

INTEGRATED OPIOID TREATMENT AND RECOVERY FEASIBILITY AND READINESS TOOL

Before starting this assessment, it is important to understand that an Integrated Opioid Treatment and Recovery Center (IOTRC) is a new certification for the State of Nevada. Therefore, in order for the State of Nevada to assess readiness for a new certification, there are specific comprehensive requirements that must be incorporated into the responses of the IOTRC assessment as outlined below.

Proposed IOTRCs will serve as the regional consultants and subject matter experts on opioid use disorder treatment and provide medication assisted treatment and recovery services for the adult and adolescent populations through the following means:

1. Applicants must either have the capacity to dispense methadone or partner with an organization through a formal care coordination agreement for methadone services. IOTRCs in rural areas without access to methadone must be willing to partner in pursuing alternative methods of accessing methadone as the State develops these options,
2. Provide clinically appropriate evidence based practices for OUD treatment including the use of medication assisted treatment with FDA approved medications in combination with psychosocial interventions. Comprehensive services provided by IOTRC either in-house or through formalized care coordination agreements must include the services listed in Part 1, Table 1,
3. Staff and maintain a mobile outreach recovery team to provide linkage and referral to the IOTRC System for engagement, treatment and/or recovery support for treatment transition,
4. Populations required to be engaged by such teams are individuals who have recently experienced an overdose, individuals who have recently undergone withdrawal from opioids in a controlled environments or in the community, and individuals who have an OUD and would benefit from community based interventions. Individuals within this population are typically seen outside the Center setting. This includes interventions for pregnant women and women with dependent children, individuals within Emergency Departments, hospitals, jails or other facility settings, and
5. Provide opioid overdose prevention activities including, but not limited to, the prescription of naloxone, distribution of naloxone (provided by Virtual Naloxone Dispensary) to individuals as identified as at-risk including friends, family members, and others in a position to assist with an opioid overdose, and community promotion of the use of naloxone to reduce mortality in individuals identified with OUD.

As your organization fills out the feasibility and readiness tool, it is important for your management team management team to consider the following context:

1. Move away from anecdotal responses to the criteria questions such as “We should be able to provide this support and/or meet the criteria...” to understand the reality of the actual capacity of the organization and/or individual locations/ programs to actually implement the design plan, operational requirements and meet the criteria.

2. The self-assessment scoring model for each question and section of this feasibility and readiness tool is based on a five point scale as outlined below:

1	2	3	4	5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge

The level of concern that your team identifies needs to be supported by the following scoring parameters:

1. If your team is not able to identify the specific response requested to any primary question, the level of challenge score should be documented as a “1”.
2. Most assessment questions contain a “Yes” or “No” identifier prior to the concern rating. The focus for this question is for your team to confirm if the identified design, operational requirement and/or criterion is current practice within your organization - YES or NO. If your team responds “NO”, the specific criterion concern response should be a 1 – 4 based on the level of concern you have about developing the capacity to be compliant with the criterion. Also, if your team identifies a “Yes” and does not feel that a “5” fully identifies the appropriate response, please identify the level of concern that your teams has about being fully compliant.
3. If your team identifies a level of practice variance within various programs or locations, the score should be a “2” or “3” based on the level of variance identified and the amount of effort it will take to reduce the variance to a standardized organization wide practice.
4. At end of both the staffing and coordination sections is a “Total Cumulative Score” indicator that will allow your team to total all individual question scores in that section.

Organization Name:	
Primary Contact Person:	Email Address:
Overview	
Does your clinic/agency currently have a prescriber(s) who has a FDA waiver for prescribing buprenorphine?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
At time of submission of this application, list number of prescribers who have an FDA Waiver for prescribing Buprenorphine within your organization?	
For the prescribers that have an FDA Waiver, what is the prescribing capacity for each prescriber? <i>(Add additional prescribers if needed)</i>	
Prescriber 1:	

Prescriber 2:

Prescriber 3:

Prescriber 4:

Prescriber 5:

When will the number of clients that each prescriber can serve per their FDA Waiver increase?

