

OPIOID USE DISORDER CENTERS OF EXCELLENCE APPLICATION GENERAL INFORMATION

The Department of Human Services (DHS) is implementing 50 opioid use disorder (OUD) Health Homes or Centers of Excellence (COE) across the Commonwealth in State Fiscal Year 2016/2017. The 2016/2017 budget for the DHS includes \$34.2 million in state funds for this program that will treat over 11,250 new individuals with Opioid Use Disorder (OUD) in high quality care settings. This initiative will increase the capacity to care for those seeking treatment for OUD, as well as increase the quality of care. Each successful OUD-COE applicant will receive supplemental funding of \$500,000 to perform the following requirements:

- Deploying a community-based care management team
- Tracking/reporting aggregate outcomes
- Meeting defined referral standards for drug and alcohol as well as mental health counseling
- Reporting on standard quality outcomes
- Participating in a learning network

The payment will be split with \$330,000 issued at the start of the program and \$170,000 issued after six months of operations, during which specific performance processes are met. The majority of the OUD-COE payments must be used for care management/coordination of individuals with OUD. The OUD-COE will be expected to provide clinical expertise to the wider provider community in a “hub and spoke” model of care. Each OUD-COE will be expected to expand capacity to at least 300 new patients within 12 months. The OUD-COEs will be expected to collect and report quality outcomes. The Department will develop a dashboard that tracks the access and quality of care of service provided by the OUD-COE.

The initial phase of this program will be administered through the behavioral health (BH) system and the Office of Mental Health and Substance Abuse Services (OMHSAS). It will utilize the existing Single County Authorities (SCAs) to fund the expansion of Narcotic Treatment Programs licensed by the Department of Drug and Alcohol Programs (DDAP) at 25 facilities. These facilities will be encouraged to expand methadone treatment or buprenorphine and naltrexone treatment. In phase one, these centers of excellence will be implemented by 10/1/2016. In phase two starting on 1/1/17, the program will expand and be incorporated into the HealthChoices program adding 5 additional methadone/buprenorphine clinics through the behavioral health counties/managed care organizations (MCOs) and 20 buprenorphine/naltrexone prescribing physical health (PH) organizations through the PH MCOs.

SPECIFIC INFORMATION

General requirements:

All Center of Excellence (COE's) organizations must either be enrolled as a Medical Assistance (MA) provider at the time of application or if not currently a MA provider, must be enrolled by 9/1/2016. All COE's must be willing to attest that they will not charge Medical Assistance recipients cash for any OUD related services. All COEs must have and make use of an Electronic Health Record within 18 months of being designated an OUD-COE. It is highly recommended but not required that the COE obtain a patient centered medical home (PCMH) certification from an accredited organization within 24 months of being designated an OUD-COE.

Community Based Care Management Teams:

The OUD-COE must deploy a community based care management (CBCM) team that consists of licensed and unlicensed professionals. The CBCM team's activities must not overlap or be redundant to already existing reimbursed care management services. The care management team will work within their local community to accept warm hand offs of individuals with OUD from local emergency departments, state and county corrections facilities, and from primary care providers. It will also work with inpatient and outpatient residential drug and alcohol providers to assure individuals living with OUD transition from that level of care to the COE for ongoing engagement in treatment. The CBCM team will motivate and encourage individuals with OUD to stay engaged in both physical health and mental health treatments. Team members will facilitate recovery by helping individuals find stable housing and employment, and helping them reestablish family/community relationships.

Tracking/Reporting Access to Care and Quality Outcomes:

Each COE will be expected to track and internally report the following metrics at an individual and aggregate level:

- The number of individuals initiated in treatment and engaged for 30, 60, 90, 180, 365 days
- The percent of individuals evaluated within 1 business day of referral; percent of individuals diagnosed and referred for mental health conditions
- The percent of individuals receiving drug and alcohol counseling; percent of individuals referred for comprehensive pain management treatment
- The percentage of individuals concomitantly taking benzodiazepines or prescription opiates
- A time series survey for quality of life and movement towards recovery for each individual
- An annual validated patient satisfaction survey

This is not meant to be a comprehensive list. These measures must be reported to DHS at least annually at an aggregate level.

