
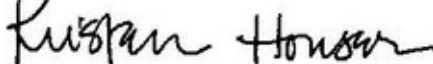


ISSUE DATE July 1, 2020	EFFECTIVE DATE July 1, 2020	NUMBER 01-20-08, 08-20-11, 11-20-02, 19-20-01, 21-20-01 and 31-20-08
SUBJECT Addition of Opioid Use Disorder Centers of Excellence Provider Specialty		
BY  Sally A. Kozak, Deputy Secretary Office of Medical Assistance Programs	BY  Kristen Houser, Deputy Secretary Office of Mental Health and Substance Abuse Services	

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 announce to providers enrolled in the Medical Assistance (MA) Program the process for enrolling as an Opioid Use Disorder Center of Excellence (COE) specialty type provider.

SCOPE:

This bulletin applies to all providers enrolled in the MA Program as provider types 01: Inpatient Facility, 08: Clinic, 11: Mental Health/Substance Abuse, 19: Psychologist, 21: Case Manager, or 31: Physician.

BACKGROUND/DISCUSSION:

In 2016, the Department of Human Services (Department) awarded grants to forty-five MA-enrolled providers to provide care management services to individuals with opioid use disorder (OUD) as COEs. Designed to increase access to Medication Assisted Treatment (MAT), improve coordination between physical and behavioral healthcare providers, and keep individuals engaged in the recovery process along the full continuum of care, COEs use community-based care management teams to coordinate the care of individuals with OUD. In addition to providing physical and/or behavioral healthcare services, including MAT, onsite,

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll free number for your provider type.

Visit the Office of Medical Assistance Programs Website at:
<http://www.dhs.pa.gov/provider/healthcaremedicalassistance/index.htm>.

COEs use a blend of licensed and unlicensed, clinical and non-clinical staff to coordinate the care needs of an individual to ensure that their treatment and non-treatment needs are met. In 2019, the Department announced a transition from grant funding to billing Physical Health and Behavioral Health HealthChoices Managed Care Organizations for care management services using procedure code G9012. With this bulletin, the Department is announcing a process to recognize providers to enroll in the MA program as a COE specialty type provider. Beginning January 1, 2021, only providers with the COE specialty type will receive payment for care management services billed using the G9012 procedure code.

PROCEDURE:

The following provider types are eligible for the COE specialty type. Specialty type 232-Opioid Centers of Excellence has been added to PROMISE for these provider types:

- 01: Inpatient Facility
- 08: Clinic
- 11: Mental Health/Substance Abuse
- 19: Psychologist
- 21: Case Manager
- 31: Physician

Providers, including providers who are currently designated as COEs by the Department, must sign a Supplemental Provider Agreement for Participation as a COE (see attached) and include a proposed service description (Appendix A to the attachment). The service description must demonstrate that the Provider has developed policies, protocols, and procedures to operationalize the following:

1. Providing at least one form of medication approved by the Food and Drug Administration for use in MAT at the enrolled service location in which COE Services are offered and to schedule individuals eligible to receive COE services (COE Members) for MAT induction within 24 hours of the COE Member's initial encounter with the COE Provider.
2. Accepting referrals 24 hours per day, 7 days per week, through mobile engagement teams that facilitate warm hand-offs by traveling to the location where an individual in need of COE services presents. Warm hand-offs can occur from an emergency department to treatment services, from treatment services to non-treatment recovery support services, or between levels of care for treatment services.
3. Utilizing an assessment tool or questionnaire to identify a COE Member's treatment and non-treatment needs and to refer COE Members to resources for identified non-treatment needs and social determinants of health, such as transportation, housing, nutrition/food, education, employment, training, legal services, and childcare.
4. Employing a community-based care management team, which must include a Certified Recovery Specialist credentialed by the Pennsylvania Certification Board, and may include peer navigators, nurses, social workers, and other provider types. The COE must employ sufficient staff to effectively manage their predicted caseloads.

