

STR MEDICATION ASSISTED TREATMENT (MAT) ENHANCEMENT PROGRAM GUIDE

PROCESS FOR REFERRAL, SERVICES, TRACKING AND REIMBURSEMENT FOR NEW MAT CLIENTS SERVED BY CMHPSM DESIGNATED OFFICE BASED OPIOID TREATMENT PROVIDERS

# PROGRAM DESCRIPTION

The Michigan Department of Health and Human Services, Office of Recovery Oriented Systems of Care was awarded a federal State Treatment Response Grant to address the Opiate Crisis. In our four-county region, the CMHPSM was awarded a Medication Assisted Treatment (MAT) Enhancement Grant to expand MAT services in primary care settings and specialized Substance Use providers.

To achieve this expansion, we have an opportunity to partner with FQHC’s and Physician practices, as well as existing SUD and Opiate Replacement Therapy (ORT) providers to expand use of MAT for our consumers. This expansion includes assisting with the cost for supportive services, such as nursing, recovery peers and medication for individuals who are not covered under Medicaid or Healthy Michigan. Additionally, activities that are not covered, but necessary to initiate treatment are included. We have proposed funding expansion of MAT services by offering office-based clinics an incentive service rate of $275 for an initial office visit upon referral from our access services or post release from jail. The initial visit includes all the medical work up required by the physician, drug screen, nursing evaluation, injection and any counseling related to use of the medication. Follow up coverage for ongoing MAT services will be $175 per month. If the client is not covered by Medicaid, we will cover the cost of Vivitrol or Buprenorphine per month through this grant until the person receives Medicaid or HMP. Only clinics with physicians certified to prescribe buprenorphine will be able to access these funds. The CMHPSM will ensure that clients needing the ongoing required counseling and case management services will be referred to a CMHPSM SUD provider under PIHP funding. It will be important for the prescribing clinic and the SUD provider to coordinate services regularly to ensure an integrated approach to care.

In the event the individual does not have funding for medication, the CMHPSM will work with Genoa Pharmacy to have the prescriptions filled.

Additionally, the CMHPSM will work with the Michigan Opiate Collaborative, who is funded to provide support to primary care physicians who are expanding their practice to include MAT by offering training and ongoing consultation through their behavioral health teams.

## STR FUNDED EXPANSION OF MAT SERVICES WITHIN THE CMHPSM REGION

**IS CMHPSM FUNDING AVAILABLE?**

**APPROVAL FORM /NOTICE SENT TO PROVIDER**

**CMHPSM STAFF REVIEWS AND APPROVES**

**REFERRAL FORM FAXED TO CMHPSM a*nd PROVIDER (to alert them of the referral)***

**REFERRING AGENCY COMPLETES REFERRAL FORM**

YES

NO

**DOES CT HAVE INSURANCE FOR MEDS?**

**PROVIDER INITIATES MAT SERVICES AND COORDINATES** **WITH SUD TREATMENT PROVIDER**

**CLIENT GET SCRIPT FILLED THROUGH THEIR PHARMACY**

**INVOICE FOR STR ENHANCED SERVICES SENT TO CMHPSM ACCOUNTING BY PROVIDER**

**PROVIDER INITIATES MAT SERVICES AND COORDINATES** **TX**

**NO MORE REFERRALS ACCEPTED**

**NO STR FUNDING**

**OBTAIN RELEASE OF INFO!**

NO

Note: for efficiency, referring entity can fax the referral form to the treating provider as well as CMHPSM to set up the appointment as quickly as possible.

**PROVIDER WRITES SCRIPT FOR GENOA PHARMACY WITH CMHPSM ACCOUNT #SEM**

YES

NO

|  |
| --- |
| COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN  **STR FUNDED MEDICATION ASSISTED TREATMENT SERVICES**  INDIVIDUAL PATIENT REFERRAL, INCENTIVE REIMBURSEMENT AND SERVICE TRACKING FORM |

|  |
| --- |
| Please Fax this form to [**DANA**](mailto:darrowd@cmhpsm.org) **DARROW 734-222-3844 *Note:* DO NOT EMAIL ANY CLIENT INFORMATION**  Contact Dana Darrow at **734-222-3867** or [darrowd@cmhpsm.org](mailto:darrowd@cmhpsm.org) with any questions or concerns |

|  |  |  |
| --- | --- | --- |
| Patient Name: | | Date of Birth: |
| Date of Referral: | | Address: |
| Agency that referred client: | | Referring Agency Contact Phone number: |
| EHR ID # | Authorization by: | Core/Treatment Provider: |

