

## Tip 5: Community Wide Resources and Partnerships

### Description

According to SAMHSA, patients experiencing OUD and StUD should “have access to mental health services as needed, medical care, and addiction counseling, as well as recovery support services, to supplement treatment with medication.”<sup>186</sup> LTCFs may have some resources available internally. Many resources will come from partnerships with local facilities, such as OTPs and OBOTs/OBOTS, or community groups assisting those with OUD or StUD. Staff within your facility must be generally aware of the types of resources available—what they are, what they do, and how to find them.

### Goal

The aim of this section is to help LTCFs become familiar with and learn how to connect with treatment partners and community resources to better care for residents with OUD and StUD.

### Objectives

At the end of this section, participants will be able to:

- Define the roles of OTPs and OBOTs/OBATS.
- Recognize the potential uses of telehealth.
- Identify common community resources.

### Policies

- Incorporate a communication strategy within policies and develop a plan of how you’ll use community-wide resources in the care of residents with OUD and StUD.
- Develop a Qualified Service Organization Agreement (QSOA) with an OTP or OBOT/OBAT. ([See Tip 6: Transitions of Care](#) for more detail.)

### Process

- Review the education section below and related resources.
- Integrate the use of community resources and partnerships in your facility.

## Opioid Treatment Programs and Office-Based Opioid Treatment or Office-Based Addiction Treatment Programs

OTPs and OBOTs/OBATS are the main providers of MOUD. SAMHSA regulates OTPs and the request from providers at the OBOT/OBAT for the Drug Enforcement Agency (DEA) Drug Addiction Treatment Act of 2000 (DATA) waiver. BSAS also regulates OTPs and OBOTs/OBATS, but each has its own set of governing rules. Because the service requirements of each treatment provider vary, it is important to establish a clear understanding of the LTCF’s relationship with the OTP or OBOT/OBAT upon admission of a resident with OUD. (See [Tip 6: Transitions of Care](#) for more detail.)

# The Care of Residents with Opioid and Stimulant Use Disorders in Long-Term Care Settings

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## ***Opioid Treatment Program***

An OTP is an outpatient program that provides services to treat and manage OUD in a clinical setting. Only federally certified and licensed OTPs may dispense methadone for the treatment of OUD. OTPs may also dispense or administer other medications, including buprenorphine, buprenorphine/naloxone, or naltrexone on-site (see [MOUD Comparison Chart](#)). OTPs generally administer medication on-site but can provide take-home medication (pre-poured doses) on a case-by-case basis.

In response to COVID-19, BSAS received a blanket exemption from SAMHSA on behalf of OTPs for take-home doses of MOUD in June 2021.<sup>187</sup> SAMHSA has allowed the following: up to 28 days of take-home medications for all patients and up to 14 days of take-home medication for those patients who are unstable, but the OTP believes they can safely administer this level of take-home medication.<sup>188</sup> OTPs are also required to provide integrated emotional, social, and behavioral health services, including counseling, treatment, and education about diversion control.<sup>189</sup> SAMHSA regulates OTPs and maintains a [directory](#) of clinics by state.<sup>190</sup>

## ***Office-Based Opioid Treatment or Office-Based Addiction Treatment***

An OBOT/OBAT provider is another outpatient treatment program in which specific primary care or general health care practitioners are permitted to administer or prescribe certain medications to treat OUD after obtaining a waiver.<sup>191</sup>

The DATA Waiver permits practitioners, who meet certain qualifications, to treat opioid addiction with Schedule III, IV, and V narcotic medications specifically approved by the FDA for that indication. Qualified practitioners include physicians, nurse practitioners, physician assistants, clinical nurse specialists, certified registered nurse anesthetist, and certified nurse-midwives.

