



Promoting Access to Comprehensive Opioid Treatment in Maryland

Minutes from September 13, 2017 meeting

Meeting called to order at 12:00 PM

MATOD Board Members present: Howard Ashkin, Vickie Walters, Mariana Izraelson, Babak Imanoeel and Ken Stoller (Marian Currens excused)

MATOD Members present: See the Sign-In sheet

MATOD Members via phone: Donna McTaggart and Nicol Lyon (Acadia – Cumberland and Pine Heights, Heather Carmine (Elkton Treatment Center), Barry Page (BHA), Ann Ciekot (Public Policy Partners), Amiel Chicheportiche (Pikesville Health Services), Amy Park (Baltimore County Bureau of Behavioral Health), Kisha Winston-Watkins and Stacey Jefferson (Behavioral Health Systems – Baltimore)

BHA: Frank Dyson, Mary Viggiani, and Margie Donahue

Minutes from July 12, 2017 were approved

1. SOTA Updates: Frank Dyson, Mary Viggiani and Margie Donohue

CURES / MORR Grant:

- Health promotion division: Maryland Addiction Consultation Service (MACS) will be a “warm line” to help physicians and other prescribers who want to prescribe buprenorphine, partnering with UMMS. MACS will contact community prescribers starting in October with outreach to many jurisdictions to educate prescribers about becoming waiver approved, to increase availability of Buprenorphine from trained prescribers.
- Naloxone awards have been made to several jurisdictions, in response to RFI to increase Naloxone trainings. Baltimore City will have Harm reduction outreach teams to provide Naloxone trainings.
- Margie Donahue shared that BHA is working with Maryland Public Television to launch 2 “stigma-reduction” PSA campaigns. One will be general and one will focus on Medication Assisted Treatment. PSAs will include how patients can “talk to your doctor” if being prescribed opioids and information about the State’s “Before It’s Too Late” website. BHA also is looking to use Social Media and other electronic marketing methods to provide information related to addiction education, resources and stigma-reduction.
- In response to questions and requests, BHA will provide MATOD with contact information for BHA’s Communications Point of Contact (Ms. Kim Jones), and State social media resources that promote SUD education and stigma reduction.

OTP Audits

Frank Dyson confirmed that BHA and Medicaid finalized the OTP Audit Tool, which will be sent out by Beacon as a Provider Alert. The Audit Tool will also be posted on Beacon's website in the Compliance section. OTPs were reminded that the major reasons for retraction of Level 1 and Level 2.1 paid claims were:

1. Lack of a Release of Information / Consent to Treatment
2. Lack of a Treatment Plan
3. Lack of documentation of billed services
4. Lack of "proper staffing" (Mary Viggiani will provide clarification of what "improper staffing" refers to)

MAT patient access to Beacon-covered Residential services

Frank reminded membership that 10.63 stipulates that programs may not discriminate against patients receiving medications as part of their Opioid treatment services.

BHA was asked to reinforce this with Residential providers, given the long history of access difficulties, and some providers requiring patients to taper their dosing.

Dr. Stoller provided information of how some halfway houses store patient medications for their daily use.

Other State Updates:

Frank Dyson asked OTPs be familiar with SAMHSA's 8 criteria for Take Homes, including patient "time in treatment" before submitting Take Home Exception requests. OTPs can contact Frank with questions before submitting formal requests, if needed.

BHA continues to lead workgroups regarding the implementation of last year's Quality of Care recommendations with multiple stakeholders and OTP Medical Directors, in preparation for a follow up report to the 2018 Legislature.

2. Maryland Insurance Administration (MIA) presentation

Joy Hatchette, representing the Maryland Insurance Administration, provided information how the MIA can assist consumers and providers with private insurance claims, denials and appeals.

Ms. Hatchette explained that the MIA has jurisdiction over and regulates private insurance organizations. They do not regulate Medicaid, Medicare or **self-funded insurance programs**. A few examples of self-funded programs include the State of Maryland, Johns Hopkins Medicine and several large telecommunication companies.

Her contact information and the link to her presentation are provided below:

Joy Hatchette
Associate Commissioner Consumer Education & Advocacy
Maryland Insurance Administration
200 St. Paul Street, Suite 2700
Baltimore, Maryland 21202
(410) 468-2029

joy.hatchette@maryland.gov

<http://insurance.maryland.gov/Consumer/Documents/publications/Opioid-Presentation-MIA.pdf>

3. Law Enforcement & the Judiciary: OTP reported experiences

A discussion was held regarding the rise of Vivitrol “Drug Courts” – especially in Harford and Cecil Counties.

Members shared experiences of patients being told by Judges to terminate treatment with Methadone to prepare for Vivitrol or face incarceration. One OTP reported a fatal overdose by their patient under these circumstances.

