

Overview of the FY 14/15 Addiction Treatment Pilot Program

The Department of Mental Health and Addiction Services was given authority and related funding to develop a program to provide addiction treatment, including medication-assisted treatment, to persons who are offenders within the Criminal Justice System, and are selected to be participants in the program because of their dependence on opioids, alcohol, or both. This program was originally established as the Addiction Treatment Pilot program (ATTP) by the FY 14/15 biennial budget bill and was available in Crawford, Franklin, Hardin, Mercer and Scioto counties with certified drug court programs. The ATTP's evaluation was conducted by Case Western Reserve University and the report was submitted to the OhioMHAS in December 2015.

Overview of the FY 16/FY17 Addiction Treatment program.

The FY 16-17 budget removed the word pilot and expanded the Addiction Treatment Program (ATP) to a total of fourteen counties - Allen, Clinton, Cuyahoga, Franklin, Gallia, Hamilton, Hardin, Hocking, Jackson, Marion, Mercer, Montgomery, Summit, and Warren counties who are conducting medication-assisted treatment (MAT) drug court programs. In addition to the fourteen counties listed above, in FY 17, the ATP was able to expand to eight more counties- Butler, Clermont, Lake, Lorain, Lucas, Mahoning, Stark, and Trumbull. This program expansion is possible, in part, because of the ability to leverage increased access to Medicaid as a payer for the Medication-Assisted treatment and clinical services, which was not available when the pilot was originally contemplated. The Addiction Treatment Program includes more rigorous timeline and selection criteria for the research entity. The Treatment Research Institute (TRI) has been selected to assess the program impact and identify barriers to implementation and sustainability. The OhioMHAS will continue to work with the Supreme Court of Ohio, Department of Medicaid, and local partners to assure a smooth implementation.

ATP Frequently Asked Questions- Updated 09/08/2016

- 1. Question:** How much of the funds can each client use per month and what can funds be used for?
Answer: Each ATP client can utilize \$2,000 per month to fund treatment services (including MAT) and recovery supports. The \$2000 per month must first be used to cover clinical and medication needs. To the extent that clinical and medication needs are met within this payment, time limited it may also be used to cover expenses associated with recovery supports and other costs that eliminate barriers to treatment and that are specific to the individual's needs. Once the individual has another payer source (i.e., is enrolled in Medicaid or commercial insurance), ATP funds may continue to be utilized for clinical services and recovery supports that are not covered by the other payer source. Providers are permitted to move funds between clients when necessary and allow the utilization of leftover funds from one client to be spent on another client that may have expenses that exceed \$2,000.
- 2. Question:** What are Recovery Supports?
Answer: A recovery support is a form of assistance intended to help an individual with addiction or mental health needs, or a member of the family of such an individual, to initiate and sustain the individual's recovery from alcoholism, drug addiction, or mental illness. Common recovery supports might include, but are not limited to, housing, transportation, childcare, and co-pays for private insurance. Please see the response to Question one above to see how funds can be utilized to cover recovery supports.
- 3. Question:** Does treatment services include residential?

Answer: Residential treatment can be covered however, \$2000 per client per month rate is been built on an outpatient level of care. It is our expectation that the community partners will work collaboratively to determine appropriate clinical placements. Please see the response to Question one when considering using ATP funds for treatment in a residential setting.

4. **Question:** If a person enters the program and they have Medicaid coverage can the funds be used for non-Medicaid covered services or supports?

Answer: Yes. Previously, ATP funds were only available until the individual became enrolled in Medicaid or had another payer source. However, currently, changes have been implemented to allow for insured clients to utilize ATP funds for co-pays and time limited recovery supports.

5. **Question:** Are individuals in Community Corrections or jail eligible for ATP?

Answer: Yes. If an individual is in a secure facility such as Community Based Correctional Facility (CBCF) and in an ATP participating drug court, then ATP funds can be used to cover treatment costs and recovery supports.

6. **Question:** If an agency provides treatment services but does not currently provide MAT do they need to modify the services/programs they deliver to include MAT?

Answer: No. Local agencies should collaborate to provide treatment using an integrated service delivery model. This could include coordination of care between a prescriber and the community addiction services provider.

7. **Question:** Is there a comprehensive list of treatment services covered and eligibility?

