

## CT 1115 SUD Demonstration

### Opioid Treatment Providers (OTP) Frequently Asked Questions (FAQs)

Below is a compilation of questions received throughout the planning of the 1115 Demonstration Waiver along with responses that we hope assist you as we transition into implementation. Please note, the State has made efforts to ensure that the provider standards does not conflict with any Department of Public Health (DPH) licensing regulations (see §19a-495-570 of the Regulations of Connecticut State Agencies). In some instances, the provider standards exceed what is required within the licensing regulations. If now, or in the future, the licensing regulations exceed the standards, providers should ensure compliance with the higher expectation. **New questions and responses not present in previous versions of this document appear in red font.**

---

#### **1. Page 2 under Ages Served- Do we need parental consent to treat clients aged 16-17?**

**Response:** The State recommends that providers refer to Connecticut General Statutes § 17a-688 (d) and 42 CFR § 2.14. The Demonstration's standards do not replace or change any expectations regarding informed consent and/or confidentiality from other State and Federal regulatory bodies.

#### **2. Page 2 under Admission Criteria- we would like to suggest adding relapse prevention to admission criteria #1. Some clients present for long term methadone maintenance, for example, that may have recently tapered off and completed. They may be experiencing issues that cause them to feel longer term methadone would be beneficial to them, but do not present as physically addicted to opioids at that time. Coming out of prison could be another example.**

**Response:** The State's Standards provides a summation of the admission criteria for this level of care as outlined by the American Society of Addiction Medicine (ASAM), 3<sup>rd</sup> Edition. Providers should familiarize themselves with the full dimensional admission criteria which includes meeting the specifications for admission, discharge and continued stay as indicated in 42 CFR 8.12. The State is in alignment with ASAM's position that for some individuals, treatment may be indefinite, even lifelong, to minimize risk of relapse.

#### **3. Under Admission Criteria #3-What if a client has a condition that is not stable, and they are not connected to care? Can the wording be changed to include clients who fit this description that may need a referral at intake?**

**Response:** The State's Standards indicate the following for Dimension 3 Criteria: "Emotional, behavioral, or cognitive conditions and complications: None or stable or receiving concurrent mental health monitoring, medication and/or treatment." Providers should refer to ASAM 3<sup>rd</sup> Edition for the full dimensional admission criteria.

In OTPs, necessary support systems include linkage with or access to psychological, medical, and psychiatric consultation and access to emergency medical and psychiatric care through affiliations with more intensive levels of care. OTPs should admit individuals in need of referral to concurrent mental health services provided they meet the medical necessity requirements for OTP services. OTPs should consult with their medical leadership and use their clinical discretion when making these decisions.

- 4. Under Provider Qualifications/Staffing the language states that "At least one registered nurse, currently licensed in the State of Connecticut, must be onsite during medication administration hours. Such a nurse shall have experience or training in providing services for substance dependent persons. Additional nursing staff may be LPNs." Does having an RN available by phone for all dosing hours be acceptable? Adding nursing staff onsite to support our full hours of operation presents an additional cost burden that we may not be able to absorb without increased reimbursement.**

**Response:** Current regulations from the Connecticut Department of Public Health (DPH) require registered nurses be present during medication administration hours. This requirement was present prior to and has not been impacted by the Demonstration's activities. As indicated in the State's Standards, qualified practitioners whose credentials exceed the minimum expectations outlined may provide the services identified so long as they continue to operate within their scope of practice as applicable under state law. The State continues to monitor the reimbursement rates related to OTPs.

- 5. Under Provider Qualifications/Staffing the language states "A physician (or NP/PA), currently licensed in the State of Connecticut and who is eligible to be certified by the American Board of Psychiatry and Neurology to provide psychiatric diagnosis or treatment when necessary; or, a psychologist, currently licensed in the State of Connecticut, to provide psychological evaluation and treatment when necessary. The physician (NP/PA) shall be available during medication dispensing and clinic operating hours, either in person or by telephone." Do Nurse Practitioners or Physician Assistants with psychiatric certification (non-board certified) meet this requirement?**

**Response:** This language mirrors current regulations from the Connecticut Department of Public Health (DPH). This requirement was present prior to and has not been impacted by the Demonstration's activities. Nurse Practitioners and Physician Assistants who are licensed in the State of Connecticut and who is eligible to be certified by the appropriate board certification entities would meet this requirement.

- 6. Under support systems, the first bullet states that OTPs must provide linkage with or access to psychological, medical, and psychiatric consultation. This appears to contradict the admission criteria?**

**Response:** See the response to Question #3. OTPs should ensure coordinated care with other treatment providers to ensure that an individual's multi-dimensional needs are being adequately addressed either through provision of internal services, consultation and/or referral. OTPs should not preclude an individual from admission based solely on the presence of co-occurring mental health and/or medical conditions.

- 7. Under Interventions the language states that "A comprehensive medical history, physical examination, and laboratory tests, provided or obtained in accordance with federal regulations. The tests must be done prior to the time of admission and reviewed by a physician (or NP/PA) as soon as possible, but no later than 14 days after admission" Requiring blood work be completed prior to admission seems like an unnecessary barrier to admitting clients in need of immediate care. As we have 14 days to review the results and would not get immediate results from that testing anyways, it seems reasonable to be able to draw their blood work after admitting and review within the timeline.**

**Response:** This language is directly cited from ASAM, 3<sup>rd</sup> Edition and aligns with existing federal regulations outlined in 42 CFR 8.12(f). This requirement was present prior to and has not been impacted by the Demonstration's activities. The State encourages providers to communicate concerns with current regulations to the appropriate bodies.