Participation in a Learning Network:

Each COE will be expected to use up to \$15,000 of the grant funding to do the following:

- Participate in a learning network that will include OUD treatment operational implementation and complex case based learning similar to the New Mexico ECHO learning model: <http://echo.unm.edu/>
- Establish a peer to peer telephonic consultative model where an addiction specialist is available for rapid support and advice
- Collaborate with local primary care providers to educate about screening, referral, and treatment for OUD
- Share best practices between COE's
- Work with telemedicine psychiatry providers in rural areas to increase the referral for appropriate treatment of behavioral health conditions.

Agency/Provider Information

Agency/Provider Name:

Agency/Provider Address:

Address – Line 2:

City:

State:

Zip Code:

County:

Contact Person (with regard to this application):

Email Address:

Direct Phone Number:

Executive Director:

Email Address:

Direct Phone Number:

Federal Employer ID Number (FEIN):

MA Provider ID Number (9-digits):

Service Locations (4-digits each):

Demographics (check all that apply)

Agency/provider type:

Community Mental Health Center

FQHC

FQHC Look-alike

Rural Health Clinic

Private Practice/Clinic

Outpatient Clinic

Hospital Clinic

Other (describe):

Affiliated with Residency Training Program

Affiliated with Medical School

Type of Area Served:

Urban

Rural

Suburban

PA Behavioral Health Zone:

http://www.dhs.pa.gov/cs/groups/webcontent/documents/report/c_084446.pdf

Southwest

North/Central State Option

Lehigh/Capital

Northeast

North/Central County Option

Southeast

Demographics (check all that apply)

PA Physical Health Zone:

<http://www.dhs.pa.gov/provider/healthcaremedicalassistance/managedcareinformation/statewidemanagedcaremap>

Southwest

Northwest

Lehigh/Capital

Southeast

Northeast

Agency/Provider Description

Please provide a brief (1-2 page) agency description that includes:

- A statement of purpose
- A vision for meeting all Opioid Use Disorder Center of Excellence requirements
- A plan to work within Pennsylvania's current healthcare reform initiatives

Selection Requirements

1. Is your organization currently licensed/certified by the Department of Drug and Alcohol Programs (DDAP) and the Office of Mental Health and Substance Abuse Services (OMHSAS) to provide:

a. Drug Addiction Treatment Services? Yes No

b. Mental Health Treatment Services? Yes No

2. If you answered "Yes" to question #1 (a or b), check all of the services below that you provide:

Methadone Treatment Program

Buprenorphine Treatment Program

Naltrexone Treatment

Drug-Free Treatment Program

Drug & Alcohol Treatment Counseling Services

Mental Behavioral Health Treatment

Physical Health Primary Care Treatment

Obstetrical Treatment

Lab Services

Other:

3. If you answered "No" to question #1 (a or b), check all of the services below that you provide:

Buprenorphine Treatment Program

Naltrexone Treatment

Mental Behavioral Health Treatment

Physical Health Primary Care Treatment

Obstetrical Treatment

Lab Services

Other:

Selection Requirements

4. Check all of the age-groupings of individuals that your organization currently serves:

- 0-12 13-18 19-64 Over 65

5. Does your organization currently have accreditation as a patient-centered medical health home (PCMH)?

- Yes No

6. If you answered "Yes" to question #5, please select the organization(s) through which your agency is accredited:

- Commission on Accreditation and Rehabilitation Services (CARF)
- Joint Commission (TJC)
- National Committee for Quality Assurance (NCQA)
- Other:

7. If you answered "No" to question #5, does your organization plan to become accredited as a patient-centered medical home within the next 24 months?

- Yes No

8. If you answered "No" to question #5, please describe your plan to obtain PCMH accreditation:

9. Does your organization currently utilize Electronic Health Records (EHR's)?

- Yes No

10. If you answered "Yes" to question #9, who is your current software vendor?

11. If you answered "Yes" to question #9, does your software meet the current Office of National Coordinator's (ONC) standards for interoperability?