|  |  |  |  |
| --- | --- | --- | --- |
| Physician Prescribing MAT | | | |
| First Appointment information: | |  | |
| Type of MAT? (Bup/Suboxone \_\_\_\_ Vivitrol \_\_\_\_) Other? | | Pharmacy? | |
| Insurance type? | | Who will provide counseling services? | |
| Will Client need funding for medication? (only indigent/uninsured) | | | |
| RREVIEWED BY CMHPSM: Monthly Incentive $275 per patient first visit; $175 per patient per month | | | |
| *Please send/fax this information for reimbursement attention: Dana Darrow 734-222-3844* | | | |
| Initial Session Date: | Follow Up Session Date: | | Follow Up Session Date: |
| Follow Up Session Date: | Follow Up Session Date: | | Follow Up Session Date: |
| Follow Up Session Date: | Follow Up Session Date: | | Follow Up Session Date: |
| Follow Up Session Date: | Follow Up Session Date: | | Follow Up Session Date: |
| Follow Up Session Date: | Follow Up Session Date: | | Follow Up Session Date: |
| Provide any pertinent information as needed: | | | |

**CMHPSM STR MEDICATION ASSISTED TREATMENT REFERRAL FORM**

Please complete this form and fax to: CMHPSM 734-222-3844

For Washtenaw, call Anne Marshall 734-222-3843, Marci Scalera 734-222-3816

For Monroe, Call Joelen Kersten 734-384-0226

For Lenawee, call 517-263-8905 For Livingston, call Access 517-546-4126

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Referral: \_\_\_\_\_\_\_\_\_\_\_\_\_ Referring Entity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referring Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referring Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Client location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Race: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance (Medicaid; HMP; other)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brief Description of presenting problem: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Currently in SUD treatment? \_\_\_\_\_\_\_\_\_ CMH? \_\_\_\_\_\_\_\_ Current or Last know treatment provider(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current suicide/homicide risk? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Care Provider\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current prescribed medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current medical issues/diagnoses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pregnancy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary drug of choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Is client an IV Drug User? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other substances used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current legal status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is client CPS involved? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Does client have minor children? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does client have an understanding of medication assisted treatment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has client agreed to receive medication assisted treatment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What type of MAT does the client request? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does client or family need/have a Narcan rescue kit? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# FAQ’s

1. How long will this funding be available?

The STR grant funding should be available through 2019. Of course, funding is federal grant funds and all funding is subject to availability.

1. What if the client does not have insurance for medical services?

These funds can assist with covering medication. SUD grant funds can cover the counseling services. If the client is indigent, and can be served at a FQHC, there are resources for reduced fees. The SUD case managers would work with the client to apply for benefits through Healthy Michigan or Medicaid.

1. Who can refer?

Referrals can come from the court, jail, hospital, primary care clinic, CMH, SUD provider or other human service provider. If the client is identified by the prescriber, the referral can be submitted as well. The key is identifying where the follow along clinical services will be provided, and how the coordination of care will occur.

1. What if the client needs their medication paid for?

The STR grant funds can be used to cover medication. We have an account with Genoa Pharmacy located in Livingston CMHA, Washtenaw County CMH, and Monroe CMHA. If you have a consumer that needs suboxone/vivitrol, or other brand of Buprenorphine, please indicate on the prescription (in the comments section, if writing an *E-Rx* or on the face of the Rx prescription if written) that it is to be billed to **SEM**. Please contact the CMHPSM informing of the need for the medication coverage.

1. What if the client comes for their first visit, but continues to NO SHOW after first month?

We hope that the SUD counseling services would be seeing the client during the time between medication administration. If the client does not keep appointments, we would like to make sure there is communication between the SUD services and Primary Care provider, and an attempt to engage client. This can be done through peers or case managers. It is possible that the client relapses during the initial engagement phase and could potentially be hospitalized, in jail or just underground. If all else fails, the case will be closed after significant attempts to engage them have been exhausted.

1. Is the funding for transportation assistance?

We do have some funds to assist clients with transportation. Contact us to assist you.

1. What is the best way to share information?

The referring party will have a release signed by the client to share information for coordination of care. There should also be a release signed by the client to coordinate care with the CMHPSM, and the Core provider that they are assigned to. The client must agree to this coordination of care in order to effectively provide the MAT services. If the client refuses, inform them that it will likely impact our ability to provide care. In addition, releases should be obtained from other key entities involved with the client, such as, probation and courts, family members, CMH, other medical care providers, and significant others that are identified by the client.