Does your clinic/agency currently prescribe Naltrexone for OUD? If yes, how many patients are currently under treatment?

Yes

No

Does your clinic/agency currently offer Methadone for OUD?

Yes

No

If yes, how many patients are currently under treatment?

If your clinic/agency does not offer Methadone, do you have a formal written care coordination agreement with an agency that does offer Methadone?

Yes

No

If yes, list organization/provider name:

Is your clinic/agency currently Division certified for ASAM Level 1 Adolescents and/or Adults?

Yes

No

Is your clinic/agency endorsed by the Division through SAPTA for Co-Occurring Disorder (COD) Services?

Yes

No

Are there additional ASAM levels of service that the agency is certified for?

Please list:

Does your clinic/agency have any National Accreditation?

- Yes
- No

If your clinic/agency does have National Accreditation, who accredits your clinic/agency and what type?

When is your clinic due for review?

Does your clinic/agency employ Peer Recovery Support Specialists?

- Yes
- No

If yes, describe the roles and functions peer recovery specialist have within your organization. If no, describe any potential barriers for hiring peers and ways you plan to address those barriers.

What type of recovery supports and peer supports does your clinic/agency currently utilize for individuals with substance use disorders and /or mental health disorders?

Does your clinic/agency utilize toxicology screening?

- Yes
- No

If yes, is your agency CLIA waived?

Does your clinic/agency employ dedicated individuals with the primary role of care coordination/care management?

- Yes
- No

If yes, please describe the role and how this position is funded. If no, describe how your agency currently provides care coordination/care management.

What is the clinician/counselor to client/patient ratio in your clinic/agency?

Clinician to Patient Ratio:

Counselor to Client Ratio:

What is your clinic/agency prescriber to patient ratio?

Agency Prescriber/Patient Ratio:

Staffing

1. The staff (both clinical and non-clinical) is appropriate for serving the consumer population in terms of size and composition and providing the types of services the IOTRC is required to and proposes to offer.

Yes

No

For your Organization, is this a:

1	2	3	4	5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge

2. The Chief Executive Officer (CEO) of the IOTRC maintains a fully staffed management team as appropriate for the size and needs of the clinic as determined by the current needs assessment and staffing plan. The management team will include, at a minimum, a CEO or Executive Director/Project Director, and a Medical Director. The Medical Director need not be a full-time employee of the IOTRC. Depending on the size of the IOTRC, both positions (CEO/Executive Director/Project Director and the Medical Director) may be held by the same person. The Medical Director will ensure the medical component of care and the integration of behavioral health (including addictions) and primary care are facilitated.

Yes

No

For your Organization, is this a:

1	2	3	4	5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge

3. The IOTRC maintains liability/malpractice insurance adequate for the staffing and scope of services provided.

Yes

No

For your Organization, is this a:

1	2	3	4	5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge

4. All IOTRC providers who furnish services directly, and any partner organizations that furnish services under arrangement with the IOTRC, are legally authorized in accordance with federal, state and local laws, and act only within the scope of their respective state licenses, certifications, or registrations and in accordance with all applicable laws and regulations, including any applicable state Medicaid billing regulations or policies.

Yes

No

For your Organization, is this a:

1	2	3	4	5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge

5. The IOTRC has a training plan, for all employed and contract staff, and for providers at partner organizations who have contact with IOTRC patients or their families, which satisfies and includes requirements of the state behavioral health authority and any accreditation standards on training which may be required by the state. Training must address, at a minimum, cultural competence; person-centered and family-centered, recovery-oriented, and primary care/behavioral health integration. This training, as well as training on the clinic's continuity plan, occurs at orientation and thereafter at reasonable intervals as may be required by the state or accrediting agencies.

Yes

No

For your Organization, is this a:

1	2	3	4	5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge

6. The IOTRC assess the skills and competence of each individual furnishing services and, as necessary, provides in-service training and education programs. The IOTRC has written policies and procedures describing its method(s) of assessing competency and maintains a written accounting of the in-service training provided during the previous 12 months.

Yes

No

For your Organization, is this a:

1	2	3	4	5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge

7. The IOTRC documents in the staff personnel records that the training and demonstration of competency are successfully completed.

Yes

No

For your Organization, is this a:				
1	2	3	4	5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge
<p>8. Individuals providing staff training are qualified as evidenced by their education, training and experience.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>				
For your Organization, is this a:				
1	2	3	4	5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge
<p>9. If the IOTRC serves individuals with Limited English Proficiency (LEP) or with language-based disabilities, the IOTRC takes reasonable steps to provide meaningful access to their services.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>				
For your Organization, is this a:				
1	2	3	4	5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge
<p>10. Interpretation/translation service(s) are provided that are appropriate and timely for the size/needs of the IOTRC consumer population (e.g., bilingual providers, onsite interpreters, language telephone line). To the extent interpreters are used, such translation service providers are trained to function in a medical and, a behavioral health setting.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>				
For your Organization, is this a:				
1	2	3	4	5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge
<p>11. Auxiliary aids and services are readily available, Americans With Disabilities Act (ADA) compliant and responsive to the needs of consumers with disabilities (e.g., sign language interpreters, teletypewriter (TTY) lines).</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>				
For your Organization, is this a:				
1	2	3	4	5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge
<p>12. Documents or messages vital to a consumer's ability to access IOTRC services (for</p>				

example, registration forms, sliding scale fee discount schedule, after-hours coverage, signage) are available for consumers in languages common in the community served, taking account of literacy levels and the need for alternative formats (for consumers with disabilities). Such materials are provided in a timely manner at intake. The requisite languages will be informed by the needs assessment prepared prior to certification, and as updated.

- Yes
- No

For your Organization, is this a:

1	2	3	4	5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge

13. The IOTRC’s policies have explicit provisions for ensuring all employees, affiliated providers, and interpreters understand and adhere to confidentiality and privacy requirements applicable to the service provider, including but not limited to the requirements of Health Insurance Portability and Accountability Act (HIPAA) (Pub. L. No. 104-191, 110 Stat. 1936 (1996)), 42 CFR Part 2, and other federal and state laws, including patient privacy requirements specific to the care of minors. The HIPAA Privacy Rule allows routine – and often critical – communications between health care providers and a consumer’s family and friends, so long as the consumer consents or does not object. If a consumer is amenable and has the capacity to make health care decisions, health care providers may communicate with a consumer’s family and friends.

- Yes
- No

For your Organization, is this a:

1	2	3	4	5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge

Total Cumulative Score for Staffing Section:

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Care Coordination

1. Based on a person and family-centered plan of care aligned with the requirements of Section 2402(a) of the ACA and aligned with state regulations and consistent with best practices, the IOTRC coordinates care across the spectrum of health services, including access to high-quality physical health (both acute and chronic) and behavioral health care, as well as social services, housing, educational systems, and employment opportunities as necessary to facilitate wellness and recovery of the whole person.

- Yes
- No

For your Organization, is this a:

1	2	3	4	5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge

2. The IOTRC maintains the necessary documentation to satisfy the requirements of HIPAA (Pub. L. No. 104-191, 110 Stat. 1936 (1996)), 42 CFR Part 2, and other federal and state privacy laws including patient privacy requirements specific to the care of minors. The HIPAA Privacy Rule allows routine – and often critical – communications between health care providers and consumers’ family and friends. Health care

providers many always listen to a consumer’s family and friends. If a consumer consents and has the capacity to make health care decisions, health care providers may communicate protected health care information to a consumer’s family and friends. Given this, the IOTRC ensures consumers’ preferences, and those of families of children and youth and families of adults, for share information are adequately documented in clinical records, consistent with the philosophy of a person and family-centered care. Necessary consent for release of information is obtained from IOTRC consumers for all care coordination relationships. If IOTRCs are unable, after reasonable attempts, to obtain consent for any care coordination activity specified in Part I, Table I, such attempts must be documented and revisited periodically.

