Hey everyone!

Thanks to everyone who attended today’s meeting. A recording of the meeting is available here if you were unable to attend: https://attendee.gotowebinar.com/rt/165945297876388363

We discussed the recent OTP FAQ document available from SAMHSA here: https://www.samhsa.gov/sites/default/files/faqs-for-oud-prescribing-and-dispensing.pdf There are a few important points I want to discuss that I’ll also talk more about in a future Ohio OTP Guidance document. First, it is important to recognize that any federal guidance about these issue must be interpreted in the context of OAC related to Ohio’s state departments and professional boards, including OhioMHAS, the State Medical Board of Ohio, the State Nursing Board of Ohio, and the Ohio Board of Pharmacy.

Use of Midlevels Across Any OTP, regardless of Medication Type

Several of these questions talk about use of midlevels, and they appear to significantly expand their potential authority (e.g., question #12). Please note that Ohio has specific guidance related to personnel, and our OAC does not allow some of the things mentioned within this document. For example, Ohio’s OAC concerning medical director responsibilities is very specific, and there is no language allowing other delegates to perform this work: (OAC 5122-40-05 B(2)).

Midlevels in Ohio have the ability to perform the items mentioned within 42 CFR 8.12(e), 8.12(h) and 8.12(i) that are mentioned within the SAMHSA FAQ document, as long as the items are within their scope of practice. That said, SAMHSA’s previous requirement was that each Midlevel duty be specifically requested in writing on the exemption application. SAMHSA is reviewing whether they will grandfather existing practitioners that may not have requested some of these specific duties in their application. For now, please do not expand an exempted midlevel’s scope until SAMSHA provides guidance.

Question 12 also allows midlevel practitioners to use any of the 42 CFR 8.12 functions if the mid-level acts “under the direct supervision of a medical director or program physician”. Please note that Ohio does not allow midlevels to perform any 42 CFR 8.12 function without an exemption in place (e.g., 5122-40-06 F(3) mentions “exemption” in writing). Please keep submitting exemptions request to me directly.

Telemedicine

SAMHSA has allowed telemedicine within certain parameters to occur within the OTP setting. Please note that OAC regarding telemedicine within the OTP space does not exist. Our recent modification of 5122-40-09 (B) is also very specific (modification in blue text):

(B) All services shall be provided at the opioid treatment program, except where allowed via interactive videoconferencing pursuant to rule 5122-29-31 of the Administrative Code. The exception
is vocational rehabilitation, education and employment services when the program has entered into a written agreement with another entity to provide these services. The program sponsor shall document that these services are fully and reasonably available to all patients. Services provided through medication units are subject to rule 5122-40-15 of the Administrative Code.

The allowance given through 5122-29-31 discusses behavioral health services and not medical services:

(E) The following are the services that may be provided via interactive videoconferencing and are considered to be provided on a face-to-face:
(1) General services as defined in rule 5122-29-03 of the Administrative Code;
(2) CPST service as defined in rule 5122-29-17 of the Administrative Code; and,
(3) Therapeutic behavioral services and psychosocial rehabilitation service as defined in rule 5122-29-18 of the Administrative Code.

My assumption is that you are providing any telemedicine services onsite (e.g., patient in Room A and clinician in Room B) unless you have received a waiver or other guidance form the department in writing. If you are currently providing a telemedicine service that occurs with the provider offsite, please detail this in writing and email me. It would greatly help me to understand how your organizations are using telemedicine at this time. I would recommend updating your clinic pandemic plans with these details.

What forms of telemedicine are allowable under federal law in the context of Ohio’s administrative code within the OTP setting?

- Buprenorphine induction: Only allowed at the physical location of the OTP (e.g., patient in Room A and clinician in Room B). You may ask for a waiver if you would like to utilize this service offsite.
- Methadone induction: Not allowed under any circumstance. Waivers will only be allowed if SAMHSA agrees to a pilot.
- Dose adjustment: Allowable for stable patients according to SAMHSA guidance. Discouraged by SAMSHA for unstable patients.
- Physical Assessment: Only allowed at the physical location of the OTP (e.g., patient in Room A and clinician in Room B; waiver may be possible in the future with additional OhioMHAS guidance). Additionally, a medical professional practicing within the scope of their practice must be present with the patient (i.e., LPN, RN, APRN). Medical technicians and counselors do not count toward this requirement.

SAMHSA has specifically stated that any use of telemedicine must document in the patient record whether the practice is safe for the patient, and decisions to use telemedicine must be made on a case-by-case basis, not as a uniform policy.

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Thanks,

~Rick Massatti

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