NTP REACH

NTP REACH IMPLEMENTATION 101

November 14, 2019

Noon – 1pm PT

Kathleen West, DrPH

DHCS California Department of HealthCareServices

UCLA

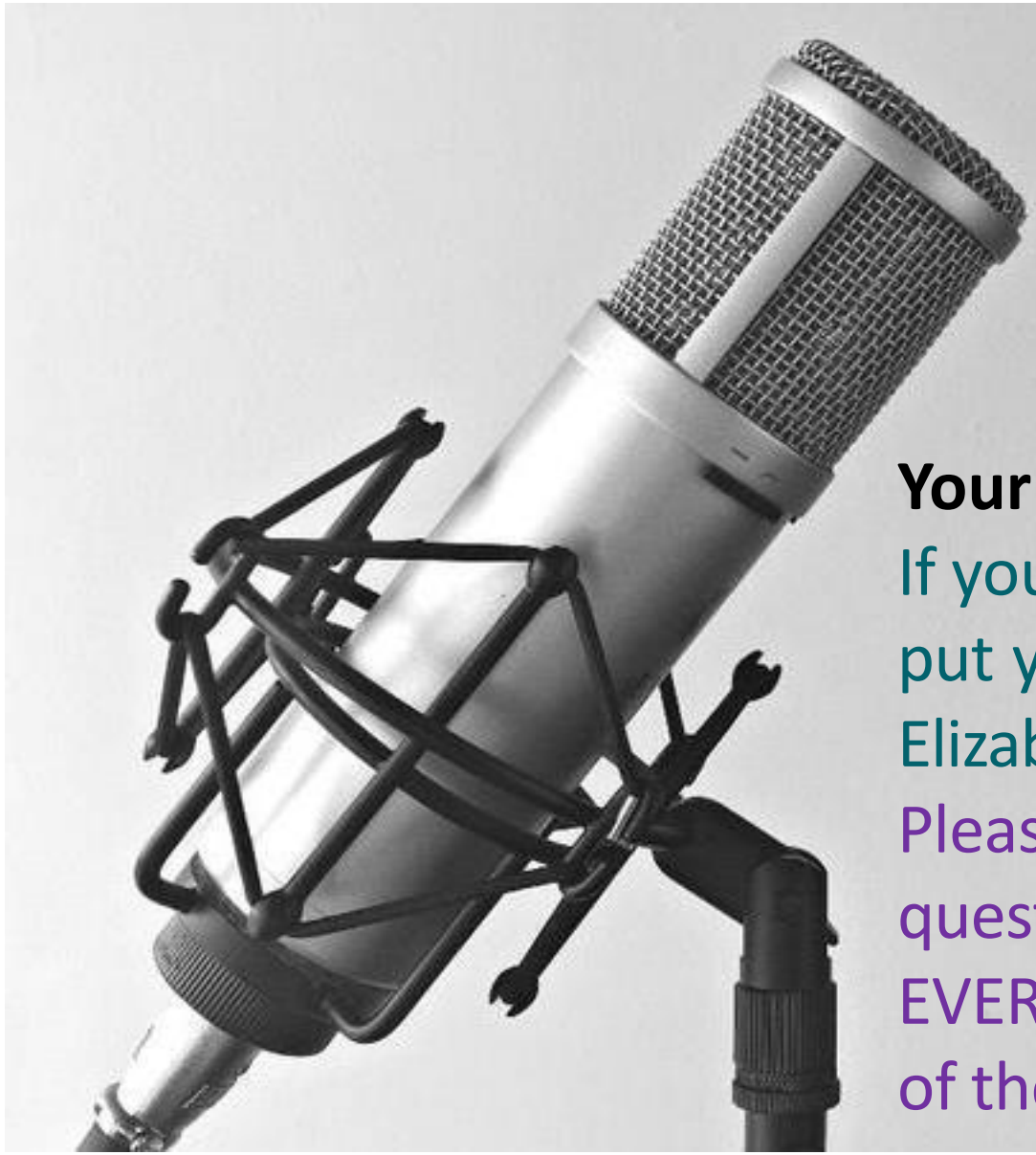
AHP Advocates for Human Potential, Inc.

NTP REACH

WELCOME!

- This webinar is being recorded and will be hosted on the NTP REACH website at http://www.uclaisap.org/ntpreach/ for later viewing and sharing with your team.
- We provide CE's for certain providers. In order to obtain CE credit, please remember to write down the start and end codes. I will provide the *start code* shortly, and the *end code* at the end of the webinar.
- At the close of the webinar we will provide a URL for the CE evaluation survey.

Audio Recording



Your microphone will be muted!

If you have any technical difficulties, put your question in the Chat box “to Elizabeth” for help.

Please also put content-related questions in the Chat box “to EVERYONE” to be answered at the end of the webinar.

NTP REACH

Agenda

Thank you for attending the first of five NTP REACH webinars!

2 core administrative topics:

AHP Invoicing

DHCS Allowable and Unallowable Expenses

The **BASICS** of **3 FDA-approved MAT**: methadone, buprenorphine, naltrexone

BASIC Overdose Reversal Information: **NALOXONE**

This one-hour session will prepare NTP REACH subgrantees to implement your projects by:

1) Submitting accurate and allowable invoices to receive reimbursement for equipment and property expenses and deliverables,

2) Incorporating accurate information about the 3 medications used to treat OUD into your programming, outreach education, and staff knowledge base,

3) Ensuring safer practice settings at your NTPs by understanding reversal of opioid overdoses with naloxone.

Session Overarching Objectives:

a)*Understand, be able to explain and know who to ask for further information on the* ***Basics of Invoicing at AHP*** *(including allowable and unallowable expenses* per DHCS guidelines)

b)*Understand, be able to explain and know where to find more resources about the* ***Basics of 3 medications used to treat OUD – buprenorphine, naltrexone, and methadone***

c)*Understand, be able to explain and know where to find more resources about* ***Basic overdose reversal information – Naloxone***

NTP REACH

Federal and State Grant Requirements

DHCS and MAT expansion projects must adhere to **45 CFR Part 75**

https://www.govinfo.gov/content/pkg/CFR-2015-title45-vol1/pdf/CFR-2015-title45-vol1-part75.pdf

MAT expansion projects must adhere to **DHCS** project requirements

MAT expansion projects must adhere to AHP contractual requirements

NTP REACH General Guidelines

Expenditures must be for NTP REACH.

NTP REACH funds may not supplant existing funding.

If any expense is more than $5K, 3 bids must be sought.

Expenditures for durable goods *must* have paid receipt for reimbursement.

All expenses must be documented in event of an audit.

Unallowable Expenditures

https://www.dhcs.ca.gov/provgovpart/Documents/Allowable_Expenditures_List.pdf

Salaries and fringe benefits to personnel not performing NTP REACH activities

Travel unrelated to NTP REACH (MAT expansion) project (no out of state travel)

No more than $3 for food per participant

Contract & Invoice Overview

1. Agreed-upon, do-able, and relevant Statement of Work

2. Budget that matches Statement of Work and relevant need
   - *IF* budget involves purchasing **durable goods**, ie: **equipment** (ie: Tower server and related software, computers, printers, projectors, etc.) or **property** (ie: chairs, desks, pharmacy safe, other furnishings)

   - *THEN,* AHP must receive copies of all paid vendor invoices in order to reimburse. *And* will reimburse upon receipt of invoices (instead of waiting till end of quarter to pay deliverables invoice.)

3. Use a "hybrid" invoicing system – part deliverable-based, part itemized-budget-based due to federal accounting requirements for durable goods

AHP Instructions for NTP REACH Subcontractor

Equipment Invoice Form

1. Invoices are to be completed and submitted to AHP promptly upon purchase of equipment. *Invoices received more than 30 days after completion of purchases may not be eligible for payment.*
2. Complete the top portion of the invoice with your organization name, address, phone and email information.
3. Refer to the "Statement of Work" provided with your Subcontract Agreement for equipment budgeted, and fill out the invoice grid with the following information:
   - *Item Description*
   - *Item Cost Amount*
   - *Enter the total of equipment items in the Equipment Subtotal Amount field*
   - *Enter 10% of the Equipment Subtotal amount in the Indirect Expenses Amount field*
   - *Enter Total Equipment Purchase Amount (Equipment subtotal + 10% Indirect) in the Total Amount field*
4. Please verify your total; an invoice with calculation errors will be returned to subcontractor for re-submission.
5. Attach receipts for equipment purchased to Invoice and include in invoice PDF file
6. Sign and date the invoice where indicated. Scan into PDF format and email invoice to: ***ap2@ahpnet.com***
7. Payment terms are 30 days from the date the invoice is received by A/P and approved by the project manager, unless the Consulting Agreement specifies different terms. No invoice will be approved for payment if you have not signed and returned your Consulting Agreement to AHP, or if AHP does not have your signed W-9 form on file.
8. Questions or concerns regarding AHP's invoicing and payment process may be directed to our Accounts Payable department at ***ap2@ahpnet.com***.

NTP REACH

Equipment Reimbursement Invoice Form

NAME:					
ADDRESS:					
CITY:		STATE:		ZIP:	
TEL. #:		EMAIL:			
AHP Project #:	7332.11				

Receipts must be included for all equipment items.

Equipment Type:	Item Description:	Amount:
Computer		$
Portable Projector		$
Filing Cabinet		$
Office Chair/Desk		$
Other (explain & list; if more space is needed, attach separate sheet)		$
Equipment Subtotal	*Please subtotal purchased items here*	$
Indirect Expenses	*10% of Direct Costs (10% to Equipment Subtotal)*	$
Total Equipment Purchase Amount (Equipment Subtotal + 10% indirect):		$

By signing below, purchaser certifies this is a true and correct report of authorized equipment expense, in accordance with the terms of the agreement with Advocates for Human Potential, Inc.

Scan to PDF & email completed invoice to:
ap2@ahpnet.com

Payment terms are 30 days from AHP's receipt and approval of the invoice.

Invoices received more than 30 days after completion of
services may not be eligible for payment.

Failure to provide all necessary receipts may result in a delay in approving the invoice for payment.

No invoice will be approved for payment if AHP does not have your executed Subcontractor Agreement and signed W-9 on file.

Signature and Date

NTP REACH

Advocates For Human Potential, Inc

Instructions for NTP Subcontractor Quarterly Deliverables Invoice

1. Invoices are to be completed and submitted to AHP promptly upon completion of deliverables. *Invoices received more than 30 days after completion of deliverables may not be eligible for payment.*
2. Complete the top portion of the invoice with your organization name, address, and phone and email contact information.
3. Refer to the "Statement of Work" provided with your Subcontract Agreement, and fill out the invoice grid with the following information:
   - Quarter #/ Date Range
   - Deliverable Description
   - Deliverable Amount
4. Enter the total of all line items in the "Total Fees" space at the bottom of the grid.
5. Please be sure to verify your total; an invoice with calculation errors will be returned to the subcontractor for re-submission.
6. Please attach a detailed description of all activities completed for the quarterly deliverable.
7. Sign and date the invoice where indicated. Scan into PDF Format and email the invoice to: **ap2@ahpnet.com**

Payment terms are 30 days from the date the invoice is received by A/P and approved by the project manager, unless the Consulting Agreement specifies different terms. No invoice will be approved for payment if you have not signed and returned your Consulting Agreement to AHP, or if A/P does not have your signed W-9 form on file.

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NTP REACH Quarterly Deliverables Invoice

NAME:					
ADDRESS:					
CITY:		STATE:		ZIP:	
TEL. #:		EMAIL:			
Project #:	7332.11				

For description of deliverable services, refer to the Statement of Work included in your Subcontractor Agreement.

Quarter #/ Date Range (eg: Qtr 1: 11/7-12/31/19)	Deliverable Description	Deliverable Amount
		$
	Total Amount due:	$

By signing below, Consultant certifies this is a true and correct report of the performance of services for Advocates for Human Potential, Inc., in accordance with the terms of the Agreement between the parties.

Scan to PDF & email completed invoice to: ap2@ahpnet.com

Payment terms are 30 days from AHP's receipt & approval of the Invoice, unless otherwise specified in your Consulting Agreement.

- Invoices received more than 30 days after completion of services may not be eligible for payment.

No invoice will be approved for payment if AHP does not have your executed Subcontractor Agreement and signed W-9 on file.

Signature and Date

NTP REACH

AHP Billing Resource

Questions or concerns regarding AHP's invoicing and payment process may be directed to our Accounts Payable department at **ap2@ahpnet.com**

NTP REACH

MEDICATION ASSISTED TREATMENT 101

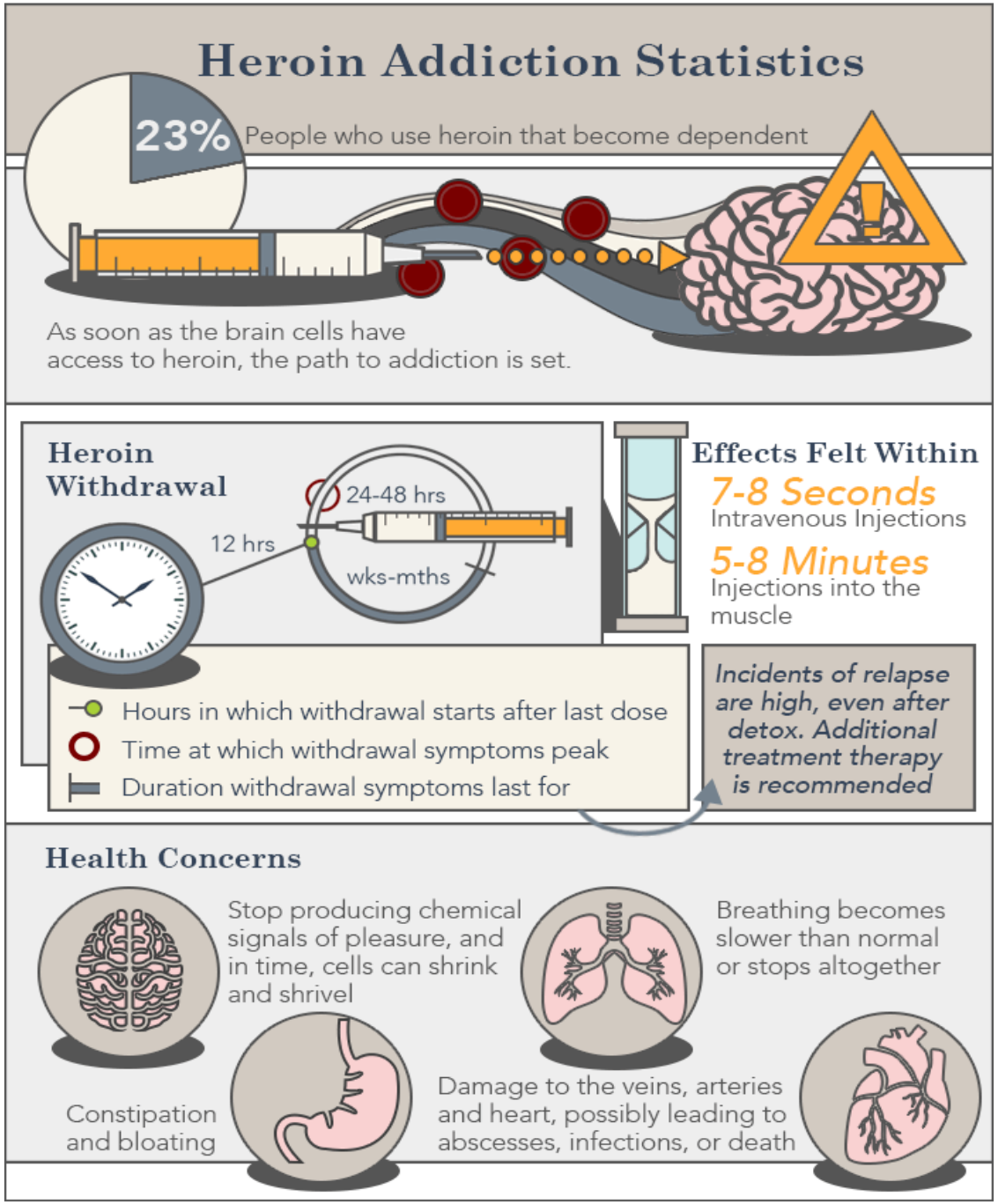
LEARNING OBJECTIVES related to MAT & NALOXONE

Objective 1---- List and understand the types medications that are FDA-approved for the treatment of Opioid Use Disorder (OUD)

Objective 2 ---- Explain why opioid use disorder requires medication assisted management

Objective 3 ---- Explain how to use Naloxone to reverse an opioid overdose

Why medications?

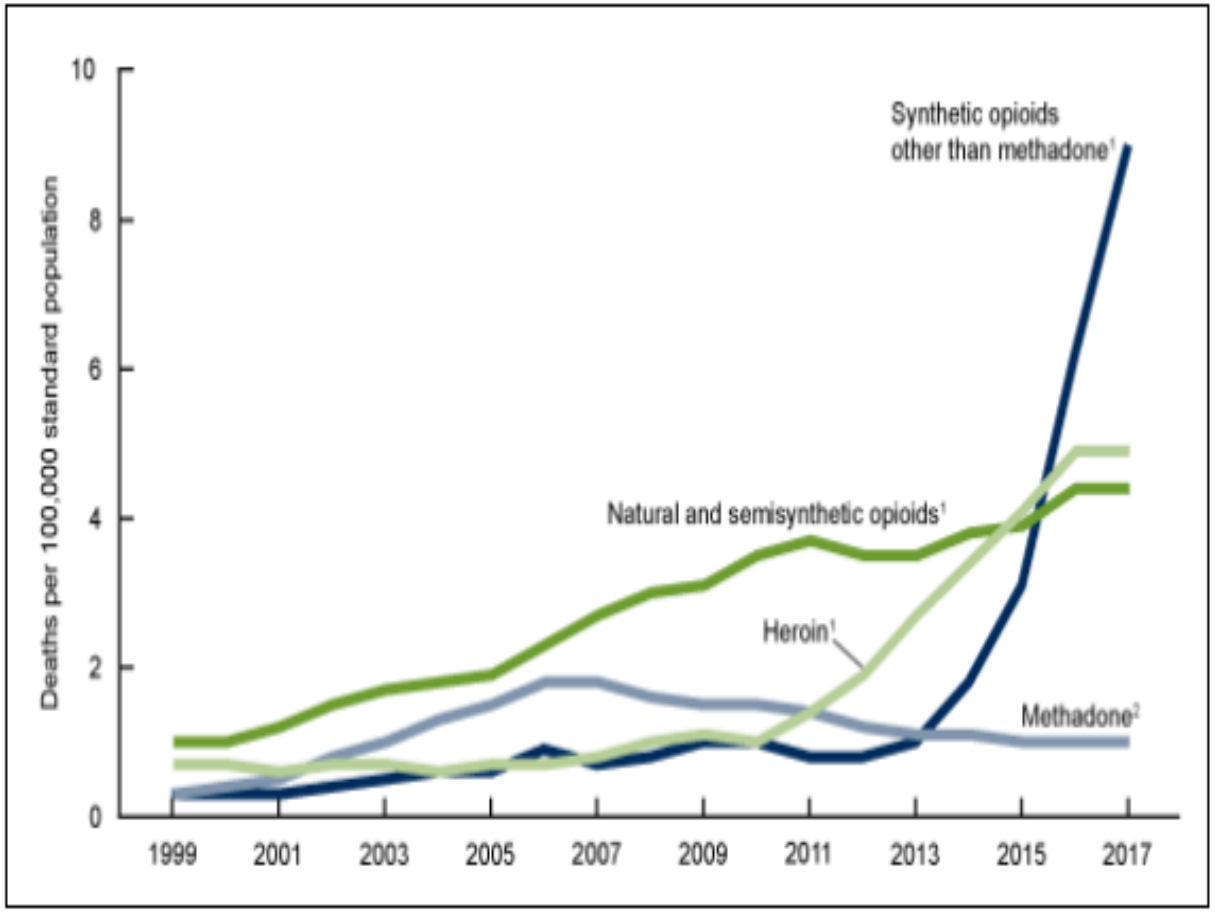


Graphic from: https://americanaddictioncenters.org/heroin-treatment

In 2017, there were 70,237 drug overdose deaths in the U.S. – most were due to synthetic opioids

Age-adjusted drug overdose death rates, by opioid category.

United States, 1999–2017



Opioid Epidemic in California

In 2018, California had …

- 2,311 opioid overdose deaths
- 743 fentanyl overdose deaths
- 8,832 opioid overdose ED visits (excluding heroin)
- 19,808,224 opioid prescriptions

Source: California Opioid Overdose Surveillance Dashboard
https://discovery.cdph.ca.gov/CDIC/ODdash/

Fentanyl Deaths Rising

With permission from Bruce Taylor/NHSP Forensic Lab

Image showing lethal doses of heroin (left) and fentanyl (right)

- Fentanyl is increasingly the cause of U.S. overdose deaths
- 50-100 times more potent than morphine & enters brain very quickly because of its high fat solubility
- Just 2 milligrams can kill a person
- First responders must use precautions to avoid touching or breathing it

NTP REACH Seeks to Ensure that *All NTP STAFF* UNDERSTAND ALL TYPES of Medication Assisted treatment (MAT)

The rapid rise in opioid overdoses and deaths in the US increases the need to urgently utilize all forms of treatment for Opioid Use Disorder (OUD)

Using one of 3 FDA-approved medications to treat a person with an OUD is analogous to treating a person with Type 1 Diabetes with insulin

MAT is more than "*substituting one addictive drug for another*".

Medications for OUD act on specific neuro-transmitter receptor sites

MAT decreases cravings which are a result of brain changes caused by OUD

MAT can shorten relapses

MAT improves recovery outcomes

Medication for Initial & Continued OUD Treatment

MEDICATION HAS BEEN SHOWN TO BE EFFECTIVE AND IS RECOMMENDED FOR MODERATE TO SEVERE OUD

PEOPLE WHO ARE INCARCERATED, DETAINED IN JAIL, (REGARDLESS OF LENGTH OF SENTENCE) OR ON PAROLE, OR PROBATION SHOULD BE OFFERED MAT

DHCS IS EXPANDING ACCESS TO ALL FORMS OF MAT ACROSS CALIFORNIA WITH NTP REACH LEADING THE WAY TO IMPROVED HEALTH FOR THOSE WITH OUD

Substances for which medications in addiction treatment *are* FDA-approved in 2019

Opioids

Alcohol

Benzodiazepines

Tobacco (nicotine dependence)

Substances for which medications in addiction treatment are *not* FDA-approved in 2019

Cocaine

Methamphetamine

Hallucinogens

Cannabis

Solvents/Inhalants

3 Different Types of MAT for OUD

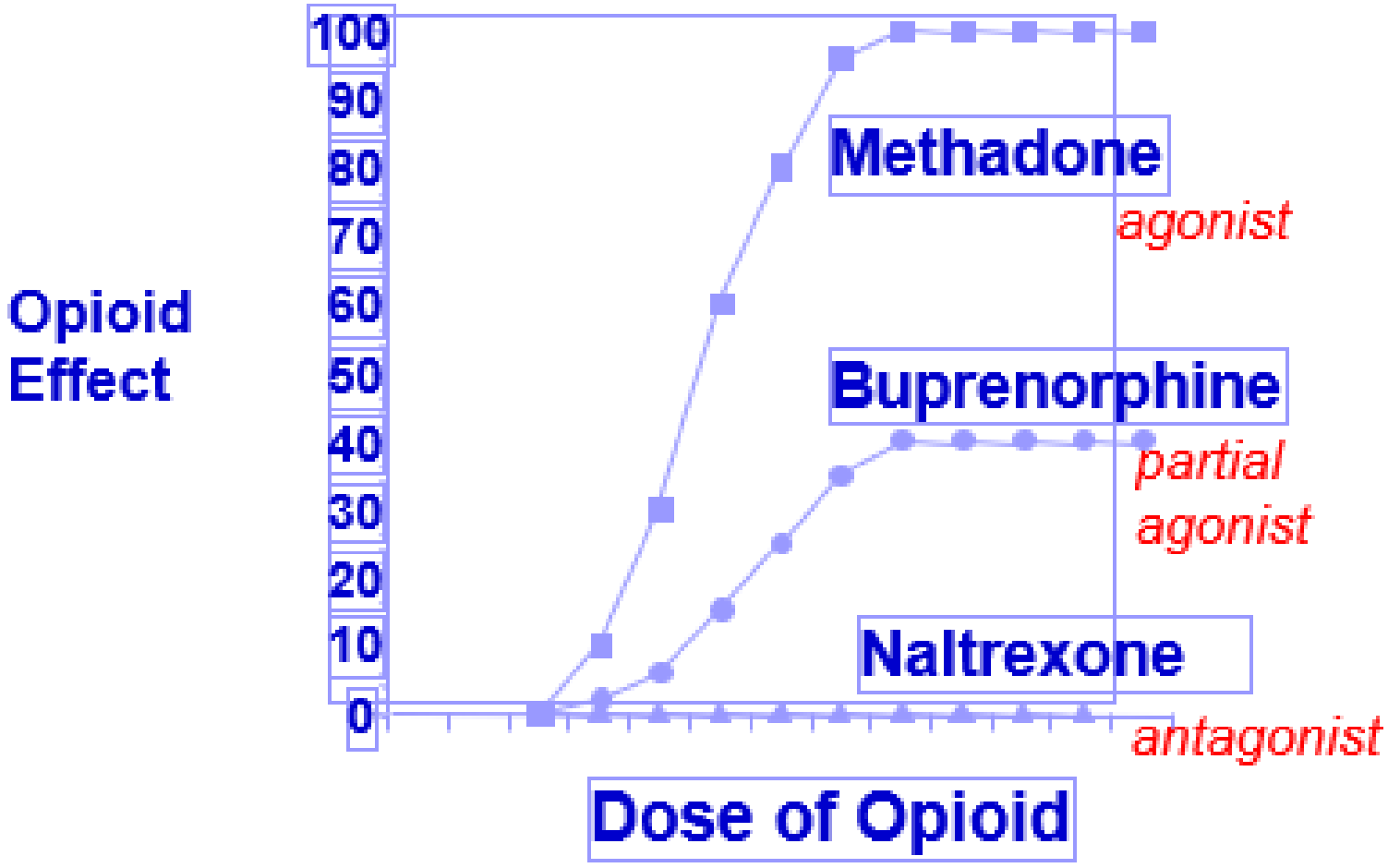
Methadone

Buprenorphine

Naltrexone

Agonists	Act on the opioid receptor but have effects which are less intense, slower, and longer-lasting than opioids like heroin. This means that agonists alleviate withdrawal and craving but don't provide the same euphoria, or "high," of the misused opioid.
Partial agonists	Produce effects that are similar to but weaker than those of full agonists
Antagonists	Work by blocking the action of receptors. Should a participant undergoing treatment with an antagonist-type medication relapse and use the formerly misused opioid, that drug's power to trigger the receptors is often blocked or greatly diminished. All participants, including those in drug courts, should have access to all three types of medication with treatment based on participant preference and clinical assessment.

What is the Difference between an Opioid Agonist, Partial Agonist, & Antagonist?



