use disorders. Research shows that when treating substance-use disorders, a combination of medication and behavioral therapies is most successful. The duration of treatment should be based on the needs of the persons served. The Food and Drug Administration (FDA) has approved several medications for the use in treatment of opioid-use disorder which include methadone, buprenorphine, and naltrexone products. An OTP is the only way methadone is provided in an outpatient setting for members with substance use disorders. Buprenorphine based products may also be dispensed at SAMHSA-certified Opioid Treatment Programs.

Treatment for opioid use disorders is considered an evidence-based best practice by the Substance Abuse and Mental Health Services Administration (SAMHSA) Center and the American Society of Addiction Medicine (ASAM) for substance abuse disorder treatment. An OTP is an outpatient program which integrates medical and behavioral therapies for the treatment of substance use disorders. This Opioid Treatment Program Description outlines treatment and clinical care activities expected of facilities who dispense MAT products and the professionals who provide therapy, care coordination or other ancillary services.

The operation of an OTP must be filed and certified by the Federal Substance Abuse and Mental Health Service Administration (SAMHSA), the DEA, and any other applicable federal agency. For OTPs located in the state of Tennessee, a Certificate of Need (CON) must be provided by the Tennessee Health Services Development Agency. The State Opioid Treatment Authority (SOTA) within the Tennessee Department of Mental Health and Substance Abuse Services is responsible for program oversight and clinical assistance.

Treatment Protocols and Guidelines

In-network, Tennessee-based OTPs must follow all applicable state and federal regulations including those outlined in [Rules of The Tennessee Department of Mental Health and Substance Abuse Services](#) Chapter 0940-05-42, the minimum state program requirements for non-residential opioid treatment program facilities, and the [Federal Guidelines for Opioid Treatment Programs](#).

For those OTPs which are outside Tennessee, the OTP is responsible for complying with all respective federal, state, and local laws, regulations, and licensure requirements.

Program Components

The required treatment elements for providers rendering Medication Assisted Treatment through an OTP are as follows:

COUNSELING SERVICES

- Provider's counseling professional must hold, at least, a master's degree in the mental health discipline and, if not independently licensed to provide counseling services, be under the direct supervision of a licensed mental health provider practicing within their scope of licensure
- Individual counseling sessions to members with substance use disorder must be performed by a counseling professional with, at least, a master's degree in the mental health discipline; group counseling sessions may be provided under the supervision of a professional with, at least, a master's degree in the mental health discipline
- Counseling services are to be delivered on the schedule as outlined by the [Federal Guidelines for Opioid Treatment Programs](#) and [Rules of The Tennessee Department of Mental Health and Substance Abuse Services](#)

CARE COORDINATION

- Employ, contract, or partner with a care coordination resource to:
 - Maintain contact with member, as needed (e.g. telephone, text, etc.)
 - Provide information or support for social services (e.g. housing, employment, transportation, etc.) as indicated
 - Organize and facilitate communication between two or more participants involved in a recipient's care such as OTP and primary care provider, specialty services, and/or mental health services to achieve safer and more effective care
 - Communicate timely with other providers who are treating the member and with member's informal support system
 - Coordinate communication, verification, and reduction in licit substances prescribed by a licensed prescriber such as benzodiazepines, carisoprodol, barbiturates, and amphetamines
 - Where appropriate, include management of medical conditions in Individual's Program Plan (IPP)

SCREENING & PREVENTION

- In accordance with ASAM National Guidelines, as part of intake, perform a CBC, liver function tests, hepatitis C, and HIV test on every member
- As recommended by state and federal Rules, initial laboratory tests should be performed within 14 days of intake
- Facility must have availability of phlebotomy draws on-site at least weekly
- In reference to HIV and hepatitis C testing

- Provide counseling on the indication for HIV and hepatitis C testing, an overview of treatment and management, and the availability of preexposure prophylaxis (PrEP) for HIV prevention
- Recipients will be notified that HIV and hepatitis C testing will be performed unless they decline to be tested. If testing is declined, the Facility will maintain appropriate documentation of every instance testing is declined
- Exclusions to the requirement include members who are known HIV and hepatitis C positive and members who are on preexposure prophylaxis (PrEP) for HIV prevention
 - Facility must maintain documentation and reason for exclusion for the aforementioned members
- For those who are high-risk, provide appropriate rescreening, counseling and re-testing (viral hepatitis and HIV) every 6 months as recommended by clinical guidelines
- If indicated, offer additional infectious disease testing (such as hepatitis A and B)

PATIENT EDUCATION

- The risk of neonatal abstinence syndrome associated with opioid agonist medication use in pregnancy
- Contraceptive options or referral to access contraceptive services for all female patients of child bearing age (ages 15-44) and reproductive potential
- Provide health literate patient education materials on relevant topics which may include but not limited to HIV, hepatitis C, and neonatal abstinence syndrome (NAS)

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| Monitoring Quality of Care |
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In an effort to maintain standardization and provision of high-quality, evidence-based treatment, the Managed Care Organizations may conduct collaborative on-site monitoring visits with the OTP facility. The OTP facility shall cooperate with on-site monitoring for any quality-of-care reviews performed by the Managed Care Organizations. The OTP facility will make available relevant medical records, clinical protocols, clinical data, and other relevant documentation if requested.

MCO Quality Review:

The Managed Care Organizations will provide to each OTP provider in their network information about their utilization and quality of care. This Quality Monitoring process is a focused assessment of treatment patterns and patient health outcomes for members with Opioid and Substance Use Disorders. The MCO will provide analysis using nationally available measures, claims-based metrics, and through medical record assessment of treatment practices and patterns at the Facility level. The quality review may include, but is not limited to, measures in the following treatment areas:

- Length of MAT treatment
- Facility drop-out rate
- Health care utilization patterns of attributed OTP recipients (e.g. emergency room visits, hospitalizations, primary care visits, etc.)
- Concurrent use of benzodiazepines while on MAT

OTP Quality Review:

The OTP Facility shall assess and provide an annual report to the MCOs and TennCare on member experience. The quality review may include, but is not limited to, a survey of the following areas:

- Service recipient satisfaction
- Service recipient employment status
- Improvement in medical conditions
- Alcohol use

- Improvement in social and living standards

References and Resources

Additional resources, references, and published comprehensive best practice guidelines for the use of MAT in treating substance use disorders are listed below. This program description and the treatment elements have been developed from these documents for medication-assisted treatment in SAMHSA certified opioid treatment programs.

SAMHSA Resources:

- For SAMHSA resources, please visit: <https://www.samhsa.gov/> and <http://store.samhsa.gov>
- SAMHSA Treatment Improvement Protocol (TIP) #63, “Medications for Opioid Use Disorder”
- ASAM National Practice Guideline for the Treatment of Opioid Use Disorder 2020 Focused Update: https://sitefinitystorage.blob.core.windows.net/sitefinity-production-blobs/docs/default-source/guidelines/npg-jam-supplement.pdf?sfvrsn=a00a52c2_2
- ASAM National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use: www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/asam-national-practice-guideline-supplement.pdf
- Examples of screenings are found at <http://www.samhsa.gov/sbirt>
- DEA Practitioner’s Manual; Section VI
<https://www.deadiversion.usdoj.gov/pubs/manuals/pract/section6.htm>

Minimum Program Requirements for Tennessee Nonresidential Opioid Treatment Program Facilities:

- For the complete copy of the guidelines, please visit:
<https://publications.tnsosfiles.com/rules/0940/0940-05/0940-05-42.20121219.pdf>