

Division Criteria for Certified Treatment Programs
Treatment Episode Data Set (TEDS)

Certified treatment programs, private, public or funded are required to report Treatment Episode Data Set (TEDS) to SAPTA on a monthly basis in a format determined by the Division.

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Division Criteria for Certified Treatment Programs
Treatment of Clients with an Opioid Use Disorder

Certified treatment programs, private, public or funded cannot deny treatment services to clients that are on stable medication maintenance for the treatment of an opioid use disorder including FDA approved medications.

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Division Criteria for the Certification of Medication Assisted Treatment Centers

Integrated Opioid Treatment and Recovery Center's (IOTRC's)

There are two options for certification under this designation: The Provider can only be certified for one of the two options.

Option 1:

- Opioid Treatment Program (OTP): Licensed by the Division through Health Care Quality & Compliance (HCQC) (Narcotic Treatment Center/NTC) and Certified by the Division through the Substance Abuse Prevention and Treatment Agency (SAPTA)
 - This level of service, shall utilize Methadone and other FDA approved medications for the treatment of an opioid use disorder.
 - In addition, the Provider shall meet all applicable requirements of NAC 458 including Division Criteria approved by the Commission on Behavioral Health.
 - Programs under Option 1 shall admit patients within 48 hours of referral.

Option 2:

- Medication Assisted Treatment (MAT) Program
 - This level of service shall utilize at a minimum two (2) of the three (3) FDA approved medications for an Opioid Use Disorder.
 - The Provider shall also have a formal written care coordination plan with an Opioid Treatment Program that utilizes Methadone.
 - In addition, the Provider shall meet all applicable requirements of NAC 458 including Division Criteria approved by the Commission on Behavioral Health.
 - Programs under Option 2 shall admit patients within 48 hours of referral

Programs certified under Option 1 or Option 2 must also provide the following services and meet all applicable requirements.

- Shall meet the requirements of NAC 458 and applicable Division Criteria requirements for Co-occurring Disorder endorsement.
- Shall meet the requirements of NAC 458 and applicable Division Criteria requirements for Level 1 Outpatient services.
- Shall meet the requirements of NAC 458 and applicable Division Criteria requirements for Level 1 Ambulatory Withdrawal Management services.
- The prescriber shall conduct an intake examination that includes any relevant physical and laboratory tests including random monthly toxicology of clients on MAT.
- Shall conduct a written medical evaluation for clients prior to commencing Medication Assisted Treatment (MAT).
- Shall provide onsite or through referral HIV/Hepatitis C testing.
- Shall provide overdose education and Naloxone distribution.
- Additionally, coordination of services with other providers shall include a formal written agreement stating the clear referral path, communication related to patient care and documentation of coordination in the clinical record.

- Shall provide dedicated Care Coordination services.
- Shall provide mobile recovery services.
- Shall provide Supported Employment services onsite or through referral.
- Shall provide dedicated Peer/Recovery Support Services billable under Medicaid to the extent possible. If the Provider is not currently enrolled in Medicaid, the Provider will proceed with this process and agree to bill Medicaid for such services once enrolled.
- Peer/Recovery Support Services shall include evidence based practices and meet all Medicaid billing requirements for such services.
- Shall provide 24 hours, 7 days a week, 365 days a year emergency telephone system for patients.
- Shall develop a written formal policy related to medication monitoring and diversion. This policy will follow the Drug Enforcement Administration (DEA) to ensure the protocol is being followed.
- Shall develop a written formal policy related to Pregnant Women receiving medication assisted treatment including, but not limited to:
 - Shall provide onsite or through referral Obstetrician/Perinatologist services.
 - Due to the risks of opioid addiction to pregnant women and their fetuses, a pregnant woman seeking buprenorphine from a certified provider shall either be admitted to the program or referred to an OTP within 48 hours of initial contact.
 - Prescribers unable to admit pregnant women, or unable to otherwise arrange for MAT care within 48 hours, shall notify SAPTA within 48 hours to ensure continuity of care.
 - In the event that a pregnant woman is involuntarily withdrawn from MAT, the prescriber shall refer the woman to a high-risk obstetrician (OB) physician for care. If no high-risk OB is available, the woman can see a local obstetrician who prescribes buprenorphine until a high-risk OB is available.
- Shall provide services within a multidisciplinary team approach and at a minimum require the following multidisciplinary team members:
 - Nevada Licensed Physician and/or Physician Assistant or nurse Practitioner who has been approved by the FDA Waiver to prescribe buprenorphine and buprenorphine/naloxone.
 - Skilled nursing staff licensed by the State of Nevada.
 - Nevada Licensed Alcohol and Drug Counselor or Licensed Clinical Alcohol and Drug Counselor and Certified Alcohol and Drug Counselor.
 - Nevada Licensed Clinical Social Worker, Licensed Psychologist, Licensed Marriage and Family Therapist, or a Licensed Professional Counselor.
 - Medicaid approved Case Manager (Qualified Mental Health Professional/QMHP or/a Qualified Mental Health Associate/QMHA).
 - Peer Support Specialist.
- Shall provide at a minimum the following Evidence Based Practices (EBP's) recommended in the ASAM National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use publication, (2015).
 - Cognitive Behavioral Therapy
 - Behavioral Couples Counseling when clinically indicated
 - Cognitive Behavioral Coping Skills
 - Community Reinforcement Approaches

- Motivational Enhancement
- Relapse Prevention
- Shall have an Emergency and Closure Preparedness Plan
 - Each certified program shall develop and maintain a plan for the administration of medications in the event of a temporary closure due to inclement weather, prescriber illness or similar unanticipated service interruptions. The plan shall include:
 - A plan for a reliable mechanism to inform patients of these emergency arrangements.
 - The identification of emergency procedures for obtaining prescriptions/access to medications in case of temporary program/office closure. This may include an agreement with another physician authorized to prescribe buprenorphine and buprenorphine/naloxone, an OTP or another FDA approved prescriber.
 - Each certified program shall have a plan for continuity of care in the event that a future voluntary or involuntary program closure occurs. Programs shall have an operational plan for managing a program closure. The plan shall include:
 - The orderly and timely transfer of patients to another Office-based Opioid Treatment (OBOT) Provider.
 - Notification to patients of any upcoming closure and reassure them of transition plans for continuity of care.
 - Notification to SAPTA no fewer than 60 days prior to closure to discuss the rationale for closure, and plans for continuity of care.
 - A plan for the transfer of patient records to another Provider.
 - A plan to ensure that patient records are secured and maintained in accordance with State and Federal regulations.
- Shall meet the minimum standards per to NAC 458 and Division Criteria related to assessment of the client's needs. In addition, the program shall provide a comprehensive evaluation that includes the following requirements;
 - behavioral health history (including trauma history);
 - a diagnostic assessment, including current mental status;
 - assessment of imminent risk (including suicide risk, danger to self or others, urgent or critical medical conditions, other immediate risks including threats from another person);
 - basic competency/cognitive impairment screening (including the consumer's ability to understand and participate in their own care);
 - a description of attitudes and behaviors, (including cultural and environmental factors, that may affect the consumer's treatment plan);
 - assessment of need for other services related to Limited English Proficiency (LEP) or linguistic services;
 - assessment of the social service needs of the consumer, with necessary referrals made to social services and, for pediatric consumers, to child welfare agencies as appropriate.