5. Ensuring that each COE Member receives an American Society of Addiction Medicine (ASAM) Level of Care Assessment, conducted by either an employee of the COE Provider or a qualified provider who accepts referrals from the COE Provider.
6. Providing each of the following services directly or by referral to the COE Member's choice of provider enrolled in Pennsylvania's Medicaid Program:
 - a. Primary care, including screening for and treatment of positive screens for: HIV, Hepatitis A (screening only); Hepatitis B; Hepatitis C; and Tuberculosis.
 - b. Perinatal Care and Family Planning Services.
 - c. Mental Health Services.
 - d. Forms of medication approved for use in MAT not provided at the COE Provider's enrolled service location(s).
 - e. MAT for pregnant women, if the COE Provider does not provide MAT to pregnant women.
 - f. Drug and Alcohol Outpatient Services.
 - g. Pain Management
7. Referring and connecting COE Members as clinically appropriate to all ASAM levels of care within the timelines prescribed by the HealthChoices Program's Service Access Standards for emergency, urgent, and routine situations. These levels of care are: Early Intervention; Outpatient; Intensive Outpatient; Partial Hospitalization; Clinically Managed Low-Intensity Residential; Clinically Managed Population-Specific High-Intensity Residential; Clinically Managed High-Intensity Residential; Medically Monitored Intensive Inpatient; and Medically Managed Intensive Inpatient.
8. Utilizing electronic health records to document care management activities.
9. Complying with relevant federal and state confidentiality laws concerning protected information.
10. Providing access to naloxone to COE Members for overdose prevention purposes.
11. Administering the Brief Assessment of Recovery Capital survey to each COE Member within 30 days of the initial encounter with the COE Provider; re-administering the survey at six-month intervals; and collecting and reporting the results of the survey administration to the Department.
12. Identifying quantitative outcomes for clients, such as the target number of clients to receive COE care management services per month, target average duration of COE care management service receipt, target rate of referrals, or target average rates of improved scores on the Brief Assessment of Recovery Capital survey.
13. Using a formalized and documented quality improvement process.
14. Complying with the requirements of 62 P.S. § 1406(a) and 55 Pa. Code § 1101.63(a) by agreeing not to charge any COE Member enrolled in Pennsylvania's Medicaid program for covered services.

The service description should also address the COE Provider's program philosophy, goals, objectives, and expected outcomes. To do this, the COE Provider may include its mission or vision statement, a list of evidence-based practices used or to be used by the COE Provider, goals for the COE Provider as a program and for clients receiving COE care management services from the COE Provider, and objectives that support the achievement of

those goals. The service description should contain sufficient detail so the Department can determine that the provider can operationalize the responsibilities of a COE Provider.

Upon receipt of a provider enrollment application and accompanying documents, the Department or its representative will review the proposed service description. If the service description does not contain sufficient detail to show that the provider can operationalize the responsibilities of a COE Provider, the Department or its representative may request additional information, such as the process for ensuring that required timelines are adhered to and relationships with other provider entities to enable the COE Provider to refer COE members to other providers. The Department or its representative may also request revisions to the proposed service description.

Once the Department has completed its review of the service description, the service description will either be approved or denied. If the service description and application are approved, the provider will be enrolled as a COE specialty type for the provider type that reflects the provider's current enrollment.

Applications to be enrolled as Specialty Type 232- Opioid COE may be submitted any time before September 1, 2020 for enrollment and payment as an OUD-COE beginning on January 1, 2021.

Interested providers, including those who are currently designated by the Department as OUD-COEs, must submit an application using the online provider enrollment portal, electronic mail, or facsimile under one of the provider types listed above for the 232- Opioid COE specialty type, including an executed supplemental provider agreement for participation as a COE and a COE service description prior to September 1, 2020. Applications received after September 1, 2020 will be reviewed but may not be approved for enrollment prior to January 1, 2021.

Technical assistance will be available to COEs to assist them with the implementation of the COE model of care. In addition, all enrolled COEs are expected to participate in a COE Learning Network, which will include virtual webinars or other programs on specific topics relevant to the operation of a COE and a statewide in-person conference for all COEs.

ATTACHMENTS:

Supplemental Provider Agreement for Participation as an Opioid Use Disorder Center of Excellence (COE)

Appendix A to Supplemental Provider Agreement for Participation as an Opioid Use Disorder Center of Excellence (COE): COE Service Description Template.

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES
OFFICE OF MEDICAL ASSISTANCE PROGRAMS/
OFFICE OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES**

**Provider Agreement for Participation as an Opioid Use Disorder Center of Excellence
(COE)**

This Provider Agreement is effective January 1, 2021, for purposes of _____ [Provider's Name]'s (hereinafter "COE Provider") participation in Pennsylvania's Medicaid Program as an Opioid Use Disorder Center of Excellence specialty provider.