Members were asked to contact Frank Dyson and Dr. Yngvild Olsen if they experiencing any of these problems. Ann Ciekot suggested sharing this problem with the Opioid Command Center

Ken Stoller shared SAMHSA’s 2015 position that “drug court grantees are banned from ordering participants off MAT”. The following excerpt is from SAMHSA’s 2015 RFA for “Treatment Drug Courts”:

MAT is an evidence-based substance abuse treatment protocol and SAMHSA supports the right of individuals to have access to FDA-approved medications under the care and prescription of a physician. SAMHSA recognizes that not all communities have access to MAT due to a lack of physicians who are able to prescribe and oversee clients using anti-alcohol and opioid medications. This will not preclude the applicant from applying, but where and when available, SAMHSA supports the client’s right to access MAT. This right extends to participation as a client in a SAMHSA-funded drug court. Applicants must affirm, in Appendix II: Statement of Assurance, that the treatment drug court(s) for which funds are sought will not deny any eligible client for the treatment drug court access to the program because of their use of FDA-approved medications for the treatment of substance use disorders (e.g., **methadone, buprenorphine** products including buprenorphine/naloxone combination formulations and buprenorphine mono-product formulations, naltrexone products including extended-release and oral formulations, disulfiram, and acamprosate calcium). Specifically, methadone treatment rendered in accordance with current federal and state methadone dispensing regulations from an Opioid Treatment Program and ordered by a physician who has evaluated the client and determined that methadone is an appropriate medication treatment for the individual’s opioid use disorder must be permitted. Similarly, medications available by prescription must be permitted unless the judge determines the following conditions have not been met:

- the client is receiving those medications as part of treatment for a diagnosed substance use disorder
- a licensed clinician, acting within their scope of practice, has examined the client and determined that the medication is an appropriate treatment for their substance use disorder
- the medication was appropriately authorized through prescription by a licensed prescriber.

In all cases, medication assisted treatment (MAT) must be permitted to be continued for as long as the prescriber determines that the medication is clinically beneficial. Grantees must assure that a drug court client will not be compelled to no longer use MAT as part of the conditions of the drug court if such a mandate is inconsistent with a licensed prescriber’s recommendation or valid prescription.

Under no circumstances may a drug court judge, other judicial official, correctional supervision officer, or any other staff connected to the identified drug court deny the use of these medications when made available to the client under the care of a properly authorized physician and pursuant to regulations within an Opioid Treatment Program or through a valid prescription and under the conditions described above.

Several members spoke about the need for area news agencies to be made aware, in order to inform the public.

Howard will provide an update at the November 8th meeting, following communication with BHA’s Director of Forensics, and the Director and Vice Chair of Maryland’s Problem Solving Courts.

4. AATOD Update from Dr. Ken Stoller, Maryland's Liaison to AATOD

AATOD quarterly meeting NYC 9/8/17

Action items in yellow highlight

(Submitted by Maryland's liaison to AATOD, Ken Stoller)

Carleen's Project Director Report:

Opioid Use Study:

- AATOD's work with Denver Health under the RADAR system umbrella (along with some other data collection systems)
- Purpose: longitudinal trend analysis to determine Rx opioid use (and heroin) trends among new OTP admissions. (ideally first day, but definitely first week)
- Over 100K surveys collected to date
- Now there are 75 participating clinics.
- Surveys take about 5-10 minutes (potentially 15 if the patient is not stable) to complete, done on paper and either faxed or scanned/emailed in. It can be self-administered or structured interview by staff.
- Ken has data summary given to him at each Board meeting. If you want to see it, you need to meet with Ken to look at it in person, and then work with Carleen to get permission to use/cite it.
- **If you are interested in participating as a program, send an email to Carleen.** She is recruiting. It may take weeks to months to start. Program gets \$1000 annually (\$500 every 6 months) as stipend. Patients get \$5 food coupon card upon completing the study (right now McDonalds). Also participants get a quarterly report, and a program-specific report just for your site.
- FDA is now a subscriber, so protocol is less flexible. They want active (regular weekly communication) participating programs. You have to stay current or you run the risk of being dropped.

2018 Conference in NYC 3/10-14 at the NYC Marriott Marquis.

- "Advancing and Integrating Specialized Treatment and Recovery" is the theme.
- Workshop committee is still working out the schedule.
- Standard registration brochure is being developed.
- Rate is only \$299 per night. They are going fast. (Note that in 2009 the rate was \$189). This is a great rate. **Book now.**
- **If you know any vendors – could be phone, safe, software, furniture, etc. – anybody that you process payment for – reach out to Carleen** and she will reach out to them.
- There was a discussion about awardees including N-D award and Friend of the Field. Awards ceremony will be that Monday, not Tuesday.

PCSS report by Ken, AATOD's rep to their Steering Committee:

- Ken gave a summary of PCSS
- Ken and Mark wrote "mini grant" application that will support the exploration of how telehealth can be used in OTP's, and lead to creation of a set of recommendations for telehealth in OTP's – a set of blueprints that state officials and program directors can use. It will require culling of current information/regulations from multiple federal and some state entities, facilitating clarification when necessary, vetting with such officials, writing a document and having it vetted.
- Ken is attending the PCSS Steering Committee meeting in DC on 9/12.
- **Let Ken know if there are topics that you'd like to see trainings about, or if there's a topic for which you'd like to GIVE a training** (webinar or creation of online module).

AATOD Newsletter

- We need somebody to write a newsletter article that Ken will submit, reviewing items of interest from Maryland in terms of interesting initiatives, etc.