- Yes No Do Not Know

Selection Requirements

12. If you answered "Yes" to question #9, did your organization receive a Meaningful Use payment from DHS's Electronic Health Record Medicaid incentive program or the Medicare Meaningful Use incentive program?

- Yes No Do Not Know

13. If you answered "No" to question #9, describe your organization's plan to implement an EMR within 18 months.

14. Do you have the capacity to expand your Medication Assisted Treatment program (MAT)?

Yes (Within the next 6 months, how many patients could enter your program?)

- 10-50 51-100 101-150 151-200 >200

No (Please describe what would prevent you from expanding?)

15. Within the next 12 months, will you have the capacity to expand your Medication Assisted Treatment program to 300 new individuals?

- Yes No Do Not Know

16. Does your organization's clinical team have the ability to evaluate 90% of new referrals for MAT within 1 business day?

Yes

No (What is the average time before a new referral is seen?)

- 1 business day 2-3 business days 4-5 business days >5 business days

Do not know

Selection Requirements

17. Does your organization measure patient satisfaction using a validated tool? Yes No Do Not Know

If “Yes,” please describe the following: 1) How this is accomplished? 2) How often it is done? 3) What validated tool is used? 4) Please include recent results.

18. Does your organization measure an individual's self-reported social determinants such as housing stability, employment, or family relationships that help indicate the movement towards recovery? Yes No

If “Yes,” please describe the following: 1) How this is accomplished? 2) How often it is done? 3) What validated tool is used? 4) Please include recent results.

19. Does your organization collect and report quality data?

Yes No

If “Yes,” are you able to collect and report the quality data electronically? Yes No

If “Yes,” what quality metrics are you measuring, and how are you utilizing them within your organization to improve quality?

20. Does your organization conduct internal clinical quality data reviews on a period basis?

Yes No

Selection Requirements

21. Do you currently employ licensed **care management/care coordination staff** such as nurses or social workers?

Yes No

If "Yes," how many full-time equivalent persons do you currently employ?

22. Do you currently employ unlicensed **care management/care coordination staff** such as peer recovery specialists, peer specialists, community health workers, and medical assistants?

Yes No

If "Yes," how many full-time equivalent persons do you currently employ?

23. If you answered "Yes" to question #21 or #22, check any of the following with which your care management team has regular contact:

- | | |
|---|---|
| <input type="checkbox"/> Local Emergency Departments | <input type="checkbox"/> County Prisons |
| <input type="checkbox"/> State Correctional Facilities | <input type="checkbox"/> Referring Primary Care Providers |
| <input type="checkbox"/> Mental Health Providers | <input type="checkbox"/> Medicaid Behavioral Health Managed Care Organization |
| <input type="checkbox"/> Medicaid Physical Health Organizations | <input type="checkbox"/> Local Housing Authorities |
| <input type="checkbox"/> Local Food Resources | |
| <input type="checkbox"/> Other: | |

24. If you answered "Yes" to question #21 or #22 and your organization currently is not licensed/certified by DDAP and OMHSAS to provide drug addiction treatment services, does your Care Management Team refer individuals with opioid use disorders to local licensed drug and alcohol providers for counseling services?

Yes No

Attestation Statement

I hereby attest that I am authorized by this Agency/Organization to execute this attestation, bind this Agency/Organization to the terms of this RFA and that I have read and understand the Requirements and Terms and the Conditions for Participation in the Opioid Use Disorder Centers of Excellence program. In addition, I acknowledge that the PA Department of Human Services, the PA Office of Mental Health and Substance Abuse Services, the PA Office of Medical Assistance Programs, the HealthChoices Managed Care Organizations, or the PA Department of Drug and Alcohol Programs may conduct site visits or inspections of this Agency/Organization to ensure compliance with Opioid Use Disorder Centers of Excellence program criteria or any information contained in this application.

Signature of Chief Executive Officer (typed name serves as signature)

Date: