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| **pREFERRED Office-Based ADDICTION treatment (OBAT) providers** |
| **SETTING**  |
| Prescribers who are co-located with a licensed behavioral health practitioner practicing in a variety of practice settings including but not limited to: primary care clinics, outpatient health system clinics, psychiatry clinics, Federally Qualified Health Centers, Community Service Boards, Local Health Departments, and physician’s offices.**There is no separate Department of Behavioral Health and Developmental Services (DBHDS) licensing requirement for OBAT providers.**  |
| **SUPPORT SYSTEMS** |
| ☐ Access to emergency medical and psychiatric care.☐ Connections with more intensive levels of care such as Intensive Outpatient Programs, Partial Hospitalization Programs, and/or Residential Treatment that unstable patients can be referred to when clinically indicated. |
| **STAFF REQUIREMENTS** |
| ☐ ***Required:*** A prescriber that has experience and/or training in addiction medicine or addiction psychiatry (per 12VAC30-130-5020 herein referred to as prescriber).☐ ***Optional:*** Licensed Nurse Practitioner or Physician’s Assistant pursuant to a practice agreement with a prescriber has experience and/or training in addiction medicine or addiction psychiatry (per 12VAC30-130-5020). ☐ ***Optional:*** Licensed Nurse Practitioner with endorsement for autonomous practice from the Board of Nursing at the Department of Health Profession may practice without a patient care team physician if such application provides an attestation to the Boards that the applicant has completed the equivalent of at least two years of full-time clinical experience.☐ ***Required:*** Licensed behavioral health provider (licensed psychiatrist, licensed clinical psychologist, licensed clinical social worker, licensed professional counselor, licensed psychiatric clinical nurse specialist, licensed psychiatric nurse practitioner, licensed marriage and family therapist, licensed substance abuse treatment practitioner, Residents in Counseling or Psychology under supervision of a licensed provider, or Supervisees in Social Work under supervision of a licensed provider must be co-located at the same practice site and provide psychotherapy during clinic sessions when the prescriber is prescribing buprenorphine or naltrexone to patients with opioid use disorder.[[1]](#endnote-2)) Note: The licensed behavioral health provider shall be employed by or have a contractual relationship with the prescriber or the organization employing the practitioner.☐ ***Optional:*** Registered Peer Recovery Support Specialist (PRSS) can complement interdisciplinary clinical services and function both in conjunction with or independently of the behavioral health care continuum as a core service. PRSS must be registered with the Board of Counseling at the Department of Health Professions.☐ ***Optional:*** Certified substance abuse counselor acting within the scope of their practice may also provide substance use disorder counseling in individual and/or group sessions.☐ ***Optional:*** Pharmacist can serve as a member of the interdisciplinary team. Pharmacists can advise prescribers on the selection of buprenorphine vs naltrexone, assist with buprenorphine induction and dose adjustments, contribute to the development of the interdisciplinary treatment plan, and assist with monitoring, communicating with, and educating patients.  |
| **THERAPIES** |
| ☐ Individualized, patient-centered assessment and treatment.☐ Assessing, ordering, administering, reassessing, and regulating medication and dose levels appropriate to the individual; supervising withdrawal management from opioid analgesics; overseeing and facilitating access to appropriate treatment for OUD, Alcohol Use Disorder (AUD) and other substance use disorders.☐ **OUD:** Buprenorphine monoproduct shall not be prescribed except: when a patient is pregnant, when converting a patient from methadone or buprenorphine monoproduct to buprenorphine containing naloxone for a period not to exceed 7 days, or in formulations other than tablet form for indications approved by the FDA (pursuant to Board of Medicine regulations).☐ **AUD:** Food and Drug Administration (FDA) approved medications prescribed for the treatment of AUD. ☐ Medication for other physical and mental health disorders is provided as needed either on-site or through collaboration with or referral to other providers.☐ Cognitive, behavioral, psychotherapies including trauma-informed care for co-occurring mental health disorders reflecting a variety of treatment approaches, provided to the patient on an individual, group, and/or family basis.☐Care coordination[[2]](#endnote-3) provided including interdisciplinary care planning between prescriber and the licensed behavioral health provider to develop and monitor individualized and personalized treatment plans that are focused on the best outcomes for the patient, monitoring patient progress and tracking patient outcomes, linking patients with recovery community resources in addition to or in conjunction with peer recovery supports (including faith-based, SMART Recovery,12-Step Fellowships, Medication-Assisted Recovery Anonymous and Harm Reduction, etc.) to facilitate referrals and respond to social service needs, and tracking and supporting patients when they obtain medical, behavioral health, or social services outside the practice**.**☐ Provision of or referral for screening for HIV, Hepatitis B and C, and Tuberculosis at treatment initiation and then annually. |
| **RISK MANAGEMENT AND ADHERENCE MONITORING** |
| ☐ Routine and/or random urine drug screens or serum medication levels (when urine is not obtainable), conducted a minimum of 8 times per year for all patients with at least some tests unannounced or random.☐Virginia Prescription Monitoring Program checked at least quarterly for all patients.☐Overdose prevention education including the prescribing of naloxone for all patients.☐ The Board of Medicine requires the prescriber to see the member weekly during the induction phase for prescribing MOUD. DMAS also recommends the member be seen at least weekly by the Credentialed Addiction Treatment Professional during the induction phase. **Note**: The induction phase is based on the member’s stage in recovery, not necessarily when they started treatment with a particular provider. These visits should be available in-person/onsite, however may be delivered through telemedicine based on the individual needs of the member to ensure access during this critical phase. The member must have documented clinical stability before spacing out visits beyond weekly.☐Periodic monitoring of unused medication and opened medication wrapper counts when clinically indicated. |

1. Community Service Boards and Federally-Qualified Health Centers are not required to have the licensed behavioral health provider co-located at the same practice site and providing counseling during clinic sessions when the prescriber is prescribing buprenorphine or naltrexone to patients with opioid use disorder. The licensed behavioral health provider must be employed by the same organization and providing psychotherapy to patients prescribed buprenorphine or naltrexone. They must engage in interdisciplinary care planning with the prescriber including working together to develop and monitor individualized and personalized treatment plans that are focused on the best outcomes for the patient. [↑](#endnote-ref-2)
2. Substance Use Care Coordinator Provider Qualifications:

At least a bachelor's degree in one of the following fields (social work, psychology, psychiatric rehabilitation, sociology, counseling, vocational rehabilitation, human services counseling) and at least either 1) one year of substance use related direct experience providing services to individuals with a diagnosis of substance use disorder or 2) a minimum or one year of clinical experience working with individual with co-occurring diagnoses of substance use disorder and mental illness; or

Licensure by the Commonwealth as a registered nurse with at least either 1) one year of direct experience providing services to individuals with a diagnosis of substance use disorder or 2) a minimum of one year of clinical experience working with individuals with co-occurring diagnoses of substance use disorder and mental illness; or

Board of Counseling Certified Substance Abuse Counselor (CSAC) or CSAC-Assistant under supervision as defined in 18VAC115-30-10 et seq.

All substance use care coordination providers must be under the supervision of a licensed practitioner within the OBAT setting. [↑](#endnote-ref-3)