Service Name	**Opioid Treatment Program (OTP)** **ASAM Level 1**
Setting	Outpatient opioid treatment clinic
Licensure, Certification, or Accreditation	The agency providing this service must be licensed as required by the DHHS Division of Public Health and accredited by CARF, The Joint Commission, COA, or other equivalent nationally recognized approved accrediting body that is approved by DHHS Division of Medicaid and Long-Term Care (MLTC) and accredited to provide the level of care applicable to this service as required by DHHS Division of Medicaid and Long-Term Care (MLTC) Individual providers must be licensed by the DHHS Division of Public Health as required by DHHS Division of Medicaid and Long-Term Care (MLTC) SAMHSA certified treatment centers must meet the regulatory requirements outlined in 42 CFR 8
Basic Definition	An Opioid Treatment Program (OTP) offers community-based outpatient addiction treatment, compliant with federal regulations for individuals diagnosed with an opioid use disorder (OUD) as defined in the Diagnostic and Statistical Manual (DSM), current edition, and meeting American Society of Addiction Medicine (ASAM) criteria, current edition, for placement in an OTP, as determined by the Licensed Diagnosing practitioner. Opioid Treatment Programs administer medications approved by the Food and Drug Administration (FDA) to treat opioid use disorder and the alleviation of the adverse medical, psychological, or physical effects of opioid addiction. Medications are provided in conjunction with rehabilitative and medical services
Service Expectations	• A Substance Use Disorder Assessment must be completed within 24 hours of the beginning of treatment by a licensed clinician operating within their scope of practice. The SUD Assessment must meet the requirements as noted in the SUD Assessment Medicaid Service Definition • If a substance use disorder assessment was conducted within the previous 12 months prior to admission to the service, and is determined to be clinically relevant, it can serve as the SUD assessment for this service. If there is new information available, an update to the SUD assessment must be documented in the form of an SUD addendum. The SUD addendum must reflect the individual's current status • If a substance use disorder assessment is indicated and was not conducted within the previous 12 months prior to admission to the service, or the prior SUD assessment is not relevant and does not contain the necessary information, then a substance use disorder assessment must be performed • Physical health assessment: includes medical history, physical examination and toxicology screen. This must be completed by a

	physician, physician assistant, or advance practice registered nurse within the first 24 hours of an individual's admission to the program. A physical exam helps identify withdrawal symptoms. Drug and alcohol screens may be administered to identify substances present in the individual's body. Other relevant medical conditions may also be investigated. (ex. TB and major organ function) • Dispensing and administration of opioid agonist medications: A physician, physician assistant or advance practice registered nurse must prescribe and document, in writing, the initial treatment dose and schedule to be followed for each individual. This information is to be communicated to the licensed medical staff supervising the dispensing of all opioid replacement treatment. • An initial treatment, recovery, and rehabilitation plan must be developed within 24 hours to guide the first 30 days of treatment • Under clinical supervision, develop an Individualized Treatment, Rehabilitation, and Recovery Plan, including discharge plan and relapse prevention, with the individual (consider community, family and other supports) within 30 days of admission. • Review and update the Individualized Treatment, Rehabilitation, and Recovery Plan every 90 days or more often as clinically indicated. Review must be completed under a licensed clinician with the individual and must include family, guardians, other supports as authorized by the individual • Psychotherapy services: Include individual, group and family psychotherapy to address the symptoms of addiction and related impaired functioning • Care coordination: Care must be coordinated through a collaborative process that implements, monitors, and evaluates the options and services required to meet the individual's needs and includes referrals to outside resources when the needed services are not offered by the OTP • Consultation, referral, or both for medical, psychological, psychopharmacology, social services, or spiritual needs • Discharge planning is an ongoing process that occurs through the duration of service. A Discharge summary must be completed prior to discharge • Initial and full Individualized Treatment, Rehabilitation, and Recovery Plans, Discharge Planning and Discharge Summaries must be completed in accordance with the requirements outlined in the document titled *Medicaid Requirements for Behavioral Health Services* • All services must be provided with cultural competence • Crisis assistance must be available 24 hours a day, 7 days a week **Maintenance and Sustained Recovery**: • The OTP also provides management for outpatient sustained recovery including methadone and buprenorphine, for the individual

