



OTP Compliance

April 12, 2017

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REGULATIONS

- 42 CFR 8 Medication Assisted Treatment For Opioid Use Disorders
 - 10.09.80 Community-Based Substance Use Disorder Services
- 10.09.36 General Medical Assistance Provider Participation Criteria
 - 10.63 Community-Based Behavioral Health Programs and Services
 - Maryland Health Occupations

Subject to an audit

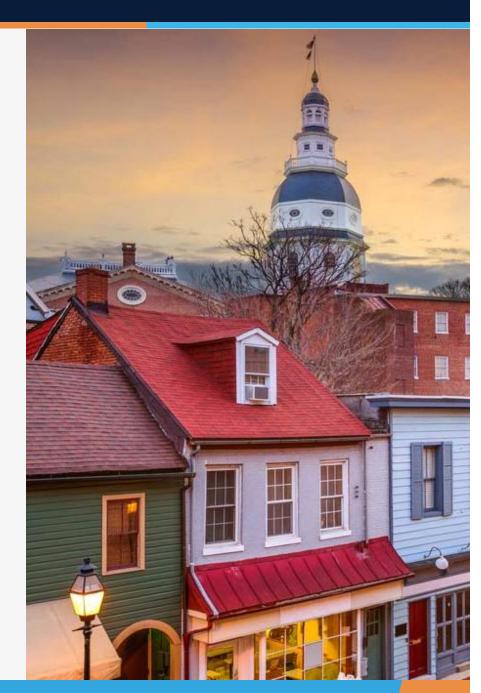


- 1 to 2 week notification from the lead auditor
 - Phone call
 - Email and/or Certified Mail
- COMAR 10.09.36.03
- COMAR 10.09.80.04
- COMAR 10.63.01.05
- COMAR 10.63.02.03
 - Allows for unannounced audits
- 24 hours prior to audit receive consumer sample
 - Minimum of 10 consumers

What does the audit consist of?

Staffing Review

- Quality of Documentation
 - Billing Review



STAFFING

Program Sponsor

Medical Director

Clinical Staff

■ All meet the qualifications outlined under COMAR 10.09.36.02,

COMAR 10.09.80.02, Maryland Health Occupations, and 42 CFR 8.2

QUALITY OF DOCUMENTATION



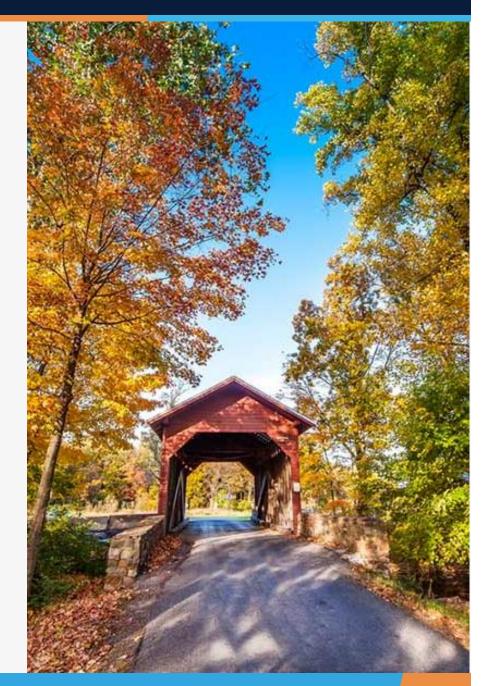
Areas:

- Consents
- Medical Necessity Criteria
- Assessment
- Treatment Plan
- Counseling Services
- Toxicology
- Guest Dosing (when utilized)
- Discharge Planning

Consents

- Signed and dated consent?
 - 42 CFR 8.12

- MD Medicaid/BHA Authorization
 To Disclose Substance Use
 Treatment Information for
 Coordination of Care
 - Beacon Health Options
 Provider Alert, March 27, 2015
 and August 13, 2015



