

Criteria for Opioid Use Disorder Performance Incentive

This performance incentive is available to all drug and alcohol outpatient, inpatient hospital and inpatient non-hospital Community Behavioral Health (CBH) contracted providers.

Threshold requirements include having the appropriate license to implement the program and being a service provider in good standing. CBH will determine if a provider is in good standing by reviewing information gathered through various departments across DBHIDS. A determination is based on, but not limited to, the following criteria: re-credentialing status history, compliance error rate history, quality improvement plan status, and financial solvency. When applicable, state licensure status will also be reviewed and taken into consideration and discussed with PA Department of Human Services.

Applicants must outline their policies and procedures for each of the following bullet points in each of the four sections: Provision of Medication-Assisted Treatment (MAT); Access and Staffing; Customer Service and Cultural Responsiveness; and Marketing.

I. Provision of Medication-Assisted Treatment (MAT)

- Direct provision and induction of MAT for buprenorphine, Vivitrol and/or methadone.
- Program policy to align with Pennsylvania Department of Drug and Alcohol Programs (DDAP) Policy Bulletin No. 18-04 regarding urinalysis requirements for narcotic treatment programs. This policy states that narcotic treatment programs must complete an initial drug-screening but are not required to wait for the final results to initiate MAT. Furthermore, if UDS is negative but there is evidence of withdrawal and use, proceed with assessment and treatment as appropriate.
- Willingness to explore impact of fentanyl on MAT titration
- Ability and willingness to treat individuals who may test positive for multiple substances (i.e. benzodiazepines, methadone).
- The ability to start a member in treatment prior to receiving records from previous level of care such as outpatient, intensive outpatient (IOP), etc.

II. Access and Staffing

- Offer walk-in and open access during non-traditional work hours, such as evening and weekends.
- Ensure prescribing capability spans across operating hours by utilizing alternative staff scheduling to spread out shifts for CRNPs, Physician Assistants, and Physicians to avoid limiting prescribing capabilities.
- Require CRNPs, Physician Assistants, and Physicians to complete the Buprenorphine Waiver training.
- All level of staff must participate in recovery oriented training on Substance Use Disorders (SUD) and the SUD Treatment Continuum (for referrals and service coordination), and MAT as best practice for Opioid Use Disorder, eliminating stigma around MAT.

- Level of care recommendations should be based on clinical assessment and mutually determined with educating individuals on clinically appropriate treatment recommendations.
- Willingness to have staff from DBHIDS on-site including CBH Clinical Care Managers and BHSI ICM Assertive Case Managers.
- Track and record high volume times for walk-ins/open access to the facility and maintain regular communication with DBHIDS staff regarding access challenges and notably trends.
- Willingness to follow DBHIDS Recommended Guidance for confirming ID with CBH Member Services.

III. **Customer Service and Cultural Responsiveness**

- Dedicated front desk or engagement staff person for all hours of operation to ensure individuals are greeted/engaged immediately upon arrival.
- Policies and procedures are consistent with responding to OUD as a medical emergency, instead of a chronic disease.
- Ensure assessments are completed within two hours of arrival to the facility.
- Document outcomes for **all** individuals that enter the facility, regardless of whether they were presented to CBH for authorization (i.e. eligibility checked with CBH Member Services, assessment completed, referred to _____, individual left after waiting for X hours prior to being assessed, etc.) to capture challenges related to treatment engagement.
- Policy to complete assessments with individuals who present without ID and to connect them with appropriate resources to obtain ID (PPP, HAP, etc.).
- Use of Certified Recovery Specialists and/or Certified Peer Specialists.
- Have customer service policy or protocol ensuring promotion of recovery, engagement, empathy, compassion, understanding, patience, and evidence-based practices for all staff levels, including security and front desk staff.
- CBH Member Services phone number visibly posted in waiting room for members to contact with access challenges.
- Proactively coordinate referrals to BHSI ICM Assertive Case Management Team
- A warm hand-off must be coordinated for all individuals upon discharge, including transportation to next level of care.
- Maintain a warm, welcoming physical environment that is comfortable for members.
- Ensure cultural responsiveness with targeted communities.

IV. **Marketing**

- Provide marketing materials that promote treatment services and strategies to increase staff presence in the community.
- Provide transportation from neighborhood hotspots to the facility.
- Establish and maintain communication strategy with advocates and outreach teams.