

Mobile Opioid Treatment Programs (OTPs)

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CT State Opioid Treatment Authority

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CT State Partners

- ▶ Department of Social Services (DSS)
- ▶ Department of Public Health (DPH)
- ▶ Department of Consumer Protection (DCP)
- ▶ Department of Mental Health and Addiction Services (DMHAS)

What's been happening in CT

- ▶ State partners began meeting in July of 2021, continue to meet monthly
- ▶ Initial steps included identifying areas of needed regulatory and/or statutory changes (DPH/DCP)
- ▶ HB 5430 passed in May 2022- allows for controlled substances including methadone to be transported from a registered location where individuals are treated and dispensed from a mobile unit. Also, allows multi-care institutions to provide SUD and MH services from a mobile OTP.
- ▶ Met with the OTP leadership at OTPC (Opioid Treatment Providers of Connecticut) meeting on January 27,2023 to review progress in CT
- ▶ Additional meeting scheduled during 2023 with OTPs to discuss questions, next steps, etc.

DMHAS

DMHAS Oversight

- ▶ State Opioid Treatment Authority (SOTA)
 - ▶ Tasked with ensuring compliance with the Federal and State Regulations (includes WM programs) specific to OTPs
 - ▶ Approval and disapproval of treatment programs
 - ▶ SOTAs must establish and communicate specific regulations for treatment program monitoring. These regulations must be at least as restrictive as the federal regulations and may be tailored to address special location issues such as multiple enrollment and diversion.
- ▶ Site Visits
 - ▶ All OTPs can be monitored by DMHAS under the oversight of the SOTA
 - ▶ Tasked with ensuring compliance with the Federal Regulations (includes WM programs)
 - ▶ Components include clinical chart review, physical space evaluation, client focus groups, data reconciliation, critical incident management
 - ▶ Contractual compliance monitoring for all OTPs receiving DMHAS grant funding

Mobile Opioid Treatment Programs

- ▶ DEA released guidance on 6-28-21 regarding a change to federal regulations to allow mobile OTPs
- ▶ This “final rule” was effective 7-28-21
- ▶ Any registered OTP can apply to operate a mobile OTP under the registration of a brick and mortar location
- ▶ The mobile OTP must return to the “home” location daily
- ▶ Mobile OTPs must operate within the borders of State
- ▶ The goal is to increase access to methadone as well as all formulations of medication for opioid use disorders (MOUD) for maintenance and withdrawal management
- ▶ Outlines specifics regarding diversion control and contingency planning

OTP Regulatory Standards

- ▶ Regulatory standards apply to the Mobile OTPs
- ▶ Federal Regulations dictate treatment requirements which include:
 - ▶ Verification of Opioid Use Disorder
 - ▶ Physical examination at admissions, annually
 - ▶ A minimum of 8 toxicology screens a year
 - ▶ A minimum of 1 clinical contact a month (individual, group)
 - ▶ One dose a month must be dispensed at the program location (this could be the mobile unit or brick and mortar)
 - ▶ Individuals can decrease daily visits to the clinic/mobile unit over time
 - ▶ Take Home Bottles (THBs) can be earned based on the 8 point criteria standards

Role of the SOTA in the certification process

- ▶ SOTA is responsible to provide approval to SAMSHA for any new certified OTPs
- ▶ SOTA will also provide the mobile OTP certification required by DSS (specific to mobile OTPS)
- ▶ SAMHSA typically outreaches for SOTA approval following DPH approval and DEA approval.
- ▶ SOTA will request an on-site tour prior to issuing the DMHAS certification or completing approval documentation for SAMSHA.
 - ▶ SOTA will review requested documentation including:
 - Weekly schedule including location, days, times
 - Staffing schedule
 - Services to be provided (dispensing, admissions, physicals, etc.)
 - Toxicology Policy
 - Take home bottle policy
 - Missed dose policy (agency specific and specific to missed doses at mobile OTP)
 - Contingency Management policy to include weather, vehicle, and staffing concerns
 - Communication policy including efforts to be made to communicate changes to the daily schedule

DPH

Summary of Provisions

▶ **Licensure**

- Vehicles will be approved as satellite units of existing, licensed multicare institutions under 19a-490
- Application will entail one form per vehicle
- 45 days for DPH to approve, inspection thereafter
- Application fee & renewal

▶ **Application**

- Description of services to be provided
- Insurance certificates
- Staffing directory & resumes
- Location where services will be offered

Requirements - consistent with DEA rule

▶ **Vehicle**

- Safe & alarm installed
- Bathroom
- Refrigerator
- Door to separate patient waiting area and dispensing/counseling area
- Separate medication storage not accessible to outside
- Trailers not permitted but vehicles may be retrofitted

▶ **Program**

- Diversion requirements mirror 21 CFR 1301.72
- Park at location registered with DEA and transfer medication at end of day
- Services may include admission, take home, tox screens & counseling
- Program to issue written policies on services offered & contingency planning

DSS

DSS Mobile Methadone Unit Set up

- No new CMAP enrollment is required
- For the brick and mortar Methadone clinic to dispense via a mobile unit, DSS will require proof that the mobile unit is certified/licensed. This certification will be tied to the existing methadone clinic enrollment allowing the clinic to bill for the mobile unit. DSS would like to leverage the certification panel process used for the SUD Demonstration Waiver. DMHAS to provide certification document to the Methadone clinic and the Methadone clinic will be responsible for uploading the certification information to their existing enrollment.
- We will require system changes to add Mobile OTPs to agencies' existing enrollments, including development of a process for uploading DMHAS Certification/Approval Document

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Questions...