	• Providers must establish a plan of care with a clinically appropriate maintenance period that is based on assessments of withdrawal symptoms using standardized scales • Maintenance medications for OUD must be based on the standards of care outlined in ASAM criteria, current edition
Length of Service	Length of service is individualized and based on clinical criteria for admission and continuing stay. The anticipated duration of the service must be documented in the treatment, recovery, and rehabilitation plan
Staffing (Detailed training and licensure requirements are referenced in the document titled *Medicaid Requirements for Behavioral Health Services*)	**Licensed Clinicians** May include: • Psychiatrist • Physician • Psychologist • Provisionally licensed psychologist • Advanced practice registered nurse (APRN) • Physician Assistant (PA) • Licensed Independent Mental Health Practitioner (LIMHP) • Licensed mental health practitioner (LMHP) • Provisionally licensed mental health practitioner (PLMHP) • Licensed alcohol and drug counselor (LADC) • Provisionally licensed alcohol and drug counselor (PLADC) **Other staff may include:** • Registered Nurse (RN) • Licensed Practical Nurse (LPN) • Care Managers **Medication Dispensing** Eligible provider types who can administer medication: • Physician • APRN • RN • LPN under the supervision of the OTP Physician or APRN All staff must meet the qualifications and supervision requirements as defined in the document titled *Medicaid Requirements for Behavioral Health Services* All staff are required to work within their scope of practice to provide mental health, substance use disorder, or co-occurring mental health and substance use disorder treatment
Staffing Ratio	It is a provider's responsibility to ensure their services meet any and all staffing ratio requirements as determined by the Division of Behavioral Health, the Division of Public Health and any relevant accrediting bodies. MLTC regulations do not have specific criteria regarding staffing ratios for this service.

Hours of Operation	Typical business hours with evening and weekend hours available by appointment
Desired Individual Outcome	• The individual's use of opioids, that hinder recovery and the ability to achieve an improved level of functioning for major life tasks, is eliminated • The individual achieves remission of target symptoms and symptoms associated with opioid use disorder are mitigated. A relapse prevention and discharge plan has been created by the individual and appropriate licensed staff to address issues that may arise in the future
Admission Guidelines	• The individual meets the diagnostic criteria for Opioid Use Disorder, as defined in the Diagnostic and Statistical Manual (DSM), current edition, as well as American Society of Addiction Medicine (ASAM), current edition, dimensional criteria for admission to this service • The individual meets specifications in each of the six ASAM dimensions. • It is expected that the individual will be able to benefit from this treatment • This level of care is the least restrictive setting that will produce the desired results in accordance with the needs of the individual
Continued Stay Guidelines	It is appropriate to retain the individual at the present level of care if: • The individual is making progress but has not yet achieved the goals articulated in the individualized treatment, recovery, and rehabilitation plan. Continued treatment at this level of care is assessed as necessary to permit the individual to continue to work toward their treatment goals, or • The individual is not yet making progress but has the capacity to resolve their problems. The individual is actively working toward the goals in the individualized treatment, recovery, and rehabilitation plan. Continued treatment at this level of care is assessed as necessary to permit the individual to continue to work toward their treatment goals, or • New problems have been identified that are appropriately treated at this level of care. This level of care is the least intensive level of care at which the individual's new problems can be addressed effectively • To document and communicate the individual's readiness for discharge or need for transfer to another level of care, each of the six dimensions of the ASAM criteria must be reviewed. If the criteria apply to the individual's existing or new problem(s), they should continue in treatment at the present level of care