

Division Criteria for the Certification of Programs through SAPTA per NAC 458

Utilization Management Criteria for Treatment Programs:

Division Criteria adopts ASAM 6 Dimensional Assessment to determine recommendations for initial level of care placement. Division Criteria adopts ASAM Continued Service Criteria, Transfer Criteria and Discharge Criteria for utilization review for ASAM levels of service, non-ASAM or modified-ASAM levels of service and endorsed levels of service, excluding Transitional Housing.

Criteria for Treatment Levels of Service:

Division Criteria adopts The American Society of Addiction Medicine (ASAM) Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions (Third Edition, 2013) for the specific program descriptions for the ASAM specific levels of service. The Providers will be required to have policy & procedures (P&P) / program descriptions for each level offered and these will be noted in the P&P section of the certification report.

- **Level 3.5 Clinically Managed Medium-Intensity Residential (Adolescent)**
 - In addition to the description in ASAM, Clinically managed medium intensity residential includes **no less than 25 hours per week of structured interventions**. A minimum of 7 hours of structured activities must be provided on each day. A minimum of 10 hours of clinical counseling services must be provided each week. Types of therapies are noted within ASAM Level 3.5 services.
- **Level 3.5 Clinically Managed High-Intensity Residential (Adult)**
 - In addition to the description in ASAM, Clinically managed high intensity residential includes **no less than 25 hours per week of structured interventions**. A minimum of 7 hours of structured activities must be provided on each day. A minimum of 10 hours of clinical counseling services must be provided each week. Types of therapies are noted within ASAM Level 3.5 services.
- **Withdrawal Management for Level 3.2 WM and Level 3.7 WM only**
 - Required Services in addition to ASAM:
 - During intake, a Blood Alcohol Content (BAC) and/or urine screen will be administered.
 - The person's vital signs must be monitored at least once every 2 hours during the person's waking hours by a staff member with a nursing license, physician license or a SAPTA certified Detoxification Technician.
- **Civil Protective Custody (controlled substance) (NRS 458.175)**
 - Intoxication management for persons taken into Civil Protective Custody (CPC) by a peace officer for being unlawfully under the influence of drugs in a public place, and unable to provide for the health or safety of self or others (NRS 458.175). Civil Protective Custody is not provided in a jail.
 - CPC facility must be a Provider that is SAPTA certified for Withdrawal Management: Level 3.2 WM Clinically Managed Residential Withdrawal Management or Level 3.7 WM Medically Monitored Inpatient Withdrawal Management.
 - Required Services
 - During intake, a Blood Alcohol Content (BAC) and/or urine screen will be administered.

- The person's vital signs must be monitored at least once every 2 hours during the person's waking hours by a staff member with a nursing license, physician license or be certified as a Detoxification Technician.
 - Upon release from the withdrawal management unit, the person must immediately be remanded to the custody of the apprehending peace officer.
- **Civil Protective Custody (alcohol) (NRS 458.270)**
 - Intoxication management for persons taken into Civil Protective Custody (CPC) by a peace officer for being under the influence of alcohol in a public place, and unable to provide for the health or safety of self or others. Civil Protective Custody is not provided in a jail.
 - CPC facility must be a Provider that is SAPTA certified for Withdrawal Management: Level 3.2 WM Clinically Managed Residential Withdrawal Management or Level 3.7 WM Medically Monitored Inpatient Withdrawal Management.
 - Required Services
 - During intake, a Blood Alcohol Content (BAC) and/or urine screen will be administered.
 - At the earliest practical time the person's family or next of kin must be advised they are in CPC if they can be located.
 - The person's vital signs must be monitored at least once every 2 hours during the person's waking hours by a staff member with a nursing license, physician license or be certified as a Detoxification Technician.
 - Prior to discharge, a good faith effort must be made to advise the person of his/her treatment options.
 - If the person was taken into custody for a public offense, the person must be remanded to the custody of the apprehending peace officer upon release from the withdrawal management unit. (NRS 458.270 (4)).
 - The person may not be required against his or her will to remain in a licensed facility or detention facility longer than 48 hours. (NRS 458.270 (3)).
- **Transitional Housing**
 - Definition: Transitional Housing services consist of a supportive living environment for individuals who are receiving substance abuse treatment in an SAPTA Certified Intensive Outpatient, or Outpatient program and who are without appropriate living alternatives.
 - Admission Criteria:
 - Individuals admitted to Transitional Housing services must be concurrently admitted to a Level 1 Outpatient or Level 2.1 Intensive Outpatient program per an assessment.
 - The ASAM 6 dimensional assessment must be reviewed to ensure there is sufficient risk in Dimension 6: Recovery Environment.
 - Continued Service Criteria:
 - The individual remains in Level 1 or Level 2.1 and ASAM Dimensional reviews reveal continued risk in the Recovery Environment.
 - The individual does not require a higher level of care.
 - Transfer / Discharge Criteria:
 - The individual needs a higher level of care per ASAM Dimensional review and is transferred.
 - The individual has gained stable/supportive housing / recovery environment and no longer needs Transitional Housing.

Service Endorsements:

Providers with Service Endorsements are certified for specific treatment levels of service and receive an endorsement for Co-Occurring Disorder services.

- **Co-Occurring Disorder Services**
 - The Division adopts the Dual Diagnosis Capability in Addiction Treatment (DDCAT) Rating Scale:
 - The DDCAT rating scale is an evidence-based benchmark instrument for measuring a Provider's capacity to deliver services for persons with co-occurring mental health and substance use disorders. The DDCAT scale is designed to guide both programs and system authorities in assessing and developing dual diagnosis capacity for integrated service delivery.

Other Division Services:

The Providers will be required to have policy & procedures and program descriptions for each level offered and these will be noted in the P&P section of the certification report.

- **Drug Court Service**
 - The Division Criteria for Drug Court Programs is in compliance with all applicable provisions of NAC 458.
- **Evaluation Center**
 - The Division Criteria for Evaluation Centers is in compliance with all applicable provisions of NAC 458. Programs will determine whether a person is appropriate for treatment per the ASAM Criteria.
- **Information and Referral Services**
 - The Division Criteria for Informational and Referral Services is in compliance with all applicable provisions of NAC 458.
- **Coalition Programs**
 - The Division Criteria for Coalition Programs is in compliance with all applicable provisions of NAC 458.
- **Administrative Programs**
 - The Division Criteria for Administrative Programs is in compliance with all applicable provisions of NAC 458.
- **Prevention Programs**
 - The Division Criteria for Prevention Programs is in compliance with all applicable provisions of NAC 458.

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.

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.

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 Outreach 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.