- Yes
- No

For your Organization, is this a:

1	2	3	4	5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge

3. The IOTRC has an agreement establishing care coordination expectations with a Federally-Qualified Health Center (FQHC), Opioid Treatment Service Provider (OTP), Certified Community Behavioral Health Clinic (CCBHC), and, as applicable, Rural Health Clinics [RHCs], to provide health care services, to the extent the services are not provided directly through the IOTRC. For consumers who are served by other primary care providers, including but not limited to FQHC Look-Alikes and Community Health Centers, the IOTRC has established protocols to ensure adequate care coordination.

- Yes
- No

Note: IOTRCs are expected to work toward formal contracts with entities with which they coordinate care if they are not established at the beginning of the project.

For your Organization, is this a:

1	2	3	4	5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge

4. The IOTRC has an agreement establishing care coordination expectations with programs that can provide clinically appropriate evidence-based practices for opioid use disorder treatment including the use of medication assisted treatment with Food and Drug Administration (FDA)-approved medications in combination with psychosocial interventions. Comprehensive Services provided by Care Coordination & Service Centers either in-house or through formalized care coordination agreements must include:

- FDA approved Medication to treat Opioid Use Disorders (OUD)
- Medical Evaluation
- Toxicology Screening
- Behavioral Health Screening and Assessment
- A minimum of ASAM Level 1 Ambulatory Withdrawal Management
- Behavioral Health Treatment:
 - A minimum of ASAM Level 1 Outpatient
 - ASAM Level 3.2 and Level 3.7 Withdrawal Management
 - ASAM Level 3.1 and Level 3.5 Residential Services
 - Transitional Housing per SAPTA Division Criteria
- Referral and Coordination with Psychiatric Services
- OB/Perinatal Practitioners

- Office-Based Opioid prescribers
- COD and other Community-based service providers
- Peer / Recovery Support Services
- Wellness Promotion
- Overdose education and Naloxone distribution
- Mobile Recovery
- Supported employment
- Care Coordination
- Partnerships with eligible organizations as listed in this RFA (CCBHC, FQHC, OTP)
- Enrollment into Medicaid, TANF, SNAP, WIC
- HIV/Hepatitis C Testing
- Engagement with criminal justice entities (e.g. police, judicial, correction)

Yes

No

Note: For these services, if an agreement cannot be established, or cannot be established justification is provided and contingency plans are developed and the state will make a determination whether the contingency plans are sufficient or require further efforts.

For your Organization, is this a:

1	2	3	4	5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge

- 5 The IOTRC treatment team includes the consumer, the family/caregiver of child consumers, the adult consumer's family to the extent the consumer does not object, and any other person the consumer chooses. All treatment planning and care coordination activities are person-centered and family-centered and aligned with the requirements of Section 2402(a) of the Affordable Care Act. All treatment planning and care coordination activities are subject to HIPAA (Pub. L. No. 104-191, 110 Stat. 1936 (1996)), 42 CFR Part 2, and other federal and state laws, including patient privacy requirements specific to the care of minors. The HIPAA Privacy Rule does not cut off all communication between health care professionals and the families and friends of consumers. As long as the consumer consents, health care professionals covered by HIPAA may provide information to a consumer's family, friends, or anyone else identified by a consumer as involved in their care.

Yes

No

For your Organization, is this a:

1	2	3	4	5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge

6. As appropriate for the individual's needs, the IOTRC designates an interdisciplinary treatment team that is responsible, with the consumer or family/caregiver, for directing, coordinating, and managing care and services for the consumer. The interdisciplinary team is composed of individuals who work together to coordinate the medical, psychosocial, emotional, therapeutic, and recovery support needs of IOTRC consumers.

Yes

No

For your Organization, is this a:				
1	2	3	4	5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge
<p>7. The IOTRC coordinates care and services provided by Partner organizations in accordance with the current treatment plan.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>				
For your Organization, is this a:				
1	2	3	4	5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge
<p>The staff (both clinical and non-clinical) is appropriate for serving the consumer population in terms of size and composition and providing the types of services the IOTRC is required to and proposes to offer.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>				
For your Organization, is this a:				
1	2	3	4	5
Serious Challenge	Quite a bit of Concern	Moderate Concern	Small Concern	Not A Challenge
Total Cumulative Score for Care Coordination Section:				