Answer: OhioMHAS certifies treatment services and programs in accordance with OAC 3793: 2-1-08. Examples of treatment services include: Diagnostic Assessment, IOP, Urinalysis, individual treatment, group treatment, family treatment, medical and non-medical community residential treatment, case management, medication assisted treatment, crisis intervention, and ambulatory detoxification services.

8. **Question:** What are the eligibility requirements for the ATP?

Answer: ATP clients must be enrolled in the drug court, have an opioid and/or alcohol addiction, and must be eligible for MAT. An MAT-eligible client will have a diagnosis of opiate dependence or alcohol dependence and following medical evaluation, offered the option of utilizing an antagonist (Vivitrol) or partial agonist (Suboxone) in their treatment. MAT eligible clients are 1) those who qualify for MAT but opt to not use medication and 2) those who qualify for MAT and opt to utilize the medication.

9. **Question:** Drug Testing is a critical piece of any MAT court project. Courts here are coordinating testing so that their overall cost is reduced. Is there any consideration for allowing us to reimburse courts for a portion of drug testing cost? We have a random selection generator that the courts use and they record all of the tests by client. It would be easy to do an extract specific to those involved in ATP.

Answer: Funds can be used by treatment providers to cover the cost of drug testing. We encourage treatment providers to work with the courts to identify how to cover the drug testing costs.

10. **Question:** Do courts have to turn in Specialized Docket Payroll Subsidy Reports if they are in ATP?

Answer: Certified Drug Courts should submit reports in accordance with the Specialized Docket Payroll Subsidy requirements.

11. **Question:** Who determines the recovery support needs and who initiates them?
Answer: This is a clinical determination based upon the individual's needs. Please refer to question one for use of funds and to question two for the definition of recovery supports.
12. **Question:** Can these funds be used to cover the time for the case manager or clinician while at drug court and in treatment team? Often a six to ten hour day.
Answer: No.
13. **Question:** Is the local ADAMHS Board responsible for deciding what provider is assigned? Is there Drug Court input?
Answer: ADAMHS Boards and drug courts must work together to determine which providers will deliver treatment services.

Medicaid Specific Frequently Asked Questions

1. **Question:** Can the Medicaid transportation benefit be used for on call drug testing appointments or to go to drug court?
Answer: Please contact the care management contacts identified for each Medicaid Managed Care Plan (MCP) to confirm how the transportation benefit can be used to support ATP participants (e.g., on call drug testing appointments or to go to drug court).
2. **Question:** Will Medicaid pay for the maintenance medication if administered onsite for OTP/NTP programs?
Answer: MHAS certified providers (95) should bill Medicaid FFS or the MCPs for ATP participants as they would for any Medicaid patient.
3. **Question:** When do managed care plans have to submit the list of care coordinators per county to ODM and OMHAS?
Answer: Each MCP identified a single point of contact for its care management department; providers and courts can reach out to this single point of contact to request any needed assistance from the MCP.
4. **Question:** During induction there will be numerous dose changes, do you want a communication form for each dose increase?
Answer: At the point of induction, the provider should submit an initial communication form to the MCP. If there are dose changes during the induction phase, the provider is not required to submit a new communication form to the MCP.
5. **Question:** An OTP does not have an X DEA number, does the OTP use the Dr. DEA number on communication form?
Answer: Yes.
6. **Question:** If you are only using Vivitrol, Do you still need the DEA numbers of the physicians?
Answer: No.
7. **Question:** In an OTP the client comes to the clinic daily for a dose that is administered by a nurse, do you need the doctors' DEA number?

Answer: Yes

8. **Question:** How long should managed care plans enter a prior authorization? A

Answer: Per the legislation, Medicaid FFS and MCPs are prohibited from prior authorizing MAT for ATP drug court participants. For each ATP participant, the MCP should implement system edits that reflect the end date of the ATP (i.e., June 30, 2017) or the date the individual is no longer participating in ATP.

9. **Question:** Are we able to encourage clients to pick certain managed care plans? Example CareSource over Buckeye?

Answer: No, only individuals who are licensed by the Ohio Department of Insurance may market a specific plan to potential enrollees.

TRICEP Data Entry Specific Frequently Asked Questions

**Only applicable to counties participating the evaluation- Allen, Clinton Cuyahoga, Franklin, Gallia, Hamilton, Hardin, Hocking, Jackson, Marion, Mercer, Montgomery, Summit, Warren*

1. **Question:** Is there any reimbursement for data collection?

