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Founding Organizing Partners
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for the Treatment of Opioid
Dependence

State of Indiana and Provider Response to the Opioid Crisis

Written by Erin LaCourt, Indiana Board Delegate

In 2015, the Indiana General Assembly temporarily lifted the moratorium on licensing of new opioid treatment programs that could utilize methadone in a medication assisted treatment format. Stipulations included the allowance of five new licenses to be opened to community mental health centers that could meet the state and federal requirements for initiating and managing an opiate treatment program. The Indiana Division of Mental Health and Addiction (DMHA) set forth the parameters in 2016 that would determine the need for opioid use disorder treatment in any proposed area, with

the purpose of siting five new opiate treatment programs by July 1, 2017.

Stipulations on the physical location of a proposed site were set regarding proximity to existing opiate treatment programs. But there were also exceptions that could be made based on need in the proposed program's geographic area. Data to be reviewed included data on emergency room visits and mortality reports resulting from opioid misuse; infection rates such as hepatitis-c and HIV; coverage in the community by pain clinics; level of criminal activity related to opioid use; and review of prescription monitoring program [See Indiana Page 2](#)

Summary of AATOD's Leading National Initiatives

Written by Mark Parrino, M.P.A., AATOD President

While our Board members focus on reports from the states, I am providing a summary of our leading national initiatives.

Medicaid Reimbursement

AATOD has been working with our treatment provider colleagues throughout the United States with regard to increasing access to Medicaid reimbursement for OTPs treating Medicaid-eligible patients. There is good news on a number of fronts, which is discussed in different parts of this newsletter. Indiana has approved Medicaid reimbursement for OTPs for the first time. The state of Maine has approved Health

Home Medicaid reimbursement for OTPs as the quality of services expand for patients in an OTP setting. The state of Georgia has implemented a Medicaid rate for OTPs and the states of Kentucky and West Virginia have submitted waiver applications to CMS Medicaid in order to provide access to Medicaid reimbursement for their OTPs. The state of Illinois has also recently approved Medicaid reimbursement for OTPs.

OTP Siting Guidelines

New OTPs are being sited in different states throughout the country as a method of increasing access to treatment. SAMHSA has reported receiving a steady [See National Initiatives Page 3](#)

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data, known as INSPECT, related to opioid prescribing habits within the proposed program's geographic area. All five licenses have been awarded, and the Indiana Association of Opiate Treatment Providers along with DMHA are working to provide support and guidance to these five new programs.

This expansion was in response to the growing epidemic of opioid dependence in Indiana, with alarming growth of intravenous drug use. Indiana received national attention in early 2015 when HIV infection rates increased alarmingly in Scott County in Southern Indiana. This rise was attributed to the sharing of infected needles, cotton and cooking mechanisms for users of Opana, a pharmaceutical opioid. Scott County was also experiencing a rise in hepatitis-c infections prior to the HIV rate spike, and the community understood that intravenous drug use was the culprit.

From 2015 and to date, Indiana State Government has responded not only with treatment program expansion but also with funding. In July to September 2017, the Indiana Office of Medic-

“In July to September 2017, the Indiana Office of Medicaid worked with DMHA to categorize provider enrollment, provide coding of rendered services, and set reimbursement rates for opiate treatment programs to be able to bill Medicaid specifically for medication assisted treatment with methadone.”

aid worked with DMHA to categorize provider enrollment, provide coding of rendered services, and set reimbursement rates for opiate treatment programs to be able to bill Medicaid specifically for medication assisted treatment with methadone. During

the public comment period on the reimbursement metric, the Indiana Association of Opiate Treatment Providers was well received in communicating provider concerns and suggestions on how to make the proposed structure both meaningful in services and care for patients and financially viable for providers.

Response to the Medicaid reimbursement for opiate treatment in Indiana is overwhelmingly positive. Provider goals are to not only be able to overcome the financial barrier for people not yet in treatment, but also to enhance the income budgeting potential of existing patients, who have been struggling in other recovery areas, such as housing and transportation, due the financial strain of paying for treatment with legal means. Opiate treatment providers in Indiana look forward to continued efforts in working with State of Indiana Government to help our communities in the opioid crisis.

