

State Targeted Opioid Response Initiative (STORI) Fee-for-Service (FFS) Open Enrollment



DEPARTMENT OF HUMAN SERVICES (DHS)
DIVISION OF MENTAL HEALTH & ADDICTION
SERVICES (DMHAS)

STORI INFORMATIONAL WEBINAR
JUNE 2017



H.R.6 - 21st Century Cures Act

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- The **21st Century Cures Act** is a Federal law enacted by the 114th United States Congress in December 2016. It authorized \$6.3 billion in funding, mostly for the National Institutes of Health.
- The 21st Century Cures Act designated \$1 billion in grants for states over two years to fight the opioid epidemic.
- Funds may be used to improve prescription drug monitoring programs, to make treatment programs more accessible, to train healthcare professionals in best practices of addiction treatment, and to research the most effective approaches to prevent dependency.

2017 State Targeted Response to the Opioid Crisis Grants (Short Title: Opioid STR)

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- DMHAS submitted its application to the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) and Center for Substance Abuse Prevention (CSAP) on February 16, 2017.
- The program aims to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD) (including prescription opioids as well as illicit drugs such as heroin).
- Grants awarded to states and territories via formula based on unmet need for opioid use disorder treatment and drug poisoning deaths.
- New Jersey's allocation is \$12,995,621 annually for two years.



NJ State Targeted Opioid Response Initiative (STORI)

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New Jersey State Targeted Opioid Response Initiative (STORI)

- SAMHSA award to New Jersey - May, 2017
- STORI goals and objectives:
 - Address the opioid crisis confronting the state using a variety of strategies
 - Increase access to treatment, reduce unmet treatment need and reduce opioid related deaths

Opioid STR Required Activities

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- Provide assistance to under- and uninsured patients with treatment costs.
- Provide treatment transition and coverage for patients reentering communities from criminal justice settings or other rehabilitative settings.
- Implement or expand access to clinically appropriate evidence-based practices (EBPs) for OUD treatment, particularly, the use of medication assisted treatment (MAT).
- Establish and/or enhance statewide and community-based recovery support systems to implement peer and other recovery support services.

STORI Fee-for-Service

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- STORI Eligibility Criteria:
 - Required
 - Opioid Use Disorder (OUD);
 - 18 years of age or older and a resident of New Jersey;
 - Individuals at 350% or below Federal Poverty Level (FPL)
 - Priority given to
 - Individuals referred from Opioid Overdose Recovery Program (OORP);
 - Other overdose survivors;
 - Veterans;
 - Individuals released from incarceration in last 60 days



STORI Fee-for-Service (cont.)

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Other Criteria:

- Client participated in an OORP
- Client's drug use includes heroin or prescription/other opiates
- Client experienced an opioid overdose in the past

Treatment/Recovery Support

STORI Fee for Service Phase 1 – July 1, 2017

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- Open enrollment to existing contracted Opioid Treatment Programs (OTP), STR, Residential WM - Initiative Specific Documents Required:
 - **Interim Services Policy** – include list of available services, frequency of service availability and any associated client schedule; include education about HIV, Hepatitis C transmission, referral/testing for HIV, tuberculosis and Hepatitis C treatment services and Linking to Recovery Centers or recovery supports in community
 - **Policies & procedures** to ensure provision of treatment for priority populations: priority admission to IV using pregnant women or opioid dependent pregnant woman & IVDU (program must provide immediate on demand services)
 - **Executed or Draft Affiliation Agreements** with local/and or statewide OORP

Treatment/Recovery Support STORI Fee for Service Phase 1

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- STORI FFS Services Phase 1 (July 1, 2017)
 - Inpatient Withdrawal Management (IWM)
 - Short Term Residential (STR)
 - Outpatient/Intensive Outpatient (with medication assisted enhancements **limited** to OTPs)

STORI FFS

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Enhancements:

- Clinical Review (urines, oral swabs, LOCIs)
- Recovery Support (Case Management)
- Vivitrol (if provider is approved for Vivitrol)
- Medication Assisted Treatment - Methadone packages (limited to licensed OTPs)
- Medication Assisted Treatment - Buprenorphine packages (limited to licensed OTPs)

STORI FFS Phase 2 – August, 2017

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- Any FFS provider approved for Vivitrol Enhancement will be eligible to apply to enroll in STORI FFS:
 - Applications due back to DMHAS no later than 4 pm on July 5, 2017
 - Notification of approval to provide Vivitrol as an enhancement to providers by August 4th
- Open enrollment for additional levels of care for Vivitrol Enhancement to be added to the STORI Service Package (date to be announced)

Treatment/Recovery Support

STORI Fee for Service Phase 3 (Fall 2017)

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- Building Buprenorphine Network:
 - Applications to apply to be a provider in the Buprenorphine Network (date to be announced)
- Outpatient and Intensive Outpatient (date to be announced)
- Ambulatory Detoxification (working with Medicaid on rates)
- Smoking Cessation & Nicotine Replacement Treatment
- Peer Services:
 - Peer Level Community Support - Individual
 - Peer Level Community Support – Group
 - Peer Level Telephone Recovery Support



STORI FFS

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- STORI is an IME Addiction Access Center Managed Initiative
 - IME procedures and current lengths of stay apply
 - NO PA needed for Outpatient/Opioid Maintenance Outpatient
 - PA needed for Inpatient WM, STR and IOP
- FFS Enhancement Authorization Parameters
 - No Changes

STORI FFS Clinical Parameters (Residential)

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- Inpatient Withdrawal Management
 - Length of initial - 5 day authorizations
 - Length of each extension – 5 days
 - Continuation of Care (ERL)
 - 5 Day authorizations day 3 through 5
- Short Term Residential
 - Length of Initial - 7 or 14 day authorizations
 - Length of each extension (CCR) 7 or 14 days
 - Continuation of Care (ERL)
 - 7 day authorization – day 3 through 7
 - 14 day authorization – day 7 through 14



Utilization Management (UM)

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- Treatment authorization is approved when following criteria met in the provider request for a PA:
 - Medical/Clinical necessity
 - Appropriateness of treatment to meet the needs of the client
- When both medical/clinical necessity for treatment and the appropriateness of the treatment requested are established, an authorization for the treatment requested is issued by IME UM staff.



Questions?

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DMHAS CONTACT INFORMATION

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