



NHSC Substance Use Disorder/Opioid Expansion New Site Application Instructions June 2018

Background

As part of the FY 2018 Consolidated Appropriations Act, HRSA's National Health Service Corps (NHSC) received \$105 million to expand and improve access to quality opioid and substance use disorder (SUD) treatment in rural and underserved areas nationwide.

For this initiative, new categories of outpatient services and sites will be eligible for this separate NHSC SUD/Opioid funding:

- General Substance Use Disorder (SUD) Treatment
- Medication Assisted Treatment (MAT) Program
- Opioid Treatment Program (OTP)

You are eligible to submit an NHSC New Site Application if your site provides any of these services. To take advantage of this opportunity you will need to upload the required SUD documentation related to the type of SUD program your site offers. Upload the SUD documentation in the Documents section of your site application. Follow these steps:

- Review the [NHSC Site Reference Guide](#) and SUD Document Requirements as provided below, to ensure you meet all NHSC Site requirements
- Start your New Site Application via the [BHW Customer Service Portal](#)
 - If you do not already have a Point Of Contact portal account, you will need to create one
- Once you reach the document upload section of your site application, in addition to uploading all other NHSC required documents you also need to upload your SUD documents by completing the following:
 - Select "Other Documentation"
 - Upload each required document separately
 - Label the documents "SUD Required Documents"

The New Site Application Cycle is open from June 19 – August 14, 2018.

Listed in the table below is the required documentation to submit as a part of the new site application listed by site type and NHSC status. These may include certified opioid treatment program (OTP) facilities, office-based opioid treatment (OBOT) facilities, and non-opioid SUD facilities. Appendix A is a template for the MAT Attestation Letter required by sites providing MAT.

OUTPATIENT	SITE TYPE	SUD DOCUMENTS REQUIRED
OTPs (Opioid Treatment Programs)	NEW NHSC SITES	<ul style="list-style-type: none"> - Current SAMHSA-issued OTP certificate - NHSC site application required documents, including <ul style="list-style-type: none"> • Behavioral Health Checklist • Applicable affiliation agreements for behavioral health services not provided onsite.
OBOT (Office Based Opioid Treatment)	NEW NHSC SITES	<ul style="list-style-type: none"> - NHSC site application required documents, including <ul style="list-style-type: none"> • Behavioral Health Checklist • Documentation of behavioral health services provided onsite, including MAT, such as: <ul style="list-style-type: none"> ○ Operating certificate or state license ○ Brochure ○ Website documentation ○ Policy document listing services • Applicable affiliation agreements for behavioral health services not provided onsite - Attestation from the CEO or Medical Director that the site offers MAT and size of MAT patient panel for most recent 6 months (see Appendix A for template).
Non-Opioid Substance Use Disorder (SUD) Sites	NHSC INACTIVE SITES	<ul style="list-style-type: none"> - NHSC site application required documents, including <ul style="list-style-type: none"> • Behavioral Health Checklist • Documentation of behavioral health services provided onsite, including SUD, such as: <ul style="list-style-type: none"> ○ Operating certificate ○ Brochure ○ Website documentation ○ Policy document listing services • Applicable affiliation agreements for behavioral health services not provided onsite.

The following NHSC sites are exempt from the Comprehensive Behavioral Health Services Certification requirement: FQHCs (Health Center Grantees), FQHC Look-alikes (LALs), Indian Health Service facilities, Tribally-Operated 638 Health Programs, Urban Indian Health Programs, Federal Prisons, State Prisons, and Immigration and Customs Enforcement (ICE) Health Service Corps sites

GLOSSARY

Bureau of Health Workforce (BHW) – The Bureau within HRSA that administers the NHSC. For more information, please visit the [About BHW](#) web page.

Comprehensive Primary Behavioral Health Services – Include, but are not limited to: screening and assessment; diagnosis; treatment plans; care coordination; therapeutic services (including psychiatric medication prescribing and management, chronic disease management, and substance use disorder treatment); crisis/emergency services (including 24-hour crisis call access); consultative services; and case management. Refer to [NHSC Behavioral Health Certification Information Package](#) for detailed definitions.

Division of Regional Operations (DRO) – One of several divisions within BHW; consists of 10 regional HRSA offices that are primarily responsible for promoting BHW programs, conducting NHSC site visits, approving NHSC Site Applications, and supporting other BHW activities. For more information, see the [DRO contact list](#).

Formal Affiliation Agreement – Written agreement that sets forth the terms and conditions under which two organizations agree to furnish integrated services to better meet patient and client needs. All affiliated entities for primary behavioral health care should accept applicable public insurance and offer NHSC-approved discounts to those with low incomes and agree to see all patients regardless of their ability to pay. Affiliation agreements must include the following:

- 1) Signatures from both parties and a description of the formal relationship.
- 2) Process for sharing pertinent medical information through a shared electronic health record or other administrative process. Entities should utilize signed authorizations for release of information.
- 3) Demonstration of continuity of care through: a) Written procedures and/or assigned personnel for care coordination and case management; b) Processes for tracking and follow-up of referral appointments; and c) Processes for scheduling consultation or care coordination meetings with affiliated site providers.
- 4) Assurance that the affiliated entity is accessible to clients of the site (affordability, accepting new patients, etc.).

For examples of formal affiliation agreements, visit the [SAMHSA-HRSA Center for Integrated Health Solutions website](#) or the [NHSC Behavioral Health Certification Information Package](#).

Opioid Treatment Program (OTP) – Sites that provide medication-assisted treatment (MAT) for people diagnosed with opioid-use disorder. OTPs must be certified by SAMHSA (Substance Abuse and Mental Health Services Administration) and accredited by an independent, SAMHSA-approved accrediting body to dispense opioid treatment medications. OTPs must also be

licensed by the state in which they operate and must register with the DEA through a local DEA office.

Office-based Opioid Treatment (OBOT) Facilities – Sites other than licensed Opioid Treatment Programs (OTPs) that provide outpatient treatment services to patients with addiction involving opioid use. The most common type of OBOT uses the partial opioid agonist buprenorphine and was made possible by the Drug Addiction Treatment Act of 2000 (DATA 2000).

Non-Opioid Substance Use Disorder (SUD) Treatment Facility – Sites other than Opioid Treatment Programs (OTPs) and Office-based Opioid Treatment (OBOT) programs that provide outpatient SUD treatment services to patients with addiction.

APPENDIX A: Site Letter Template: MAT ATTESTATION LETTER

ORGANIZATION LETTERHEAD

DATE:

FROM:

RE: Attestation to provision of Medication Assisted Treatment

TO: National Health Service Corps

[INSERT BRIEF OVERVIEW OF SITE (AND ORGANIZATION IF APPLICABLE) AND SERVICES PROVIDED AND PATIENT POPULATION].

This letter is to certify that [SITE NAME] located at [SITE ADDRESS] provides medication assisted treatment (MAT) to patients with opioid use disorder in an outpatient clinical setting.

MAT services are available to patients [INSERT DAYS AND HOURS OF OPERATION FOR MAT].

At this clinical service site, the MAT patient panel for the six-month period beginning [START DATE] and ending [END DATE] included [# OF PATIENTS RECEIVING MAT].

[INK OR E-SIGNATURE OF CEO AND/OR MEDICAL DIRECTOR]

[PRINTED SIGNATOR NAME]
[POSITION/TITLE]
[ORGANIZATION]