Maryland's Vigorous Response to the Opioid Epidemic

Written by Kenneth Stoller, MD, Maryland Board Delegate

As local and national attention to the opioid epidemic continued to heat up over the past year, Maryland responded in a robust, multi-faceted manner, with overhauls to long-standing reimbursement structures of opioid treatment programs, major changes in legislation, and several declarations and calls to action to prominent figures.

Governor Larry Hogan declared an Opioid State of Emergency announcing a supplemental budget of \$50 million for comprehensive actions over a five-year period. Passage of the Heroin and Opioid Prevention Effort and Treatment Act (HOPE) was a critical piece in addressing the epi-

demic. The HOPE Act requires hospitals to set new procedures for discharging those who receive treatment for substance use problems. Additionally, it establishes both a 24-hour emergency hotline and a 24/7 treatment center for individuals experiencing mental health or substance use crises. Furthermore, it also increases availability of naloxone, creates public awareness campaigns and education programs, and strengthens enforcement efforts.

On the reimbursement front, long standing Maryland regulations for opioid treatment programs were replaced with regulations that allow for more individualized, flexible clinical practice within programs. The new regulations rely on the strict accreditation standards under which the state

has begun issuing new licenses, raising the bar for quality standards that are consumer centered. The rebundling of opioid treatment programs' Medical Assistance reimbursement structure was a controversial yet clinically driven move by the state. The proposed budget-neutral changes allowed opioid treatment programs to bill for counseling, evaluation and management visits, and methadone induction as separate charges, rather than being bundled within one weekly code.

Maryland is very fortunate to have bold leadership in our Governor, Legislature, Behavioral Health Administration and Baltimore City Health Commissioner, as well as our committed MATOD affiliates.

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number of applications to open new OTP sites and we have been encouraged by the expansion in Indiana, Ohio, and New York State. AATOD released its new OTP Siting Guidelines for the field as a method of encouraging the development of new OTP sites and having such programs work with elected and appointed officials in the community.

Release of Benzodiazepine Guidelines

AATOD also released benzodiazepine clinical practice guidelines to guide the clinical decisions that are made within the OTPs in treating patients, who ei-

ther use or abuse benzodiazepines. The guidelines respond to an increasing number of inquiries that we are receiving with regard to this clinical matter. Let us hope that the guidelines provide a useful guide so that patients are treated rather than discharged. Recent recommended labeling changes for methadone and buprenorphine products, made through the Food and Drug Administration, have supported the development of such guidelines and practice standards. At the time of increasing opioid use disorder and the need to access continued care, it does not make any sense to exclude patients from treatment if they are suffering with comorbid conditions and using other medica-

tions to treat such comorbid disorders

Continue to work with SAMHSA and the DEA

We continue to work with the Substance Abuse and Mental Health Services Administration and the DEA with regard to the coordination of federal policy in this domain. It is anticipated that the DEA will release its mobile van standards very shortly so that patients may increase access to care through such facilities as they are connected to the bricks and mortar Opioid Treatment Programs. It is also anticipated that the DEA will have its best practice standards revised for OTPs during the first quarter of 2018.

New Legislative and Regulatory Actions in Georgia

Written by Stacey Pearce, Georgia Board Delegate

In Georgia, we have many things that have happened since the AATOD Newsletter of October 2016. In the first part of 2017 the Georgia Legislature passed another bill that impacted our field, Senate Bill 88. It outlined a new application process, divided the State into 49 regions, and limits clinics to four per region except where more than four are already in operation. There is a waiver process that will allow more than four clinics if need can be shown within the region that is already capped. The application process will be a very big change for us in Georgia as it established an open enrollment period, mandatory attendance at an information forum, submission of a letter of intent, and then finally the potential to be able to submit an application for a new location. The application requirements have also changed significantly and will require more community involvement on behalf of the proposed provider.


Senate Bill 88 and one requirement in House Bill 249 made it necessary to develop new regulations for facilities. HB 249 requires an annual survey of every facility by Health

care Facility Regulations within the Department of Community Health. Providers and representatives of the Opioid Treatment Providers of Georgia were included in the development of the regulations and the result should be positive for treatment, patients, and providers. As of the writing of this article, the new regulations have not gone into effect but we anticipate they will be approved by the Department of Community Health Board within the next month.

Another development during this past year allowed multiple providers to begin accepting and billing Medicaid for medication assisted treatment services. The process for providers to become accepted has been a bit longer and more difficult than some of us anticipated, but there are finally clinics outside the Atlanta metropolitan area that can accept Medicaid. Many of us are working together to navigate this new system and provide services to patients that otherwise wouldn't be able to afford treatment! Our next objective is to begin working to be able to bill for buprenorphine treatment

within facilities, and be able to bill for take-home medication as the current reimbursement only covers doses provided for in-house consumption.

With all of these changes coming up it looks like 2018 should be an interesting year for providers in Georgia!



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Update on Navigating the Challenging Waters of Medication Addiction Treatment

Written by Ann Jamieson, MS, Oklahoma Board Delegate

The Oklahoma Association for the Treatment of Opioid Dependence (OKATOD) recently convened a successful third annual conference, Navigating the Challenging Waters of Medication Assisted Treatment, at the historic 21 C Museum Hotel in Oklahoma City. The opening plenary speaker was Mark Parrino, President of American Association for the Treatment of Opioid Dependence. An additional plenary session was given by Ray Caesar, Oklahoma State Opioid Treatment Authority and a 2016 recipient of the Nyswander/ Dole award. Educational workshops were provided on com-

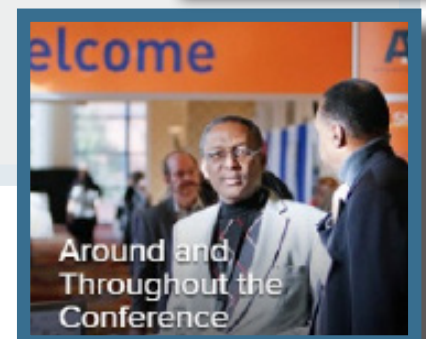
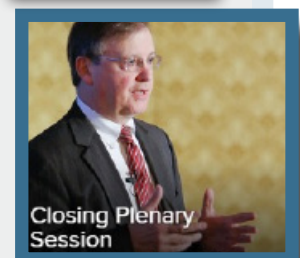
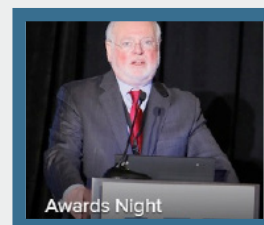
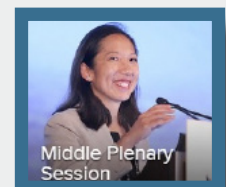
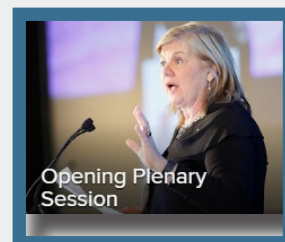
prehensive treatment for the unique needs of OTP patients including Mindfulness for Treatment of Anxiety and Depression, Diversity based addiction counseling, Treatment of Pain in addiction, and Bridging the Gap Between Abstinence Based Treatment and MAT.

The goal of this conference was to provide awareness of the need for comprehensive services for the patient with Opioid Use Disorder in the OTP and the dangers of stigma to their recovery. Presentations included instruction on the nature of opioid use disorder and the treatments available and how to expand needed services for the OTP patients in Oklahoma. OKATOD was created with the mission of

educating the community regarding medication assisted treatment and coordinating services with the criminal justice system, medical community, and the behavioral health system. OKATOD's main function is to create unique and ground-breaking educational experiences for its annual conferences. By all measures the third annual OKATOD conference was a success. It was well-attended and resulted in increased collaboration between the addiction treatment community and the mental health and medical field in Oklahoma. OKATOD will hold its fourth annual conference in October 2018 in Oklahoma City.

2016 AATOD Conference Photos Are Now Available

We hope these photos provide lasting memories. For those who could not get to Baltimore, this is what can be expected in anticipation of the 2018 AATOD Conference. To view these 6 conference albums, please visit the AATOD website or visit the AATOD FB page.



STR Grant Increases Access to Buprenorphine in California OTPS

Written by Jason Kletter, PhD - California Board Delegate

California has more Opiate Treatment Programs (OTPs) - 140 - and more patients in treatment - 50,000 - than any other state. However, despite California's long history of support for OTPs, a funding formula approved by the legislature in 2011 inadvertently made Medi-Cal (California's version of Medicaid) funding for buprenorphine in OTPs more complicated. So, while, coverage of buprenorphine prescriptions in other settings, including primary care, has been available for years, there has been no access for Medi-cal beneficiaries in OTPs.

