



# A overview of OTP vs. OBOT & Community Medical Services



# OTP vs. OBOT

## Opioid Treatment Program (OTP)

- Licensed by the DEA to dispense *Methadone*, *Suboxone* (buprenorphine/naloxone), *Subutex* (buprenorphine), or *Vivitrol* (Naltrexone)
- Methadone can only be dispensed out of a OTP
- **No** prescriptions are written
- Patients go into the clinic 6 days a week
- Medication is dispensed directly from clinic and observed by a nurse
- When patients meet time in treatment and meet stability requirements they earn privileges – i.e. they can take out more medication
- Monthly counseling and medical provider appointments are required
- Accredited by SAMHSA/CARF to provide MAT with all FDA approved medications
- No limit on number of patients that can be treated

## Office Based Opioid Treatment (OBOT)

- Patients are seen by a Medical Provider with a X waiver to prescribe *Suboxone* (buprenorphine/naloxone), *Subutex* (buprenorphine), or *Vivitrol* (Naltrexone)
- *Prescriptions* are written – patient fills at the pharmacy of their choice
  - Prescriptions are often written for 28 day supply
- Cannot offer or write prescriptions for Methadone
- OBOT Examples: Ideal Options or Primary Care Physicians
- No Federal requirement for counseling
  - Programs can choose to do this if they desire
- Diversion calls are typically not done – checks to verify medication is being taken as prescribed
  - Programs can choose to do this if they desire
- Waivered providers are limited to 100 patients
  - Providers with an extended waiver can see 275

# ASAM Levels of Care

Level of Care	Adolescent Title	Adult Title	Description
0.5	Early Intervention		Assessment and education
OTP (Level 1)	*Not specified for adolescents	Opioid Treatment Program	Daily or several times weekly opioid medication and counseling available
1	Outpatient Services		Adult: Less than 9 hours of service per week Adolescent: Less than 6 hours of service per week
2.1	Intensive Outpatient Services		Adult: More than 9 hours of service per week Adolescent: More than 6 hours of service per week
2.5	Partial Hospitalization Services		20 or more hours of service per week
3.1	Clinically Managed Low-intensity Residential Services		24-hour structure with available personnel, at least 5 hours of clinical service per week
3.3	*Not available because all adolescent levels attend to cognitive/ other impairments	Clinically Managed Population-specific High-intensity Residential Services	24-hour care with trained counselors, less intense environment and treatment for those with cognitive and other impairments
3.5	Clinically Managed Medium-intensity Residential Services	Clinically Managed High-intensity Residential Services	24-hour care with trained counselors
3.7	Medically Monitored High-intensity Inpatient Services	Medically Monitored Intensive Inpatient Services	24-hour nursing care with physician availability, 16 hour per day counselor availability
4	Medically Managed Intensive Inpatient Services		24-hour nursing care and daily physician care, counseling available

# Community Medical Services Program Description

Community Medical Services (CMS) provides ASAM Level 1 Outpatient Opioid Maintenance Treatment services for clients with a diagnosis of opioid use disorder (OUD) determined by DSM and ASAM criteria. Services provided include:

- Medication Management
- Group and Individual Counseling
- Case Management
- SMI/Co-Occurring Disorders
- Community Based Services

- \* *The following Program Description is a general overview of the services provided by Community Medical Services. There are services CMS can provide that are not listed  
- for example: in several States CMS works closely with the Department of Corrections to provide MAT services.*
- \* *This program description also does not provide the Federal Criteria for take home medications, individual site hours, medication prices, or insurance information.*
- \* *See last slide for contact information for questions or additional information*

# CMS Program Cont.

## **Program Goals:**

- To help those who are suffering from substance abuse addiction.

## **Program objectives:**

- Increase understanding and insight about the disease of addiction by providing continuous education about all physical, mental, emotional, psychological, financial, legal, social, and relational aspects of chemical dependency and the subsequent recovery process.
- Teach appropriate life skills that assist in the progressive development of physical, mental, emotional, and social tools need to participate in a lifestyle that is free of illicit drug use and abuse.
- Teach, coach, and encourage healthy coping strategies and interventions as an alternative to drug abuse and its negative effects.
- Aid in the process of increased and enhanced self-awareness, self-sufficiency, and self-responsibility.
- Assess, evaluate, and provide referrals to appropriate ancillary behavioral and/or medical support services as needed or desired.
- Assist in the healing and restoration of family and other significant relationships in the individual's life.
- Assist in the development of and participation in living environments that are free of illicit substances and encourage health community participation and involvement.



# CMS Program Cont.

## Services Offered:

- Clients are required to see a medical provider and a counselor according to individual client needs, state licensure requirements, and accreditation standards. Clients are required to participate in a comprehensive treatment approach that may include, but is not limited to, individual and family counseling, substance abuse education, external support groups, referrals to specialized treatment providers, medical follow-up and evaluation, and case management services. Specific and individualized treatment needs, objectives, and goals are strength-based and determined by the client and his or her treatment team.
- Counseling and all ancillary services are available to clients Monday through Friday during clinic hours of operation and on Saturdays, if scheduled in advance or during an emergency. CMS recommends scheduling appointments for treatment services, however every attempt is made to accommodate walk-ins. On-call services are available 7 days a week, 24 hours a day, 365 days a year. Vocational needs are coordinated with local vocational rehabilitation facilities.

