State-Funded Service Definition

Title:	**Office Based Opioid Treatment (OBOT) Bundle**		
Type:	**State**	**Codes:**	**YA396**
Effective Date:	**5/1/2019**		

SERVICE DESCRIPTION

Office Based Opioid Treatment (OBOT) bundle is an evidence-based treatment for Opioid Use Disorder (OUD) provided in an outpatient office setting, rather than licensed Opioid Treatment Program. Medications and treatment oversight by buprenorphine waivered prescriber is key element. Counseling and recovery psychoeducation are also critical to promote stabilization and long-term recovery. Regular drug testing, medications, and medication monitoring are additional elements included in this bundle for State-funded members. Partners is working to expand local access to evidence-based practice treatments for OUD and recognizes that partnerships with physical health providers offers unique opportunities for high quality, non-stigmatized treatment. Medication Assisted Treatment (MAT) has consistently demonstrated the best outcomes for treating OUD.

Office Based Opioid Treatment is provided by a DATA2000 waivered prescriber and Licensed Clinical Addiction Specialist (LCAS). Full assessment and induction onto buprenorphine combination product (except for pregnant women or documented allergies may receive mono product). Supply medications based on clinical needs to manage withdrawal and promote recovery activities. Counseling and active recovery planning and management provided through individual, group and family sessions. Random drug screens, with definitive testing at initiation and when clinically necessary. Coordination of care with other providers and linking consumers to local resources to address social determinants of health needs and recovery promotion. Withdrawal symptoms are mitigated by medication, consumer is actively participating in treatment and recovery work.

PROVIDER REQUIREMENTS

Provider organization requirements include Licensed Independent Professionals, Primary Care Practices, Specialty Clinics, and SUD providers.

To be provided in outpatient, office setting, no facility license required. Some outreach could include home visits, electronically facilitated care, or transportation to facilitate ongoing engagement and overcome barriers to care.

Individual and group clinical services are expected, and will be driven by individual consumer need, rather than program requirements.
Contacts: at least weekly during initial induction and stabilization. 1 unit = 1 month.
Caseload size is determined by the federal waiver.
Consumers who relapse or struggle with recovery will also be seen more frequently, and referred to higher levels of care, when appropriate under American Society of Addiction Medicine (ASAM) guidelines. ASAM Level of Care for YA396: OTP
Minimum, 1 face-to-face monthly contact for stable consumers.
24/7/365 on call for crisis intervention is a requirement.

STAFFING REQUIREMENTS

Treatment must be provided and overseen by a physician or mid-level provider who has completed and remains in good standing with the federal buprenorphine waiver (DATA2000).
Caseloads may not exceed those federal limits.
Service may be provided to adults, age 18 and older with a diagnosis of Opioid Use Disorder.
Counseling may be provided by the waiver physician; however, this service also requires an LCAS or other fully licensed clinician with skills and experience treating addiction.

Professional licensed staff must receive the level of supervision required under their NC license. All Medication-Assisted Treatment must be overseen by the prescribing provider. Regular communication between team members is expected to maximize consistent, clinically appropriate care.

All staff will have training in treating addictions. The prescriber must obtain and retain the DATA2000 waiver to prescribe buprenorphine products.

POPULATIONS ELIGIBLE

The beneficiary is eligible for this service when all the following criteria are met:

a. A DSM-5 (or any subsequent editions of this reference material) diagnosis of a moderate or severe Opioid Use Disorder;
b. American Society for Addiction Medicine (ASAM) for Opioid Treatment Services (OTS) leveling completed and indicates appropriateness of this service;
c. Eligible and enrolled in State Benefit Plan
d. Willing to engage in Medication-Assisted Treatment (MAT)

UTILIZATION MANAGEMENT

Utilization review by MCO must be conducted after the first 30 days. Pass-through of 1 unit for 30 days once per fiscal year.

Initial authorization shall not exceed 3 units for 90 days. Updated treatment plan is needed with each concurrent request. Concurrent authorization shall not exceed 3 units for 90 days.

Maximum of 12 units (months) per year

SERVICE ORDERS

Service Orders must be completed by a physician prior to or on the day services are to be provided.

CONTINUED STAY CRITERIA

The beneficiary shall meet the following criteria for continued service:

a. The beneficiary is attending office visits and counseling as required, but the desired outcome or level of functioning has not been restored, improved, or sustained over the timeframe outlined in the beneficiary's treatment plan; or
b. The beneficiary has attended office visits and counseling as required, has achieved current treatment plan goals, and additional goals are indicated as evidenced by documented symptoms.

DISCHARGE CRITERIA

Either ONE of the following criteria must be met:

a. The beneficiary or legally responsible person no longer wishes to receive these services;
b. The beneficiary, based on presentation and failure to show improvement, despite modifications in the treatment plan, requires a more appropriate level of care;

c. The beneficiary has achieved current treatment plan goals and the desired outcome or level of functioning has been restored, improved, or sustained over the timeframe outlined in the beneficiary's treatment plan.

Note: Any denial, reduction, suspension, or termination of services requires notification to the beneficiary or legal guardian about their appeal rights.

Service is expected to last a minimum of nine months, with a year or longer preferred
A strong foundation in active recovery, and a consumer desire to titrate off medications are critical elements for successful discharge.

Consumers who fail 60% or more of their appointments over 45 days, or continue to use illicit or non-prescribed substances (including alcohol) after intervention and adjustment of medication and treatment regimen may be titrated off for clinical and safety reasons after 30 days of non-improvement.

DOCUMENTATION REQUIREMENTS

Comprehensive assessment, including lab work will be completed by prescribing provider prior to induction. This can be done collaboratively with office team. Payment for this is included in this service.

A treatment plan with evidence of consumer participation and agreement needs to be developed, based on this assessment, and formalized with achievable and personalized goals within the first month.

A contact note for each service and intervention will be completed and entered into the individual consumer record.

SERVICE EXCLUSIONS

No billing for behavioral health E&M codes or Outpatient CPT codes.