Whereas, the Department of Human Services ("Department"), Office of Medical Assistance Programs and Office of Mental Health and Substance Abuse Services ("OMAP" and "OMHSAS") administer Pennsylvania's Opioid Use Disorder Centers of Excellence Program ("COE Program"); and

Whereas, COE Provider seeks to provide services to persons eligible to receive COE services ("COE Members"); and

Now, therefore, this Supplemental Provider Agreement sets forth the responsibilities of the COE Provider, which are in addition to those set forth in the Medical Assistance Provider agreement and the Provider handbook.

COE Provider agrees to:

1. Submit a service description using the template in Appendix A to the Department for the Department's approval.
2. Provide at least one form of medication approved by the Food and Drug Administration for use in MAT at the enrolled service location in which COE Services are offered and to schedule individuals eligible to receive COE services (COE Members) for MAT induction within 24 hours of the COE Member's initial encounter with the COE Provider.
3. Accept referrals 24 hours per day, 7 days per week, through mobile engagement teams that facilitate warm hand-offs by traveling to the location where an individual in need of COE services presents. Warm hand-offs can occur from an emergency department to treatment services, from treatment services to non-treatment recovery support services, or between levels of care for treatment services.
4. Utilize an assessment tool or questionnaire to identify a COE Member's treatment and non-treatment needs and to refer COE Members to resources for identified non-treatment needs, such as transportation, housing, nutrition/food, education, employment, training, legal services, and childcare.
5. Employ a community-based care management team, which must include a Certified Recovery Specialist credentialed by the Pennsylvania Certification Board, and may

- include peer navigators, nurses, social workers, and other provider types.
6. Ensure that each COE Member receives an American Society of Addiction Medicine (ASAM) Level of Care Assessment, conducted by either an employee of the COE Provider or a qualified provider who accepts referrals from the COE Provider.
 7. Provide each of the following services directly or by referral to the COE Member's choice of provider enrolled in Pennsylvania's Medicaid Program:
 - a. Primary care, including screening for and treatment of positive screens for: HIV, Hepatitis A (screening only); Hepatitis B; Hepatitis C; and Tuberculosis.
 - b. Perinatal Care and Family Planning Services.
 - c. Mental Health Services.
 - d. Forms of medication approved for use in MAT not provided at the COE
 - i. Provider's enrolled service location(s).
 - e. MAT for pregnant women, if the COE Provider does not provide MAT to pregnant women.
 - f. Drug and Alcohol Outpatient Services.
 - g. Pain Management
 8. Refer and connect COE Members as clinically appropriate to all ASAM levels of care within the timelines prescribed by the HealthChoices Program's Service Access Standards for emergency, urgent, and routine situations. These levels of care are: Early Intervention; Outpatient; Intensive Outpatient; Partial Hospitalization; Clinically Managed Low-Intensity Residential; Clinically Managed Population-Specific High-Intensity Residential; Clinically Managed High-Intensity Residential; Medically Monitored Intensive Inpatient; and Medically Managed Intensive Inpatient.
 9. Utilize electronic health records to document care management activities.
 10. Comply with relevant federal and state confidentiality laws concerning the use of protected information.
 11. Provide access to naloxone to COE Members for overdose prevention purposes.
 12. Administer the Brief Assessment of Recovery Capital survey to each COE Member within 30 days of the initial encounter with the COE Provider; re-administering the survey at six-month intervals; and collecting and reporting the results of the survey administration to the Department.
 13. Identify quantitative outcomes for clients, such as the target number of clients to receive COE care management services per month, target average duration of COE care management service receipt, target rate of referrals, or target average rates of improved scores on the Brief Assessment of Recovery Capital survey.
 14. Use a formalized and documented quality improvement process.
 15. Comply with the requirements of 62 P.S. § 1406(a) and 55 Pa. Code § 1101.63(a) by agreeing not to charge any COE Member enrolled in Pennsylvania's Medicaid program for services.
 16. Provide any documentation requested by the Department or its representative for the purpose of validating the information included in a proposed service description or the COE Provider's conformance with an approved service description.
 17. Participate meaningfully in the COE Learning Network convened by the Department or its representative, as directed by the Department.
 18. Deliver COE services in accordance with the service description approved by the Department.

This Agreement shall continue in effect until it is terminated by either provider or the Department upon thirty (30) days prior written notice to the other party or until it is superseded by a new agreement. The notice of termination must state the date of termination.