## Opioid Treatment:

- Opioid treatment is individualized based on the client and their medical considerations. The goal of treatment is to stabilize an individual on an appropriate dose as prescribed by a medical provider to assist the individual in becoming free of illicit opioids.
- All state and federal regulations that govern medication-assisted treatment (MAT) are strictly followed. All CMS locations hold required state and local licenses including CSAT certification, DEA registration, and CARF accreditation. Locations requiring local county behavioral health registration, acute care plan registration, or state pharmacy licenses are held maintained.

# CMS Program Cont.

## **Medication Monitoring and Adjustment:**

- Medication is dispensed by a credentialed nurse. Clients are expected to see a medical provider at least once per quarter for medication monitoring and adjustment; more frequent visits are possible if necessary, based on medical provider recommendation, counselor recommendation, or client request.

## **Counseling Services:**

- A range of cognitive, behavioral, and other addiction-focused therapies incorporating a variety of treatment approaches are provided to each client. Family counseling services are offered and provided per individual client request and with appropriate client consent. Educational needs are assessed and incorporated into all services provided. Counseling needs are assessed on an individual basis and include inputs from members of the treatment team. Coordination of care and referrals are provided to clients who require or request such services outside the scope of substance abuse counseling.

## **Behavior Management:**

- Behavior management is incorporated into every aspect of the opioid treatment program. Appropriate behavior begins when a client arrives on clinic property and continues in the waiting area and at the dosing window. Respecting personal space, patience, confidentiality, and proper conversation are deemed appropriate behaviors. Inappropriate behavior in the dispensing line, lobby, or check in area is dealt with on an individual basis and may include probation or termination from the program. Behavior management within the context of the therapeutic setting emphasizes life skills of boundaries, responsibilities, and consequences. Clinicians assist clients in recognizing old patterns and behaviors and learning new life skills. This is utilized through a client-centered approach, counseling, cognitive-behavioral interventions, and behavior management techniques (initiatives and rewards).

# CMS Program Cont.

## Outpatient Medically Supervised Withdrawal (MSW)

- Outpatient medically supervised withdrawal, also identified as *tapering*, provides effective treatment individualized for each client, depending on medication consideration and individual goals. Withdrawal can occur in as few as 31 days or based upon a scheduled decline in dose amount between the client and medical provider. Included in these services are lifestyle changes, as well as the reliance on opioid medication and ultimately withdrawal. Aftercare is offered, and referrals are provided and centers on maintaining the drug-free existence that has been accomplished.

## Opioid Treatment on Demand (Center of Excellence)

- Opioid Treatment on Demand (OTOD) is the equivalent of an opioid urgent care center, providing 24-hour access to intake, assessment, and review of all MAT and OUD treatment options; serves as a drop-in center for first responders, law enforcement, and concerned family members; also referred to as a Center of Excellence.

## Medication Units

- Medication unit means a facility established as part of, but geographically separate from, an opioid treatment program from which licensed private practitioners or community pharmacists dispense or administer an opioid agonist treatment medication or collect samples for drug testing or analysis (CFR 42, Part 2). Medication units allow MAT patients to establish a routine and maintain a productive life. This can be especially helpful for people living in rural areas where the nearest OTP site may be 70 miles away or more. Even in major cities, medication units may be needed to help cut down on long wait times at busy OTP sites (SAMHSA).



# CMS Program Cont.

## Case Management

- Case management is a supportive service to enhance treatment compliance and effectiveness. Case management assists individuals to maintain or improve level and functioning and living environment. This includes assisting clients to find resources for basic needs, coordination of care with outside providers, agencies, mental and medical health care providers, vocational, education, and other involved supporters. In addition to coordination of care, case management may include routine phone calls, face-to-face coordination, multi-agency intervention, and advocacy support.

## OB/GYN SERVICES

- In Maricopa County, the CMS – Northern location has an onsite medical provider available one day per week to provide OB/GYN services to female client and pregnant clients who currently receive services. The OB/GYN medical provider arrives onsite with staff and equipment to provider specific OB/GYN care. Available services include:
  - Well-women care including: pelvic exam, breast exam, and pap smear, oral contraceptives, and pregnancy testing, screening, monitoring, and management. Education on pregnancy, fetal development, medication-assisted treatment and neonatal abstinence syndrome (NAS) Fetal monitoring, fetal ultrasounds, and testing. Partnership with local hospital for labor and delivery needs and referrals to various women's health specialists as needed for pregnancy and family related resources. Post-partum follow-up. Services that are not provided on site but are referred out include surgery, medical complications, and delivery. Emergent medical care is referred immediately to 911.



*For any questions or additional information please contact:*

**Rowen Schuler, MSW**

*Community Relations Liaison for Montana/ Clinic Manager*

**(406) 570-6473**

**[rowen.schuler@cmsgiveshope.com](mailto:rowen.schuler@cmsgiveshope.com)**