Answer: Not through this funding source. Please note that OhioMHAS administers a Specialized Docket Payroll Subsidy grant to cover limited staffing expenses associated with certified specialty dockets. Court staff whose salaries are funded via this program could have ATP data collection as part of their job responsibility.

2. **Question:** What are the system requirements to get access to the TRI system?

Answer: You must have Internet Explorer in order to input data into the TRI system. For technical assistance, please submit an email inquiry to the central ATP mailbox. The email will be forwarded to the appropriate party.

3. **Question:** Does the system have the ability for multiple treatment providers?

Answer: Yes; an unlimited number of treatment providers can access TRI's web-based Court Evaluation Program (TRI-CEP) data collection system; it will be necessary for access rights to be established. Please contact Chris Nicastro for technical assistance.

4. **Question:** Is TRI working collaboratively with the OhioMHAS to produce the reports necessary to evaluate ATP and provide oversight and monitoring or will there be additional data collection required for this purpose?

Answer: There will not be additional client level data reporting requirements beyond what TRI will be collecting. TRI and OhioMHAS will continue to work collaboratively to make sure we have the appropriate data to evaluate ATP and related oversight and monitoring.

5. **Question:** If we have someone who is not eligible for MAT, do we track them as research participant?

Answer: No. Only MAT eligible clients are included in this evaluation. As a prerequisite, an MAT-eligible client will have a diagnosis of opiate dependence or alcohol dependence and following medical evaluation, offered the option of utilizing an antagonist (Vivitrol) or partial agonist (Suboxone) in their treatment. MAT eligible clients are 1) those who qualify for MAT but opt to not use medication and 2) those who qualify for MAT and opt to utilize the medication.

6. **Question:** Are we able to separate the clients who roll over in the data collection system?
Answer: Only MAT-Eligible participants who are admitted to the Drug Court after January 1 will be tracked in the evaluation tool. Prior admissions will not be tracked in TRI-CEP.
7. **Question:** When the screening is filled out, will the information go to TRI or the court?
Answer: All Information entered into the web-based Court Evaluation Program (TRI-CEP) and Client Assessment Program (TRI-CA) tools will go to TRI. TRI may provide summary aggregate reports to the courts. TRI will be working closely with Courts and providing continuing technical assistance and support. The need for the development of aggregate reports will be based on discussions between TRI and the Court.
8. **Question:** Are we responsible for logging the client and waiting for them to fill the survey out?
Answer: Courts or treatment programs (depending upon client flow for a particular drug court program) will need to log clients into t TRI's web-based client data collection tool, TRI-CA (Client Assessment program) and wait for them to complete their survey items. The TRI-CA info that clients complete (such as satisfaction surveys, current drug use, participation in the program) is self-administered and confidential, so it is important to provide a level of privacy to clients as they complete their data entry. Again, TRI will work with each of the participating courts and programs to assist with client flow and internet access issues to facilitate data collection and successful participation in the evaluation.
9. **Question:** Are we going to be able to use this data collection system for everyone?
Answer: No. It will not be possible to use the data collection system for everyone at this time. Only portions of the TRI-CEP data collection system necessary to conduct the evaluation will be available for use and only MAT – eligible docket enrollees in the 15 named counties will be included and tracked in this system.
10. **Question:** By new clients after 1-1-16, do you mean new clients to Drug Court or new clients to a particular provider?
Answer: New clients entering into the Drug Court.
11. **Question:** Should all clients entered into drug court be entered into the TRI database regardless of them receiving medication?
Answer: Yes.
12. **Question:** Who is responsible for initial input into TRI-CEP? The client may contact a provider before letting Drug Courts know.
Answer: The data entry can depend. Typically, the court will be the one to enter the initial client data, as the client was most likely enrolled in drug court before being referred to treatment providers or other services.
13. **Question:** Once a participant is enrolled in ATP, what happens if they transfer to another provider (data entry etc.)?
Answer: Each court (the person who initially enters a client) will be responsible for assigning the client to a treatment provider. This will be a drop down box listing each provider working with the court. If a client switches providers, the court will be responsible for indicating that on the screen. Once this switch happens, the new provider will be able to see the previous data entry for the client but the former provider will no longer be able to see the client data.