

Access To Recovery II
Buprenorphine/naloxone (Suboxone) Twelve (12) Month Protocol

Target Population(s)

- Adults 18 years of age and older dependent on opiates and:
- Involved with appropriate DOC, CSSD or DCF programs
 - New users of opiates (within the last 3 years)
 - DOC clients with a prescription for Suboxone
 - Have no other payer source including GA
 - Willing to participate in a twelve (12) month protocol
 - Show significant motivation toward recovery

Exclusionary Criteria

- Currently receiving methadone maintenance
- Significant untreated psychiatric comorbidity (e.g. psychosis)
- Comorbid dependence or abuse of benzodiazepines
- Pregnant or breastfeeding
- Significant medical complications (e.g. end-stage liver disease)
- Active or chronic suicidal or homicidal ideation or attempts

Definitions

- Office Based Opioid Treatment (OBOT):** Office based treatment is medication assisted treatment provided by a physician using a **prescription** to supply the medication to the patient.
- Opioid Treatment Program (OTP):** OTP's are the traditional methadone maintenance programs that provide medication assisted treatment by providing a daily **dose** of medication to the patient.
- Clinic Based Opioid Treatment (CBOT):** Clinic based opioid treatment is medication assisted treatment provided by a physician who is affiliated with or a staff member of a DMHAS contracted behavioral health treatment provider.

Proposed Treatment Setting:

Clinic Based Opioid Treatment (CBOT)

DMHAS will certify existing GA BHP contracted outpatient agencies to provide this service to the intended target population. Providers must establish a protocol that links a prescribing physician and a pharmacy with the clinical services (MOA/MOU recommended). The pharmacy can deliver the medication to the agency on a weekly basis. The physician must be affiliated with the clinical provider. ATR would reimburse for individuals that have no entitlements. Provider must be able to treat or refer individuals that are HIV and/or HCV positive to appropriate care services as needed. Providers must be able to treat or refer individuals with complicated psychiatric conditions to appropriate care services as needed. Providers must have clinical staff on site who are familiar with medication assisted treatment and staff that can provide a medical assessment/education to individuals if needed (MD, LPN, APRN, RN). Existing OTP's can participate in CBOT through their primary care offices or establish an office based Suboxone program using their medical director.

Certification/Credentialing

ABH has established an Ambulatory Opioid Detoxification (Buprenorphine/naloxone) credentialing application.

Payer Source

DMHAS will pay providers an established bundled rate under the ATR Program which encompasses the medication, medical services (e.g. blood work) and outpatient counseling services. ABH will establish the billing procedure codes, authorization timeframes and billing cycle timeframes.

Clinical Protocol(s)

DMHAS will introduce a twelve (12) month protocol under the ATR Program.

Concurrent Clinical Services

Concurrent clinical services are required and reimbursed under this protocol. . Examples of clinical services for specific phases are as follows:

Induction Phase: Individual counseling and urinalyses

Stabilization: Weekly individual counseling, weekly group counseling, and urinalyses

Maintenance Phase: Monthly individual counseling, monthly group counseling, urinalyses

Two Month Taper: Biweekly individual counseling, group counseling, urinalyses

Reimbursement Rates

A detailed reimbursement rate will be available to certified providers. The approximate reimbursement rate for the twelve (12) month protocol is \$6,000 per service recipient.

Specific Requirements:

Phase I: Induction

- a. Day 1 dose may not exceed 8mgs.
- b. Day 2 dose may not exceed 16 mgs.
- c. Day 3 dose may not exceed 24 mgs.
- d. Prescriptions during this phase may not exceed 2 days worth of medication

Phase II: Stabilization:

- a. Prescriptions during this phase may be done weekly

Phase III: Maintenance:

- a. Prescriptions during this phase may be done weekly for the first 3 months.
- b. Prescriptions for months 4-9 may be done bi-weekly with the physician's approval.

Phase IV: Taper

- a. Prescriptions during this phase may be done weekly

Conditions that require rapid taper (5 days) or transfer to methadone maintenance:

- a. Pregnancy
- b. Emergence of benzodiazepine dependence
- c. Unremitting (e.g. 6-8 weeks) illicit opioid use despite at least a 24 mg. dose
- d. Inappropriate medication usage (diverting medication for sale or illicit use)
- e. Complications (medical or psychiatric) due to Suboxone based on physician assessment