(Provider signature)

(Date)

(Printed name of signatory)

(Title of signatory)

(Printed name of provider)

(Master Provider Index- MPI number)

(Provider address)

(Federal Employer Identification Number- Federal EIN)

(Telephone number)

(E-mail address)

Appendix A. COE Service Description Template.

Provider's Name: [Name of COE Provider as enrolled in the PROMISe system]

Service Name: Center of Excellence Care Management

County Contractor/Behavioral Health or Physical Health Managed Care Organization

Names: [Name(s) of the Behavioral Health or Physical Health Managed Care Organization(s) with whom the COE Provider will contract for payment and, if the COE Provider is a behavioral health services provider, the name of the county contractor.]

Description of Service: [The service description must address, at a minimum, the Provider's policies, protocols, and procedures to operationalize the following requirements:

1. Providing at least one form of medication approved by the Food and Drug Administration for use in MAT at the enrolled service location in which COE Services are offered and to schedule individuals eligible to receive COE services (COE Members) for MAT induction within 24 hours of the COE Member's initial encounter with the COE Provider.
2. Accepting referrals 24 hours per day, 7 days per week, through mobile engagement teams that facilitate warm hand-offs by traveling to the location where an individual in need of COE services presents. Warm hand-offs can occur from an emergency department to treatment services, from treatment services to non-treatment recovery support services, or between levels of care for treatment services.
3. Utilizing an assessment tool or questionnaire to identify a COE Member's treatment and non-treatment needs and to refer COE Members to resources for identified non-treatment needs, such as transportation, housing, nutrition/food, education, employment, training, legal services, and childcare.
4. Employing a community-based care management team, which must include a Certified Recovery Specialist credentialed by the Pennsylvania Certification Board, and may include peer navigators, nurses, social workers, and other provider types.
5. Ensuring that each COE Member receives an American Society of Addiction Medicine (ASAM) Level of Care Assessment, conducted by either an employee of the COE Provider or a qualified provider who accepts referrals from the COE Provider.
6. Providing each of the following services directly or by referral to the COE Member's choice of provider enrolled in Pennsylvania's Medicaid Program:
 - a. Primary care, including screening for and treatment of positive screens for: HIV, Hepatitis A (screening only); Hepatitis B; Hepatitis C; and Tuberculosis.
 - b. Perinatal Care and Family Planning Services.
 - c. Mental Health Services.
 - d. Forms of medication approved for use in MAT not provided at the COE Provider's enrolled service location(s).
 - e. MAT for pregnant women, if the COE Provider does not provide MAT to pregnant women.
 - f. Drug and Alcohol Outpatient Services.

g. Pain Management

7. Referring and connecting COE Members as clinically appropriate to all ASAM levels of care within the timelines prescribed by the HealthChoices Program's Service Access Standards for emergency, urgent, and routine situations. These levels of care are: Early Intervention; Outpatient; Intensive Outpatient; Partial Hospitalization; Clinically Managed Low-Intensity Residential; Clinically Managed Population-Specific High-Intensity Residential; Clinically Managed High-Intensity Residential; Medically Monitored Intensive Inpatient; and Medically Managed Intensive Inpatient.
8. Utilizing electronic health records to document care management activities.
9. Complying with relevant federal and state confidentiality laws concerning the use of protected information.
10. Providing access to naloxone to COE Members for overdose prevention purposes.
11. Administering the Brief Assessment of Recovery Capital survey to each COE Member within 30 days of the initial encounter with the COE Provider; re-administering the survey at six-month intervals; and collecting and reporting the results of the survey administration to the Department.
12. Using a formalized and documented quality improvement process.
13. Complying with the requirements of 62 P.S. § 1406(a) and 55 Pa. Code § 1101.63(a) by agreeing not to charge any COE Member enrolled in Pennsylvania's Medicaid program for services.]

Code for Billing and Reporting of Services Rendered: G9012

Program Philosophy, Goals and Objectives: [This section may include the COE Provider's mission or vision statement, any evidence-based practices used or to be used by COE Provider, goals for the COE Provider as a program and for clients receiving COE care management services from COE Provider, and objectives that support the achievement of those goals.]

Expected Outcomes: [This section may include quantitative measures such as target number of clients to receive COE care management services per month, target average duration of COE care management service receipt, target rate of referrals to each service identified in Description of Service above, or target average improvement of scores on the Brief Assessment of Recovery Capital survey.]