Diagnosis & Drug Testing

- Must verify an OUD diagnosis before initiating MAT
- Participants in active withdrawal should first have their withdrawal (WD) symptoms evaluated and treated by a provider using validated scales for WD symptoms; eg: Clinical Opioid Withdrawal Scale (COWS)
- Drug testing must be conducted in alignment with national standards and in conjunction with self-report
- Definitive testing should always be used when results will influence clinical or other decision-making

Referral to Appropriate Placement & MAT Type

- NTP with methadone may benefit participants who need daily structure, dosing, and supervision, those for whom office-based opioid treatment (OBOT) has been unsuccessful, or if no waivered prescriber is available.

- **NTP REACH seeks to expand access to waivered prescribers!**

- NTP staff and counselors should
  1) Understand the benefits of each specific MAT options,
  2) Discuss with both participants and referring agencies in each case, and
  3) Collaborate in shared decision-making between prescribing clinician and the participant

Medications for OUD Require Special Treatment Settings & Providers

Methadone can ONLY be dispensed in regulated Narcotic Treatment Programs (NTPs)

NTPs provide methadone and counseling and

must be:

-approved by the Substance Abuse and Mental Health Services Administration (SAMHSA),

- accredited by a licensing body,

- licensed by the state, and

- registered with the Drug Enforcement Agency (DEA)

Methadone

- Recommended for moderate to severe OUD
- Initial dosing must be monitored to ensure participant's well-being.
- Eventually "take-home" doses can be granted for home self-dosing
- Should be reinstated quickly after relapse or if person had previously received methadone at an OTP & now has high relapse risk
- Abrupt cessation will cause acute withdrawal
- Resumed use of opioids is associated with increase of overdose and death

Waiver required to prescribe buprenorphine

Title XXXV, Section 3502 of the Children's Health Act of 2000 permits physicians who meet certain qualifications to treat opioid addiction with Schedule III, IV, and V narcotic medications that have been specifically approved by the FDA for that indication.

Such medications may be prescribed and dispensed by waived physicians in treatment settings other than traditional OTPs. For example, Office-based Opioid Treatment (OBOT) can be used.

TRAINING on DATA 2000 AVAILABLE at:

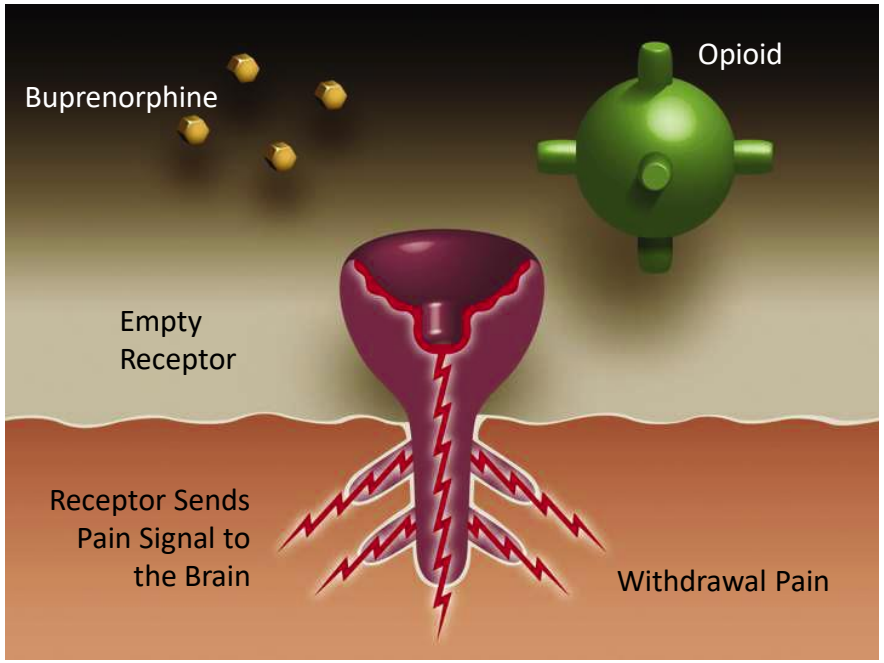
- American Academy of Addiction Psychiatry
- American Osteopathic Academy of Addiction Medicine
- American Psychiatric Association
- American Society of Addiction Medicine

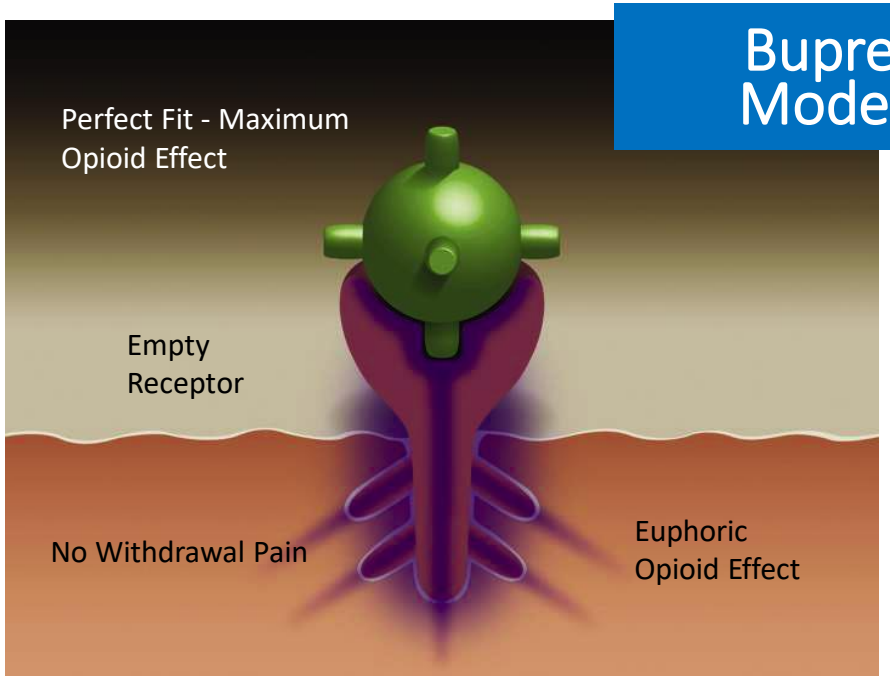
http://buprenorphine.samhsa.gov/data.html