The California Opioid Maintenance Providers group (COMP, the California AATOD affiliate), has been working diligently with the state over the past several years to find solutions to this challenge. Through many meetings with the state Department of Health Care Services (DHCS), we have developed two mechanisms to add buprenorphine coverage in OTPs.

The first coverage strategy is part of a larger 1115 Medicaid waiver. The "Organized Delivery System" developed by DHCS in 2014 is part of a larger effort to move oversight and funding of Medi-cal substance use disorder treatment services to the 58 counties. While this approach is fraught with challenges, the intent to add additional services not previously covered by Medi-cal, such as buprenorphine in OTPs, residential services and case management, justifies increased complexity. Counties are slowly opting-into the waiver thus increasing access to buprenorphine in OTPs.

The second coverage mechanism is part of broader a systems-change initiative. DHCS has elected to utilize the majority of its State Targeted Response (CURES) Grants, authorized

by prior congress and approved by SAMHSA this year, to develop hub and spoke systems (H&SS) across the state. The H&SS model follows closely the model developed by the state of Vermont in 2012. Fundamentally, the model employs OTPs as hubs or centers of excellence where patients can be inducted onto any of the three federal-

“Through many meetings with state Department of Health Care Services (DHCS), we have developed two mechanisms to add buprenorphine coverage in OTPs.”

ly-approved medications for opiate use disorder (OUD). In the case of patients using buprenorphine or Vivitrol, patients can be stepped-down to a lower level of care and continue to get their medications from community prescribers. The key piece that makes the H&SS model work so effectively, is the funding of a MAT Team. The MAT Team is comprised of a counselor/case manager and nurse who travel to the various spokes to provide the support services often unavailable at private practice physician offices. This way, the physician can prescribe the medication with full confidence that patients will have many more “touches” with clinical staff to ensure engagement, retention and compliance, all of which result in better patient outcomes.

In July, DHCS identified 19 awardees (17 OTPs) to receive funding under the Grant. Over the next two years, these OTPs will be working

to build develop systems for buprenorphine use as well as developing their networks with FQHCs, private practice physicians and other “spokes” in order to increase access to all levels of MAT, creating a robust continuum of care in the process.

So, while the state has been slow to develop funding for buprenorphine in OTPs, we now have two innovative models for increasing access to evidence-based care with a goal of moving more people with OUD into recovery.

Visit the AATOD website to read up on our newest policy statements:

Medication-Assisted Treatment for Opioid Use Disorder in the Justice System Fact Sheet

We hope this Fact Sheet will guide representatives to better understand how federally approved medications are best used in treating opioid use disorder.

Recommendations in Siting New OTPs in the United States

These recommendations should be used as a guide for OTPs as new programs are cited throughout the country.

Guidelines for Addressing Benzodiazepine Use in Opioid Treatment Programs

It is our collective hope that these guidelines will serve as a resource to our membership and field.

New Regulations Governing the Use of Buprenorphine in Virginia

Written by Ed Ohlinger, Virginia Board Delegate

During the 2017 Session of the Virginia General Assembly, a package of legislation was introduced by Delegate Todd Pillion and Senator Ben Chafin to address the opioid epidemic. Included in the package, was legislation that stated that the Virginia Board of Medicine should adopt regulations to address the issues of increasing incidents of the diversion of buprenorphine. Their intent being to have regulations to ban the prescribing of buprenorphine without naloxone except for pregnant women.

The Virginia Board of Medicine established a Regulatory Advisory Panel that began discussing potential regulations to prevent the over-prescribing of buprenorphine without naloxone in response to law enforcement, state agency, and legislator's concerns that patients were receiving and selling the mono formula product improperly.

The Board of Medicine took

swift action and in February, 2017 formally adopted regulations for the

“Their intent being to have regulations to ban the prescribing of buprenorphine without naloxone except for pregnant women.”

prescribing of buprenorphine that explicitly state the buprenorphine mono-product should not be prescribed or distributed to patients at any outpatient treatment facility, (OTP, OBOT, or Pain Clinic).

