Pursuant to ARS 36-2907.14, in addition to all State or Federal licensing and registration requirements, any Opioid Treatment Program (OTP) receiving reimbursement from the Arizona Health Care Cost Containment System (AHCCCS) or its contracted health plans must develop and supply the below listed plans, and any relevant documentation, to AHCCCS.

Providers seeking to establish a new OTP site as of August 27, 2019, will be required to submit all below listed plans to AHCCCS, along with this reporting requirements template, and obtain AHCCCS approval for each plan prior to the provision of Medicaid reimbursable services. If approved, the new OTP site will be required to submit an annual report containing all of the identified plans, along with this template, no later than November 15th of each year.

All existing OTP sites will be required to submit all required plans and this template no later than November 15, 2019. For existing OTP sites, the November submission will serve as the first annual report to be updated no later than November 15th of each year.

Submitted plans, including this template and any supporting documentation, will be posted to the AHCCCS website for public comment for 30 days. The city or town in which an OTP is located shall be notified of the posting of the documentation and be provided 30 days to supply comment to AHCCCS.

AHCCCS will make a determination on the sufficiency of the submitted documentation within 30 days of the close of the public comment period. If AHCCCS determines that there is a deficiency in any of the submitted documentation, the OTP will be provided thirty (30) days, from day of notification, to correct the deficiency or AHCCCS will suspend reimbursement for OTP providers until deficiency is remediated.

**Please Note:** The process to open an OTP site involves several regulatory steps, including application to SAMSHA, DEA, licensure by ADHS, AHCCCS approval and successful completion of the reporting requirements.

***I. Security Plan***

|  |  |  |  |
| --- | --- | --- | --- |
| **Plan Element** | **OTP’s Security Plan Addresses the Identified Plan Element (Yes or No; to be completed by the OTP)** | **Relevant Documentation to Demonstrate OTP Compliance****(list of relevant documentation and any attachments to be supplied by the OTP)**  | **AHCCCS Determination of Sufficiency****(Sufficient or Insufficient)** |
| 1. Evidence that plan is based on SAMHSA or DEA Standards | Yes or No  | Relevant Documentation | AHCCCS Determination |
| 2. Contains patient management strategies designed to ensure security policies that will: * Reduce potential harm to patients and the neighborhood.
* Lower the risk of exposure to illicit transactions and other consequences of overcrowding and poor patient management
 | Yes or No  | Relevant Documentation | AHCCCS Determination |

***II. Neighborhood Engagement Plan***

| **Plan Requirement** | **OTP’s Neighborhood Engagement Plan Addresses the Identified Plan Element (Yes or No; to be completed by the OTP)** | **Relevant Documentation to Demonstrate OTP Compliance****(list of relevant documentation and any attachments to be supplied by the OTP)** | **AHCCCS Determination of Sufficiency (Sufficient or Insufficient)** |
| --- | --- | --- | --- |
| 1. Outlines engagement strategies with key stakeholders in the neighborhood, including:* Homeowner’s Associations
* Neighborhood Associations
* School administrators
* Neighboring businesses
* Community organizations
* The city or town council
* Law enforcement
* Block Watch organizations
* Any other key stakeholders
 | Yes or No  | Relevant Documentation | AHCCCS Determination |
| 2. Includes information about but not limited to ensuring consideration of and response to: * Reasonable safety, security and trash removal concerns
* Concerns regarding adequate parking for patients and staff
* Patient drop-off/pick-up
* Other matters of concern to the key stakeholders
 | Yes or No  | Relevant Documentation | AHCCCS Determination |