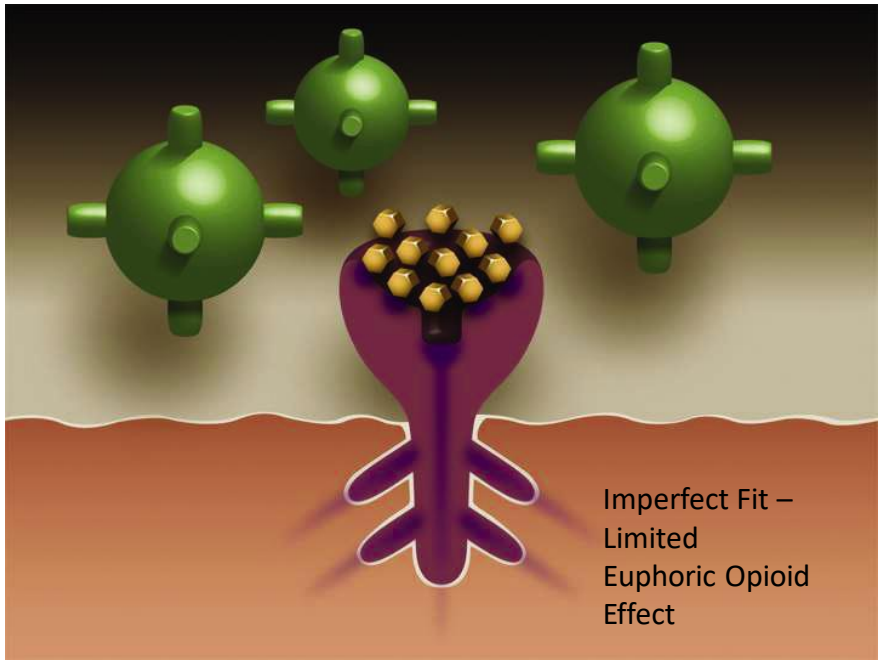
Buprenorphine

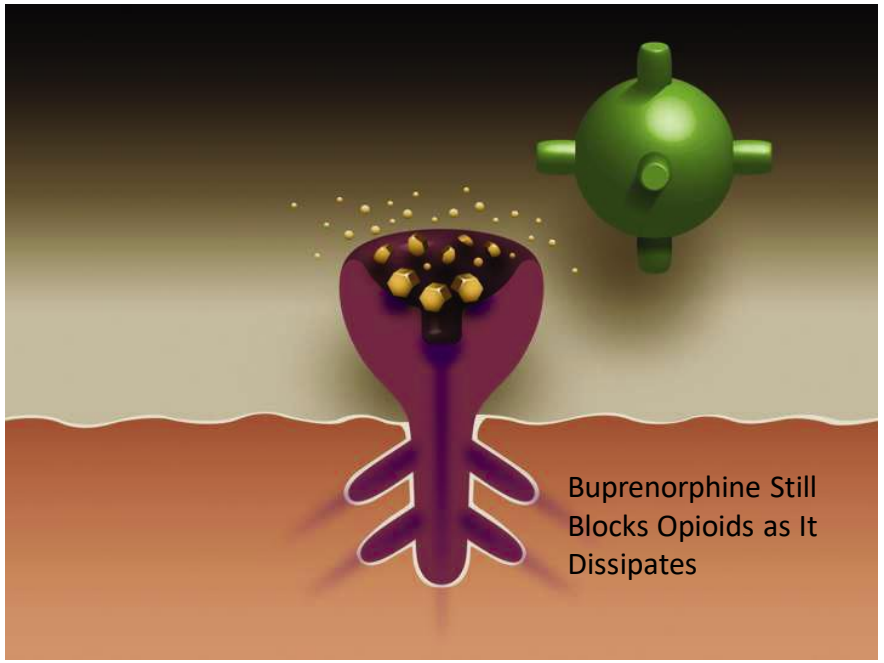
- Should be initiated when mild to moderate withdrawal symptoms are present; otherwise dosing buprenorphine can cause withdrawal
- Can be started in medical setting or at home
- Prescribing clinicians may not provide any counseling, but psychosocial support and treatment should be provided.
- Weekly visits (at least) with prescribing clinician are recommended until participant is stabilized

Buprenorphine Mode of Action









Courtesy of NAABT, Inc. (naabt.org)

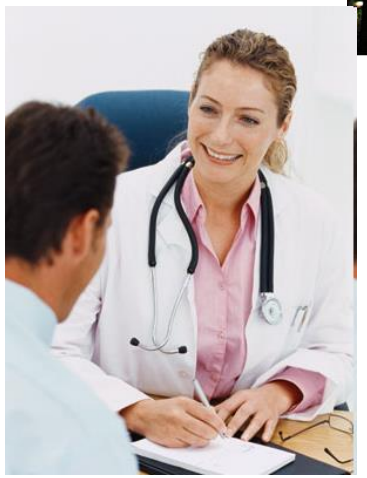
Buprenorphine

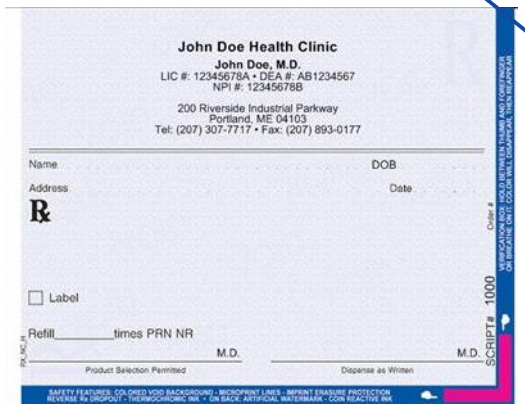
- Clinicians should be proactive in reducing risk of diversion; eg: using formulations that are hard to divert (ie: film), frequent toxicology testing and office visits for pill counts and check-in

