OFFICE-BASED OPIOID TREATMENT (OBOT) PROVIDERS

SETTING

Buprenorphine-waivered practitioner (Physician, Nurse Practitioner, or Physician’s Assistant) may practice in a variety of practice settings including primary care clinics, outpatient health system clinics, psychiatry clinics, Federally-Qualified Health Centers, Community Service Boards, Local Health Departments, and physician’s offices. There is no separate Department of Behavioral Health and Developmental Services (DBHDS) licensing requirement for OBOT providers.

SUPPORT SYSTEMS

☐ Access to emergency medical and psychiatric care.
☐ Connections with more intensive levels of care such as Intensive Outpatient Programs, Partial Hospitalization Programs, and/or Residential Treatment that unstable patients can be referred to when clinically indicated.

STAFF REQUIREMENTS

☐ Licensed physician must have completed the 8 hour training course approved by the Substance Abuse and Mental Health Services Administration and obtained a waiver to prescribe buprenorphine for opioid use disorder from the Drug Enforcement Administration.

☐ Licensed Nurse Practitioner or Physician’s Assistant must have completed the 24 hours of training required by the Substance Abuse and Mental Health Services Administration and obtained a waiver to prescribe buprenorphine for opioid use disorder from the Drug Enforcement Administration. The Nurse Practitioner must have collaborative practice agreement with a buprenorphine-waivered physician. The Physician Assistant must be supervised by a buprenorphine-waivered physician.

☐ Licensed behavioral health provider (licensed psychiatrist, licensed clinical psychologist, licensed clinical social worker, licensed professional counselor, licensed psychiatric clinical nurse specialist, licensed psychiatric nurse practitioner, licensed marriage and family therapist, licensed substance abuse treatment practitioner, or Certified Substance Abuse Counselor under supervision of a licensed provider) must be co-located at the same practice site and provide counseling during clinic sessions when the buprenorphine-waivered practitioner is prescribing buprenorphine or naltrexone to patients with opioid use disorder.¹

☐ Counseling can be provided via telemedicine in rural areas if the nearest behavioral health provider is located more than 60 miles away from the buprenorphine-waivered provider. The behavioral health provider must develop a shared care plan with the buprenorphine-waived practitioner and the patient and take extra steps to ensure that care coordination and interdisciplinary care planning are occurring.

☐ Pharmacist can serve as a member of the interprofessional team. Pharmacists can advise buprenorphine-waivered practitioners on the selection of buprenorphine vs naltrexone as treatment options, assist with buprenorphine induction and dose adjustments, contribute to the development of the interdisciplinary treatment plan, and assist with monitoring, communicating with, and educating patients.

☐ Licensed behavioral health provider can be employed by or have a contractual relationship with the buprenorphine-waivered practitioner or the organization employing the practitioner.

¹ Patient on buprenorphine or naltrexone should be in a setting that only provides that medication.
### THERAPIES

- ☐ Assessing, ordering, administering, reassessing, and regulating medication and dose levels appropriate to the individual; supervising withdrawal management from opioid analgesics; overseeing and facilitating access to appropriate treatment for opioid use disorder and other substance use disorders.
- ☐ Buprenorphine monoproduct prescribed only to pregnant women. All other patients receive buprenorphine/naloxone or naltrexone products.
- ☐ Maximum daily buprenorphine/naloxone dose of 16 mg unless there is documentation of an ongoing compelling clinical rationale for a higher maintenance dose up to maximum of 24 mg.
- ☐ No tolerance to other opioids, carisoprodol (Soma®), stimulants, or benzodiazepines except for patients already on benzodiazepines for 3 months during a relapse or tapering plan.
- ☐ Medication for other physical and mental health disorders is provided as needed either on-site or through collaboration with or referral to other providers.
- ☐ Cognitive, behavioral, and other substance use disorder-focused therapies, reflecting a variety of treatment approaches, provided to the patient on an individual, group, and/or family basis.
- ☐ Care coordination provided including interdisciplinary care planning between buprenorphine-waivered practitioner and the licensed behavioral health provider to develop and monitor individualized and personalized treatment plans that are focused on the best outcomes for the patient, monitoring patient progress and tracking patient outcomes, linking patients with community resources (including Alcoholics Anonymous, Narcotics Anonymous, peer recovery supports, etc.) to facilitate referrals and respond to social service needs, and tracking and supporting patients when they obtain medical, behavioral health, or social services outside the practice.
- ☐ Provision of or referral for screening for HIV, Hepatitis B and C, and Tuberculosis at treatment initiation and then annually.

### RISK MANAGEMENT AND ADHERENCE MONITORING

- ☐ Routine and/or random urine drug screens, conducted a minimum of 8 times per year for all patients with at least some tests unannounced or random.
- ☐ Virginia Prescription Monitoring Program checked at least quarterly for all patients.
- ☐ Opioid overdose prevention education including the prescribing of naloxone for all patients.
- ☐ Patients seen at least weekly during first month when initiating treatment. Patient must have been seen for at least 3 months with documented clinical stability before spacing out to a minimum of monthly visits with buprenorphine-waivered practitioner or licensed behavioral health provider.
- ☐ Periodic monitoring of unused medication and opened medication wrapper counts when clinically indicated.
BILLING

☐ All billing by the behavioral health provider needs to be under the tax ID number of the buprenorphine-waivered practitioner or the organization employing the practitioner.

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i Community Service Boards and Federally-Qualified Health Centers are not required to have the licensed behavioral health provider co-located at the same practice site and providing counseling during clinic sessions when the buprenorphine-waivered practitioner is prescribing buprenorphine or naltrexone to patients with opioid use disorder. The licensed behavioral health provider must be employed by the same organization and providing counseling to patients prescribed buprenorphine or naltrexone. They must engage in interdisciplinary care planning with the buprenorphine-waivered practitioner including working together to develop and monitor individualized and personalized treatment plans that are focused on the best outcomes for the patient.

ii In rare and isolated cases, if a practitioner prescribes the monoprodut to a non-pregnant patient because it is clinically indicated, the medication and visit will still be covered and the provider’s OBOT status will not be lost.

iii In rare and isolated cases, if a benzodiazepine taper is not clinically feasible in 3 months, the practitioner can use a longer taper as clinically indicated. In rare cases, a carisoprodol and/or stimulant taper may be clinically indicated.

iv Substance Use Care Coordinator Provider Qualifications:

- At least a bachelor's degree in one of the following fields (social work, psychology, psychiatric rehabilitation, sociology, counseling, vocational rehabilitation, human services counseling) and has at least one year of substance abuse related clinical experience providing direct services to persons with a diagnosis of mental illness or substance abuse; or

- Licensure by the Commonwealth as a registered nurse with at least one year of clinical experience; or

- An individual with certification as a substance abuse counselor (CSAC) or CSAC-Assistant under supervision.

- All providers must be under the supervision of a waivered-physician prescribing MAT to the patient,