



Targeted
Investments

Core Component #16 for Justice Area of Concentration

Practices will need to have consistent access to medication –assisted treatment and develop or adopt protocols to provide Medication Assisted Treatment (MAT) of Opioid Use Disorder.

Review of Core Component #16

16.	Practices must have reliable and consistent access within the practice setting (via in-person or telemedicine-enabled means) to medication-assisted treatment (MAT), and must develop or adopt protocols to provide MAT of opioids using evidence-based guidelines. Such guidelines can be found at: Medication Assisted Treatment of Opioid Use Disorder Pocket Guide	
	<p>Milestone Measurement Period 1 (October 1, 2017–September 30, 2018**)</p> <p>◄───▶▶▶▶▶</p> <p>Practice Reporting Requirement to State</p> <p>Wave 1: By September 30, 2018, document reliable access to at least one physician who can prescribe buprenorphine.</p>	<p>Milestone Measurement Period 2 (October 1, 2018–September 30, 2019**)</p> <p>◄───▶</p> <p>Practice Reporting Requirement to State</p> <p>Wave 2 (March 31, 2019): Document reliable access to at least one physician who can prescribe buprenorphine AND</p> <p>Waves 1 and 2 (September 30, 2019):</p> <p>A. Document the adoption of protocols that are consistent with SAMHSA's MAT of opioids evidence-based guidelines, AND</p> <p>B. Provide three examples of it meeting the MAT guidelines for members with opioid addiction.</p>

Key Concepts

- **For Wave 1:** Practices must have reliable and consistent access within the practice setting (via in person or tele-medicine-enabled means) to medication assisted treatment of opioids using evidence-based guidelines.
- Document the practice has reliable and consistent access to at least one physician who can prescribe buprenorphine.

Medication-Assisted Treatment (MAT)

- Medication-assisted treatment (MAT) is an effective response to opioid use disorder. It is the use of medications, in combination with behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders. Individuals receiving MAT often demonstrate dramatic improvement in addiction-related behaviors and psychosocial functioning.

MAT Guidelines:

- <https://store.samhsa.gov/shin/content//SMA16-4892PG/SMA16-4892PG.pdf>

TI Year 2 Measurement Period

October 1, 2017 – September 30, 2018

Practice requirement to the state:

By September 30, 2018

Wave 1:

Document that the practice has developed reliable access to at least one physician who can prescribe buprenorphine.

Attestation and Document Validation

- AHCCCS will be opening a TI Attestation Portal through **AHCCCS Online**(<https://azweb.statemedicaid.us/Account/Login.aspx?ReturnUrl=%2f>)
- The portal will be available for milestone attestation and document upload in June 2018
- Not all of the Milestones will require providers to upload documentation through the Attestation Portal for review by AHCCCS.
- In order to attest to meeting this Core Component, participants will need to develop reliable access to at least one physician who can prescribe buprenorphine.
- More detailed information and guidance about how to use the TI Attestation Portal will be available prior to June 2018.

Sneak Peek of Targeted Investments Year 3



Sneak Peek: TI Year 3 Measurement Period October 1, 2018 – September 30, 2019

16. Practices must have reliable and consistent access within the practice setting (via in-person or telemedicine-enabled means) to medication-assisted treatment (MAT), and must develop or adopt protocols to provide MAT of opioids using evidence-based guidelines. Such guidelines can be found at: Medication Assisted Treatment of Opioid Use Disorder Pocket Guide	
Milestone Measurement Period 1 (October 1, 2017–September 30, 2018**)	Milestone Measurement Period 2 (October 1, 2018–September 30, 2019**)
	
Practice Reporting Requirement to State	Practice Reporting Requirement to State
Wave 1: By September 30, 2018, document reliable access to at least one physician who can prescribe buprenorphine.	Wave 2 (March 31, 2019): Document reliable access to at least one physician who can prescribe buprenorphine AND Waves 1 and 2 (September 30, 2019): A. Document the adoption of protocols that are consistent with SAMHSA's MAT of opioids evidence-based guidelines, AND B. Provide three examples of it meeting the MAT guidelines for members with opioid addiction.

Sneak Peek: TI Year 3 Measurement Period October 1, 2018 – September 30, 2019

Practice Reporting Requirement to the State:

Wave 2: By March 31, 2019, Document that the practice has reliable access to at least one physician who can prescribe buprenorphine.

AND

Waves 1 and 2 (Complete by September 30, 2019)

A. Document the adoption of protocols that are consistent with SAMHSAs Medication Assisted Treatment Guidelines of opioids evidence-based guidelines.

AND

B. Provide three examples of it meeting the MAT guidelines for members with Opioid addiction.

Thank You.



Questions?

Please contact us at
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if you have any questions