8. **Under Interventions it states that "OTPs must provide regular monitoring of chemical levels in urine specimens collected from clients, including a written agreement maintained with a licensed laboratory for the purpose of performing the required urine screenings." Please clarify the exact documentation needed to be in the client record to submit specimens to the lab for testing. The standards do not state what specific drugs should be tested for at the lab. Can this be clarified including if positives results should be confirmed?**

**Response:** OTPs are required to obtain no less than 8 samples per calendar year under current federal regulation. Samples must be tested at a minimum for the substances outlined in CFR 43-812 and as outlined in the agency's internal policy and procedures. Samples require a specific order from a qualified physician, physician assistant or APRN that is documented in the medical record of the member and explains why such additional external toxicology laboratory test or tests is medically necessary. This may include unanticipated results on an instant toxicology screen (e.g. the presence of a substance that the client denies using; the absence of a prescribed medication that the client reports taking and should yield a positive result on the instant screen).

In each member's medical record, the provider shall include clinical documentation demonstrating the need for any external laboratory testing ordered or referred by the provider. The provider shall also include documentation in each member's medical record that appropriate medical personnel employed by the provider have reviewed and interpreted external laboratory tests and explain in the medical records how such interpretation of the tests has affected the member's plan of care.

9. **Page 5 top paragraph- we would like to suggest including those working towards licensure or certification.**

**Response:** In developing workflows and professional roles within the OTPs the State recommends that providers review State Plan Amendment (SPA) [CT-22-0020](#) which outlines covered SUD service components and qualified practitioners that may perform these components. Practitioner qualifications are also defined in the SPA.

10. **Page 5 paragraph beginning "Treatment with methadone or buprenorphine..." we recommend changing the wording in this paragraph as those medications are designed to specifically treat opioid and not 'any drugs that could compromise recovery' as it later lists. We would also like to see the wording be more inclusive of harm reduction efforts of reduced usage.**

**Response:** The Demonstration is designed to promote multiple pathways to recovery including harm reduction principles and the acknowledgement that the use of MOUD has additional benefits to the cessation of other harmful behaviors including the use of other substances.

11. **Page 6 under Documentation bullet 2- Does this mean that an MD does not need to sign the treatment plans?**

**Response:** Recent changes to Connecticut's Medicaid State Plan transitioned SUD services into the Rehab Option. This allows independently licensed practitioners other than physicians to review and sign treatment plans. This guidance does not apply to mental health services currently and therefore integrated treatment plans with mental health services should meet the higher requirement (i.e. physician signature).

**12. Page 6 under Supervisor Requirements- Will there be any ability to grandfather long term staff in that are not licensed?**

**Response:** No, supervisors must meet the criteria as outlined in the standards.

**13. Supervision Policy: Which credentialed staff can provide supervision to the following positions: LPN, clinical staff non-licensed, clinical staff licensed and peer staff?**

**Response:** Under Connecticut State Plan Amendment ([SPA 22-0020](#)), Independent Licensed Practitioner: means any of the following categories of individuals who are licensed under state law and acting within their scope of practice under state law: physicians, licensed psychologists, licensed clinical social workers, licensed marital and family therapists, licensed professional counselors, licensed alcohol and drug counselors, advanced practice registered nurses or physician assistants.

**14. Page 6 under Supervision Requirements- Can you please clarify who can complete Peer supervision?**

**Response:** Certified peers may receive supervision from the Clinical Supervisor, an independently licensed or associate licensed behavioral health practitioner with at least 2 years of full-time work experience in SUD services or a Certified Peer with at least 2 years of full-time experience in providing peer support services. The Standards have been updated to reflect this information.

**15. Can treatment plans be drafted by non-licensed staff?**

**Response:** Under Connecticut State Plan Amendment (SPA) 22-0020, the development of the treatment plan including problem formulation, needs, strengths, skills assessment and articulation of short-term, measurable treatment goals, and the activities designed to achieve those goals must occur between a qualified practitioner as defined by the plan and the individual receiving services. All individuals other than independent licensed practitioners must work under the supervision of an independent licensed practitioner or other applicable qualified supervisor.

**16. Can discharge plans be drafted by non-licensed staff?**

**Response:** The State views discharge plans and summaries as two separate documents. Under the current State Plan Amendment, the development of the discharge plan is part of service coordination, and its drafting must be completed by one of the following types of qualified providers: Independent licensed practitioners; associate licensed practitioners; certified alcohol and drug counselors; registered nurses; licensed practical nurses; unlicensed counselors; peer support specialists; technicians; graduate-level interns; and associate/bachelor-level interns. Level of care determinations utilizing the ASAM Criteria and recommendations should occur between a qualified practitioner as defined by the plan and the individual receiving services. Provided there is evidence

this meeting occurred, and the discharge plan is reviewed, approved, and signed by an independent practitioner, agencies can utilize their discretion on what types of qualified staff physically draft the document. All individuals other than independently licensed practitioners must work under the supervision of an independent licensed practitioner or other applicable qualified supervisor.

Discharge summaries which is outlined in the State Standards must include all of the required components and must be completed within the required timeframe for the applicable level of care by qualified providers: Independent licensed practitioners; associate licensed practitioners; certified alcohol and drug counselors; unlicensed counselors; graduate-level interns; and associate/bachelor-level interns. These summaries must be reviewed, approved and signed by an independently licensed practitioner or applicable supervisor. The State Standards documents have been updated to reflect this change.