Medical Necessity Criteria



- Documentation should support ASAM
 - Assessment
 - Treatment Plan
 - Progress/Contact Notes
- Documentation should match ProviderConnect

COMAR 10.09.80.04 B

Assessment

- Completed prior to service rendered
- Include the required areas
 - Physical Health
 - Drug and alcohol use
 - Treatment History
 - Referrals physical & mental health
 - Recommendation for level SUD treatment
- Completed by an appropriate clinician signed and dated

42 CFR 8.12

COMAR 10.09.80.05 A

Treatment Plan

- Addresses individual biopsychosocial needs
- Includes:
 - Short range goals with objectives
 - Strategy for implementation/frequency
 - Requirements for
 - Education/Vocational/Employment
 - Medical/Psychosocial/Economical/Legal
 - Any other services
- Signed and dated by
 - Clinician
 - Participant

Treatment Plan (con't)

Updated as the participants needs change

- COMAR 10.09.80.01 B
- COMAR 10.09.80.05 G
- 42 CFR 8.2
- 42 CFR 8.12



Counseling Services

Required to provide substance use disorder counseling

Level 1 Group Substance Use Disorder Counseling

Level 1 Individual Substance Use Disorder Counseling

PT 50 may provide Level 2.1 IOP

PT 50 may provide Level 2.5 PHP

42 CFR 8.12

COMAR 10.09.80.06

Toxicology

- Toxicology tests ordered
 - 8 random drug abuse tests per patient per year
 - Point of care presumptive drug testing
 - Definitive drug testing completed by a laboratory
 - 42 CFR 8.12
 - COMAR 10.09.80.05 G
- Toxicology results
- If **POSITIVE** results:
 - Treatment team addressed with the participant
 - Appropriate action was taken

Guest Dosing

- Home OTP faxes signed guest dosing order to Guest OTP
 - Home OTP maintains copies in participant's record
- Guest OTP maintain a copy of order and the dosing history
 - Guest OTP notifies Home OTP if participant does not show up or cannot be dosed

- Participant returns to Home OTP
 - Home OTP confirms last dose with Guest OTP

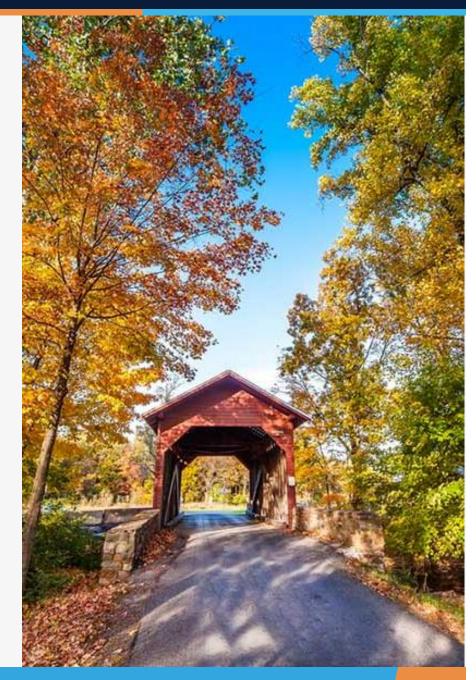
COMAR 10.09.80.05

Discharge Planning

Completed discharge plan

- Contain
 - 1. Goals and Objectives
 - 2. Recommendations
 - 3. Referrals

- COMAR 10.09.80.01 B
- COMAR 10.09.80.05 G



Progress/Notes

Each contact must have a progress/contact note

"If it isn't documented, it didn't happen"

- Required Elements
 - Date of service with START and END times
 - Services received
 - Reason for visit
 - Description of service
 - Signed by rendering practitioner
 - COMAR 10.09.80.03 C

Resources

Code of Federal Regulations

https://www.ecfr.gov/

Code of Maryland Regulations

http://www.dsd.state.md.us/COMAR/ComarHome.html

Maryland Health Occupations

http://www.lexisnexis.com/hottopics/mdcode/

Thank you