Following the passage of the regulations, the Board of Medicine received over 100 written comments from physicians and patients stating patients were experiencing negative side-effects and experiencing allergic reactions to Suboxone and were unable to take the medication, consequently abandoning treatment. Patients asked the Board to at least provide an exception for individuals who experience an allergic or negative reactions to Suboxone. The Board voted to amend the regula-

tions to allow a physician to prescribe Subutex to up to 3% of his or her patients receiving medication assisted therapy if the prescriber documents and provides clinical reasons in the medical record.



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Please visit the AATOD website for more details.

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You Will Be Missed...AATOD Loses Two of Its Board Members



Edward J. Higgins passed away peacefully on October 8, 2017 surrounded by his loving family. Ed was a NJ native who frequently spoke about his early days in Hobo-

ken and his later life at the Jersey Shore. He served his country honorably in the US Navy during the Vietnam War. Ed began working in the field of methadone treatment in 1973. In 1984, he was instrumental in forming a provider corporation that facilitated the transition of thirteen (13) state-sponsored methadone programs into a group of private, non-profit entities. Ed was CEO/Executive Director of JSAS HealthCare from July 1984 until his passing.

Ed had a long history with AATOD which will never be forgotten. He not only served as the long-term NJ Board delegate, but he was also a founding member of AATOD in 1984 when it was known as the Northeast Regional Methadone Treatment Association. Ed served as AATOD's Corporate Secretary until 1997, Chaired the Finance Committee, energetically volunteered for roles at the AATOD Conferences and mentored new Board members.

Anyone who knew Ed, also knew he loved watching sports. He was a devoted Rutgers University sports team fan with season tickets.



Shirley Linzy passed away on September 12, 2017 after a monthlong battle with multiple myeloma. Shirley was the Clinic Director and Supervising Nurse at the Adelson Clinic for

Drug Abuse Treatment & Research in Las Vegas. Shirley began working at the clinic before opening its doors to patients in 1999. "Shirley quickly became a pillar of our clinic and of the wider world of addiction-disease treatment. After two years as our nurse -in-charge, she became the clinic director," as Dr. Miriam Adelson expressed in her eulogy of Shirley.

Shirley was a rare gem. According to her family members, she loved challenges and she thought she could do anything. She was born, raised and educated in Chicago where she went on to earn both a BS and MS in Nursing. She later earned a Doctor

of Nursing Practice from Touro University Nevada.

Shirley was a proud mother and wife. Shirley volunteered her time with the Adelson Educational Campus conducting drug testing for all Upper School students and staff. The students lovingly called her "Nurse Shirley" for she was known for her genuine care for each of them.

Shirley served as Nevada's delegate on the AATOD Board for over 10 years and Chaired the 2012 AATOD Conference in Las Vegas. Shirley often spoke to us about the professional enrichment brought to her from Chairing the AATOD Conference.





9 OUT OF 10
participants would recommend
this program to others!

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November 15, 2017 @ 2PM EST

42 CFR Part 2 Webinar:
What's changed under the Final Rule?

LEGAL ACTION CENTER

Snapshot Updates: AATOD's President Was Recognized for His Exceptional Work in Methadone Maintenance



Faces & Voices of Recovery presented AATOD's own, Mark Parrino, with the Lisa Mojer-Torres Award at its Annual America Honors Recovery Gala on July 17th. This award marks a significant accomplishment for Mark and AATOD as Lisa Mojer-Torres was

a founding member of Faces & Voices Recovery and long-time patient advocate. Mark Parrino has been involved in the delivery of health care and substance abuse treatment since 1974. Mark continues to be responsible for the development and implementation of the Association's organizing initiatives. He is the leading consultant, expert and educator to the government, community and business groups concerning substance abuse treatment and policy. Mark is also the recipient of the Robert Wood Johnson Foundation Innovators Award for 2003. Congratulations, Mark! We are proud and think the world of your work and dedication!

Mark Your Calendars

Increasing Medicaid Utilization for OTPs

We are planning to host a 6th installment of our popular Medicaid series of webinar. Stay tuned for details in the upcoming weeks...

Stay Connected...

AATOD, Inc.
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Word on the Street:

What is being said about the
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"This is the best conference in the country for integrating science and staff training for all levels of providers in the treatment of opioid dependence. The strength of the AATOD Conference is that it is a balance between disseminating the latest research data and providing practical clinical tools."

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available at the end of this month.

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