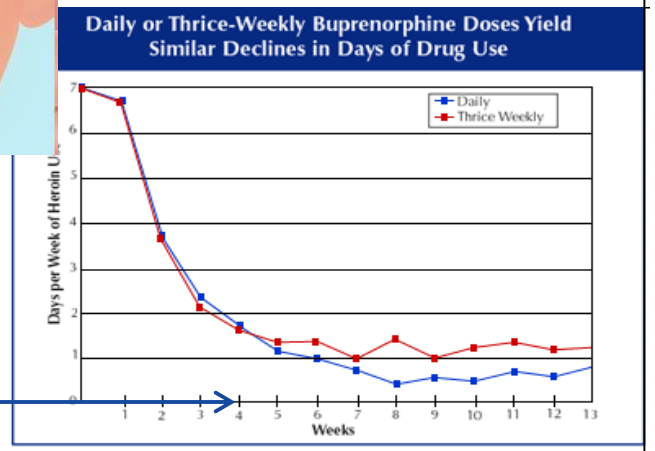
- Tapering off buprenorphine is possible, but not necessary. If attempted, it should be done under medical and treatment supervision over several months with ongoing treatment post discontinuation of MAT.

- Stopping will cause acute withdrawal, increased risk of overdose and death.

An advantage of Buprenorphine: Office or Pharmacy-based Settings, as well as NTPs







Patients in treatment for opioid addiction received either daily or thrice-weekly doses of buprenorphine. Both groups showed reductions in reported days of heroin use during a 13-week treatment program.

Naltrexone

- Is an antagonist medication that blocks opioid affects
- Can safely be administered only after a person has been opioid abstinent for 7-10 days
- Extended-release injectable naltrexone can be offered monthly and is more effective than no medication in reducing relapse risk
- Has no diversion risk, but those who stop use and experience a relapse are at risk of overdose and death

Naltrexone

- Results in the loss of opioid tolerance so those who relapse are at greater risk of overdose and death
- Counseling, relapse prevention, and psychosocial support should be offered to those using naltrexone
- Because there is no physical dependence, it can be stopped abruptly with no withdrawal symptoms.
- When possible, injectable naltrexone should be discontinued 30 days before a planned surgery; non-opioid anesthesia may be required for naltrexone patients

Extended-Release Naltrexone (Vivitrol)

- Blocks opioid action via monthly intramuscular injection
- Non-narcotic, not a controlled substance
- Must be abstinent from opioids before use
  - Good option for re-entry from rehab, detox, prison/ jail, or reliable opioid-free setting
- Not for use if:
  - Surgery or other medical procedure requiring opioid analgesia is required

Responding to an Opioid Overdose: NALOXONE

- Naloxone is available as an injection or intranasal spray
- Participants being treated for OUD and their family and friends should be given naloxone prescription
- Drug court personnel and first responders should all be trained and authorized to administer naloxone
- Naloxone should be administered to pregnant women in overdose to save the woman's life

Steps in addressing overdose

CALL FOR HELP DIAL 911

RECOGNIZE SIGNS OF OVERDOSE

ADMINISTER NALOXONE

SUPPORT RESPIRATION

MONITOR PERSON'S RESPONSE

Naloxone (Narcan) Overdose Kit

Naloxone Rescue Kit Contents

Naloxone Rescue Kit IM

Naloxone Rescue Kit Nasal

Naloxone auto-injector (IM or SC) for emergency treatment of opioid overdose for administration by laypersons – (opioid blocker)

Evzio®

The Naloxone Distribution Project (NDP)

- DHCS is working to reduce opioid overdose-related deaths through provision of **FREE** Naloxone to qualified entities. (NTPs are *not* qualified.)

- Since October 2018, the NDP has:
  - Processed over **1,000** applications for naloxone
  - Distributed over **247,000** naloxone units
  - Reversed **3,414** opioid overdoses

To download the application and for more information, visit the DHCS website: https://bit.ly/2w2Vx9f.

IMPORTANT TOPICS NOT COVERED

- Clinical management and non-clinical supportive care of opioid withdrawal.

- Thorough assessment, treatment, placement and selection of which medication for addiction treatment (also known as “MAT”) is appropriate for your patient

Upcoming calendar of NTP REACH Events

- Monthly coaching calls will start in December with a check-in

- Four webinars proposed dates are:
  - Late January 2020
  - Mid March 2020
  - Mid June 2020
  - Early September 2020

- Two Learning Collaboratives dates are:
  - May 1, 2020 in San Jose
  - Proposed: August 7 or 14, 2020 in Sacramento

Questions?

- Remember – this is JUST a quick overview of the 3 medications approved for OUD
- AND gets you started for billing!
- It provides some core information to share with your NTP REACH team and your community outreach education
- Much more information will be shared over the coming year

In the meantime, please visit often:

- http://www.uclaisap.org/ntpreach/
- And http://www.uclaisap.org/