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
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
- 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
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