

NHSC Substance Use Disorder/Opioid Expansion Site Opt-in Instructions

April 2019



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 NHSC SUD/Opioid funding:

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

You are eligible to "opt-in" if your site provides any of these services. To benefit from this opportunity, submit an inquiry through your [BHW Customer Service Portal](#) account by following these steps. If you have multiple sites, repeat these steps for each site you want to opt-in.

1. Select a site from your site list.
2. Scroll down to the "Ask a Question" box and select "Ask a Question about the NHSC."
3. Submit your inquiry with the following parameters:
 - Select Category: Substance Use Disorder (SUD) Documentation
 - Description: Opt-in SUD Expansion
4. List all SUD services that are provided at the site:
 - Opioid Treatment Program (OTP)
 - Medication Assisted Treatment (MAT)
 - General Substance Use Disorder Treatment

NOTE: If your site has not already provided a [Behavioral Health Checklist](#), you must submit one at this time.

Listed in the table below is the required documentation to be uploaded via a [BHW Customer Service Portal](#) inquiry 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 AND DOCUMENTS REQUIRED			
OUTPATIENT SITE TYPE		DOCUMENTS REQUIRED	CERTIFY PROCESS
OTPs (Opioid Treatment Programs)	NHSC ACTIVE SITES	<ul style="list-style-type: none"> – Current SAMHSA-issued OTP certificate 	<p>NHSC Site POC submits a separate inquiry for each site to ‘opt-in’ with:</p> <ul style="list-style-type: none"> • List of site name and address • Uploaded required documents
	NHSC INACTIVE SITES	<ul style="list-style-type: none"> – Current SAMHSA-issued OTP certificate – NHSC Recertification required documents, including <ul style="list-style-type: none"> • Behavioral Health Checklist • Documentation of behavioral health services provided onsite, including MAT. Examples include: <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 	<p>NHSC Site POC submits a separate inquiry for each site to ‘opt-in’ with:</p> <ul style="list-style-type: none"> • List of site name and address • Uploaded required documents
OBOT (Office Based Opioid Treatment)	FQHCs (Community Health Center Grantees), FQHC Look-alikes (LALs)	<ul style="list-style-type: none"> – BHW-DRO will confirm internally that each site is in scope using EHB. – BHW-DRO will confirm internally that organization is providing MAT. – If site is not active for NHSC, BHW-DRO will add site to NHSC system of record. 	<p>NHSC Site POC submits a separate inquiry for each site to ‘opt-in’ with:</p> <ul style="list-style-type: none"> • List of site name and address that is providing MAT

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OUTPATIENT SITE TYPE	DOCUMENTS REQUIRED	CERTIFY PROCESS
NHSC ACTIVE SITES (NON-FQHCs or LALs)	<p><u>If Site is Behavioral Health Certified**</u></p> <ul style="list-style-type: none"> • Documentation of MAT services provided onsite. Examples include: <ul style="list-style-type: none"> ○ Operating certificate/state license ○ Brochure ○ Website documentation ○ Policy document listing services • 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). <p><u>If Site is Not Behavioral Health Certified</u></p> <ul style="list-style-type: none"> • Behavioral Health Checklist • Documentation of behavioral health services provided onsite, including MAT. Examples include: <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). 	<p>NHSC Site POC submits a separate inquiry for each site to 'opt-in' with:</p> <ul style="list-style-type: none"> • List of site name and address • Uploaded required documents

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OUTPATIENT SITE TYPE	DOCUMENTS REQUIRED	CERTIFY PROCESS
NHSC INACTIVE SITES (NON-FQHCs or LALs)	<ul style="list-style-type: none"> – NHSC Recertification required documents, including <ul style="list-style-type: none"> • Behavioral Health Checklist • Documentation of behavioral health services provided onsite, including MAT. Examples include: <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). 	<p>NHSC Site POC submits a separate inquiry for each site to ‘opt-in’ with:</p> <ul style="list-style-type: none"> • List of site name and address • Uploaded required documents

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Non-Opioid Substance Use Disorder (SUD) Sites NHSC ACTIVE SITES	<p><u>FQHC/CHC's and LALs</u></p> <ul style="list-style-type: none"> BHW-DRO will confirm internally that each site is in scope using EHB. BHW-DRO will confirm internally that organization is a BPHC grantee of FY18 SUD-MH or FY19 IBHS funds. LAL's may need to provide documentation of SUD services provided onsite <p><u>If Site is Behavioral Health Certified**</u></p> <ul style="list-style-type: none"> Documentation of SUD services provided onsite. Examples include: <ul style="list-style-type: none"> Operating certificate Brochure Website documentation Policy document outlining services provided <p><u>If Site is Not Behavioral Health Certified</u></p> <ul style="list-style-type: none"> Behavioral Health Checklist Documentation of behavioral health services provided onsite, including SUD. Examples include: <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 	NHSC Site POC submits a separate inquiry for each site to 'opt-in' with: <ul style="list-style-type: none"> List of site name and address Uploaded required documents

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OUTPATIENT SITE TYPE	DOCUMENTS REQUIRED	CERTIFY PROCESS
NHSC INACTIVE SITES	<ul style="list-style-type: none"> – NHSC Recertification required documents, including <ul style="list-style-type: none"> • Behavioral Health Checklist • Documentation of behavioral health services provided onsite, including SUD. Examples include: <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 	<p>NHSC Site POC submits a separate inquiry for each site to ‘opt-in’ with:</p> <ul style="list-style-type: none"> • List of site name and address • Uploaded required documents

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 BHW website](#).

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.

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 review 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]