What is the state of Medicaid for OTP in the states; and How are states using STR funds?

- Peer support
- Pay for residential
- Buprenorphine-related initiatives.
- Some states have no STR funding to OTP-related projects.
- Prevention

- Support for correctional institution MAT
- Hub and spoke systems in OTP's – to have OTP's get reimbursed to buprenorphine and vivitrol.
- Maryland – the funds are being used as public service announcements, education for physicians. Baltimore County submitted a request to the State regarding reducing stigma for media campaign and peer recovery, they have not receive feedback yet.

Legislative committee

- We will continue to do hill visits as we did (Howard did, for Maryland) in June.
- Continue to work with representatives to schedule visits to the programs as this is a very effective tool.

Confidentiality protections

- Alcohol and Drug Abuse Weekly article says it all, in terms of our position.
- Language in the CFR42 that wants to change the current protections for patients enrolled in MAT/OTP
- AATOD strongly opposed the proposed new changes.
- Board member spoke of the other side of not holding so hard to the CFR42 that increases stigma how to address both sides to have individual protection and also destigmatized substance use disorder treatment. Dr. Stoller reported that substance use disorders continue to be illegal therefore protection is very important.
- Vicki will send power point to members with draft proposed changes

New siting guidelines

- I will distribute it once finalized.

Christie Commission – draft letter

- The two problems with the report, that he outlined in the letter, is 1) Confidentiality (42CFR part II), and 2) The statement of meds having to be available in all facilities.
- I will forward the final draft to MATOD BOD for distribution.

DEA/SAMHSA Update (partial report as Ken had to leave early)

- DEA is getting bogged down in details, and has not yet finalized new NTP guidelines, including its more open position on mobile methadone vans.

Medicare policy update

- (Ken missed the discussion, but Mark continues to work with governmental officials to gather support to have them do what is needed to get Medicare reimbursement for opioid treatment program services.
- The Hill Event – to educate government officials to change Medicare policies to approve new legislation for Medicare reimbursement for Opioid Treatment Program services.

Fact sheet on MAT in the criminal justice system

- A draft has been written. Ken will distribute when finalized.

(End of Dr. Stoller's AATOD minutes)

5. 2018 Nyswander / Dole Nomination and Award:

Dr. Stoller, Maryland's 2017 Nyswander / Dole winner, announced that **Vickie Walters, LCSW-C**, is the 2018 Nyswander / Dole awardee. We hope that many of you will be at the 2018 AATOD Conference, when Vickie receives her well-deserved recognition and award.

6. Treasurer's Report:

Dr. Babak Imanoel reported that MATOD's current balance is approximately \$20,800.

There are still a small number of OTP members who need to pay their 2017 – 2018 dues of \$200. Board members have reached out to these OTPs, but members are encouraged to make sure that their dues have been submitted.

7. MATOD website:

MATOD's first functional website was discussed - www.MATOD.site.

The site is planned to migrate to www.MATOD.org and several maintenance proposals will be reviewed.

Additional components under development include a listing of each member OTP and their website; each Associate member and their website; the frequent addition of events, news, announcements and links; visitors' report and a "members-only" blog / Q & A forum.

8. Membership items and questions for discussion

Questions for feedback:

1. Provider Alert regarding Laboratory Services on 08/23/17:

Medicaid issued a Provider Alert stating that patients dually enrolled in OTP **and** IOP should have all UAs performed by their OTP, under the medication/UA bundle.

MATOD's Board shared OTP's concerns with Medicaid, and reiterated that IOPs must be responsible to perform their own UA testing, at the frequency that the IOP determined to be clinically necessary.

The OTP should continue to perform monthly, random UA testing, and share the results with the IOP. The OTP and IOP should coordinate the scheduling of UAs to avoid duplication of services.

An update to MATOD's conversations with Medicaid will be provided at the November 8th meeting.

2. September 15, 2017 marks the first Open Meeting of the 2017 Maryland Board of Professional Counselors and Therapists (BoPCT).

The new Board marks the first time that the BoPCT includes Clinical Supervisors from two (2) MATOD OTPs, and a new Interim Executive Director.

Howard plans to attend the BoPCT meeting to address the new Board, and share their life and death importance. The new Board will be reminded of OTP's 50:1 patient to counselor ratio, and the urgency of their work. The Board's new Executive Director will be invited to speak at an upcoming membership meeting.

Dr. Babak Imanoel reported that a recent Beacon audit resulted in claim payment retractions due to OTP services provided during IOP enrollment. Patients may not inform their OTP of additional treatment at an IOP – especially when the IOP is required by their Housing provider.

Members asked questions about 10.63 for new OTP providers – there is confusion about accreditation and licensing requirements by BHA prior to opening. BHA will be asked to discuss this at the November 8th meeting.

9. Adjournment: Next Meeting – Wednesday, 11/8/17 from 12 - 2 pm at Dix Building Basement

Meeting adjourned at 2:15 PM

Respectfully submitted by: Mariana Izraelson, Psy. D., LCPC and Howard Ashkin, MMH, PsA