***III. Comprehensive Patient Care Plan***

| **Plan Requirement** | **OTP’s Comprehensive Patient Care Plan Addresses the Identified Plan Element (Yes or No; to be completed by the OTP)** | **Relevant Documentation to Demonstrate OTP Compliance****(list of relevant documentation and any attachments to be supplied by the OTP)** | **AHCCCS Determination of Sufficiency (Sufficient or Insufficient)** |
| --- | --- | --- | --- |
| 1. Outlines standards of care for Medication Assisted Treatment and how those standards will be implemented, including: * Standards for dosing
* Standards for the provision or referral to appropriate counseling, Behavioral therapy services, and peer support services
 | Yes or No  | Relevant Documentation | AHCCCS Determination |
| 2. Denotes whether or not the provider provides therapy services directly or refers patients to another provider for the service* If a referral, the plan must include strategies to ensure patients can access referred services in a timely manner
 | Yes or No  | Relevant Documentation | AHCCCS Determination |

***IV. Community Relations and Education Plan***

| **Plan Requirement** | **OTP’s Community Relations and Education Plan Addresses the Identified Plan Element (Yes or No; to be completed by the OTP)** | **Relevant Documentation to Demonstrate OTP Compliance****(list of relevant documentation and any attachments to be supplied by the OTP)** | **AHCCCS Determination of Sufficiency (Sufficient or Insufficient)** |
| --- | --- | --- | --- |
| 1. Documents policies and procedures to measure and minimize the negative impact the opioid treatment program may have on the community, to promote peaceful coexistence and to plan for change in the program and program growth, including:* Policies and procedures which consider community needs and impacts when selecting a site for the program or program growth
* Policies and procedures for maintaining a clean and orderly facility that does not impede pedestrian or traffic flow, which includes disclosure demonstrating the expected census and daily traffic count for the clinic (see disclosure template)
* Policies and procedures for considering community input on the potential impact the program may have on the community
* Policies and procedures for communicating with community leaders to foster good community relations
 | Yes or No  | Relevant Documentation | AHCCCS Determination |
| 2. Establishes a liaison with community representatives to share information about the program, the community and mutual concerns and issues | Yes or No  | Relevant Documentation | AHCCCS Determination |
| 3. Identifies program personnel who will function as community relations coordinators and define the goals and procedures of the community relations plan | Yes or No  | Relevant Documentation | AHCCCS Determination |
| 4. Documents policies and procedures forserving as a community resource on substance use and related health and social issues as well as promoting the benefit of medication-assisted treatment in preserving the public health | Yes or No  | Relevant Documentation | AHCCCS Determination |
| 5. Documents policies and procedures for soliciting community input about medication-assisted treatment and the program's presence in the community | Yes or No  | Relevant Documentation | AHCCCS Determination |
| 6. Documents policies and procedures to effectively address or resolve community problems, including patient loitering and medication diversion, and ensuring enforcement of these policies so that program operations do not affect community life adversely | Yes or No  | Relevant Documentation | AHCCCS Determination |
| 7. Documents community contacts and community relations efforts, including the evaluation of the effectiveness of activities over time in addressing outstanding problems or deficiencies, and supplies any relevant meeting minutes demonstrating community relations efforts. | Yes or No  | Relevant Documentation | AHCCCS Determination |
| 8. Documents policies and procedures for disclosing the process for community contacts to notify the administration's clinical resolution unit of any unresolved problems or deficiencies that includes, if appropriate, coordination with the state opioid treatment authority | Yes or No  | Relevant Documentation | AHCCCS Determination |
| 9. Develops communication mechanisms that provide interested parties and potential patients with general information about the program outside of regular operating hours | Yes or No  | Relevant Documentation | AHCCCS Determination |

***V. Diversion Control Plan***

| **Plan Requirement** | **OTP’s Diversion Control Plan Addresses the Identified Plan Element (Yes or No; to be completed by the OTP)** | **Relevant Documentation to Demonstrate OTP Compliance****(list of relevant documentation and any attachments to be supplied by the OTP)** | **AHCCCS Determination of Sufficiency (Sufficient or Insufficient)** |
| --- | --- | --- | --- |
| 1. Documents measures to reduce the possibility of diversion of controlled substances from legitimate treatment use | Yes or No  | Relevant Documentation | AHCCCS Determination |