Provider Bulletin # 18-07
Community Behavioral Health
Requirement for All Crisis Response Centers (CRCs) and Drug and Alcohol Licensed Providers to Establish Protocols to Assist Individuals in Accessing Evidence-Based Treatment, Including Medication-Assisted Treatment
June 1, 2018 (Amended June 22, 2018- see footnote #1 below)

All licensed CRCs and drug and alcohol providers must develop polices to ensure members seeking services have access to and are linked quickly with evidence-based treatments, particularly medication-assisted treatment (MAT). All licensed CRCs and drug and alcohol providers are required to submit a policy for each level of care entitled **Evidenced-based Treatment Linkage** by **July 1, 2018** to address the points below, as applicable, and should include internal plans for quality monitoring and follow up. Providers will also be required to submit quarterly data corresponding to the policies beginning **January 14, 2019** (see details at the end of this Bulletin).

1) All CRCs and drug and alcohol treatment providers should address how they are incorporating medication-assisted treatment (MAT) options into treatment planning. The policy should describe how programs discuss MAT options including buprenorphine, methadone, and naltrexone ER with members for the treatment of opioid use disorder (OUD). As part of quality assurance, the provider must track and aggregate the number of individuals with OUD who are receiving MAT and submit this data to CBH quarterly.

Informed consent discussions including risks, benefits, and alternatives should be documented in the member's medical record. For providers who do not have a prescriber, details should be provided about how MAT options will be incorporated into treatment planning discussions and informed consent, and formal agreements with other providers who can provide such treatment.

2a) Outpatient drug and alcohol treatment providers should describe how they plan to enhance access to treatment, particularly evidence-based treatment such as MAT. Providers should choose from either offering enhanced night or weekend hours or a set number of dedicated open access hours. Alternatively, providers can detail their specific plan to promote access. A detailed description of what enhancements are being offered should be provided. Providers offering methadone or buprenorphine will also be expected to track and report time from a member's first appointment (with any staff) to the time of induction. All data should be submitted to CBH quarterly. When time to induction is longer than 24 hours, on average in any quarter, an Action Plan will be requested, to include a root cause analysis.

2b) Residential drug and alcohol providers including detoxification (4A, 4B, 3A, 3B, 3C, 2B) should describe how they are ensuring that admissions are occurring during night and weekend hours. Providers are expected to track admissions occurring across shifts and should submit this information to CBH quarterly.

2c) Crisis Response Centers (CRCs) should describe what policies they have implemented to promote aftercare linkage for members with substance use disorders who are discharged to community-based levels of care. Such policies should highlight the elements of a "warm handoff" to outpatient drug and alcohol providers as well as detail subsequent tracking and follow up. CRCs are expected to track data on transition activities on members being referred to community drug and alcohol providers and submit these quarterly to CBH.

The Evidence-based Treatment Linkage policies are due **July 1, 2018** and should be sent to your assigned Provider Representative for review. Quarterly reports should be sent to Michele Kane at Michele.Kane@phila.gov, with the first one due **January 14, 2019**[1], covering tracking from October, November, and December 2018**. A template for the quarterly submissions will follow this Bulletin.** Questions regarding this Bulletin can be directed to your assigned Provider Representative.

[1] This date has been changed from the original date of October 1,2018 to allow providers additional time to prepare to meet this requirement.