Current practice guidelines permit qualified practitioners to treat up to 30 patients without the DATA Waiver training if they meet the following criteria:

- Must be a licensed provider with DEA registration
- Must register a letter of intent with SAMHSA and DEA registration
- Must be waived to prescribe buprenorphine

MDPH and the BSAS encourage providers to take The DATA Waiver training, training options include:

- [Boston Medical Center: OBAT Training and Technical Assistance + \(OBAT TTA+\)](#)
- [Providers Clinical Support System Waiver Training for Physicians](#)

OBOTs/OBATs may prescribe buprenorphine, buprenorphine, or naloxone as take-home prescriptions and administer naltrexone on-site (see [MOUD Comparison Chart](#)). OBOTs/OBATs are required to provide integrated emotional, social, and behavioral health services, if they are licensed by BSAS. If they are not licensed by BSAS, they are strongly encouraged to refer patients to relevant resources or medical sub-specialties, as needed.<sup>192</sup>

SAMHSA administers DATA waivers<sup>193</sup> and maintains a public database of aggregate waiver data,<sup>194</sup> an online waiver check tool for pharmacists,<sup>195</sup> and a [map](#) you can filter to find a "buprenorphine physician."<sup>196</sup>

You can connect with local OTPs and OBOTs/OBATs through the Massachusetts Substance Use Helpline, 1-800-327-5050,<sup>197</sup> or SAMHSA's National Helpline, 1-800-662-HELP (4357).<sup>198</sup>



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## At-a-Glance: Opioid Treatment Programs versus Office-Based Opioid Treatment or Office-Based Addiction Treatment Programs

	OTPs	OBOTs/OBATs
Are they allowed to offer...		
On-site treatment	Yes	Yes
Take-home treatment	Yes (based on the OTPs provider decision per individual patient, as required by federal regulations)	Yes
Methadone	Yes	No
Buprenorphine	Yes	Yes
Buprenorphine/naloxone	Yes	Yes
Buprenorphine extended release injection	Yes (on-site only) if patient is eligible	Yes
Naltrexone	Yes	Yes (on-site only)
Are they required to provide...		
Counseling	Yes	Yes, if licensed by BSAS (referral encouraged)
Treatment		
Planning and diversion control		
Can I find them...		
In an online database <a href="https://helplinema.org/">https://helplinema.org/</a>	Yes	Yes (SAMHSA, but physicians can opt out)
By calling a hotline1-800-327-5050	Yes	Yes

## Telehealth

Telehealth is “the use of electronic communication and information technologies to provide or support clinical care at a distance. The delivery of services through telehealth involves the use of secure interactive audio and video telecommunications systems that permit two-way, real-time communication between a patient/resident and a provider.”<sup>199</sup> Telehealth services may grow in popularity because they are accessible, convenient, and cost-effective.<sup>200</sup>

Federal law requires a complete physical evaluation before admission to an OTP, limiting the option of telehealth to admit a new patient with OUD to an OTP. However, concerning new patients treated with buprenorphine, SAMHSA decided to exercise its authority to exempt OTPs from the requirement to perform an in-person physical evaluation for any patient the OTP will be treated with buprenorphine. A program physician, primary care physician, or an authorized healthcare professional under the supervision of a program physician, can determine whether one can accomplish an adequate evaluation of the patient via telehealth.



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This exemption will continue for the period of the national emergency declared in response to the COVID-19 pandemic and applies exclusively to OTP patients treated with buprenorphine.<sup>201</sup> The practitioner must have a valid DEA registration to prescribe or dispense medications in the appropriate Controlled Substances Schedule. LTCFs may be able to utilize telehealth services for residents with OUD where transportation issues are a hindrance. Providers can use telehealth in place of an in-person visit for prescribing certain medications for OUD<sup>202</sup> or as a delivery method for behavioral health services.<sup>203</sup>

To date, reimbursement policies have been a barrier to the widespread use of telehealth.<sup>204</sup> However, in response to COVID-19, new rules are expanding reimbursement of telehealth services during the pandemic. Tele-Behavioral Health services (TeleBH). MassHealth (Massachusetts' Medicaid Program) recently revised their policy<sup>205,206</sup> to reimburse TeleBH "at same rates as in-person visits."<sup>207</sup>

These new policies exclude reimbursement for the physical devices and infrastructure (tablets, high-speed internet, upkeep of technology), which may burden the facility. If an OTP is treating a resident, it is the OTP's responsibility to provide counseling services for a resident diagnosed with OUD. Therefore, telehealth could be a potential delivery method. Be sure to include a note in your QSOA if OTP will provide the counseling via telehealth. (See [Tip 6: Transitions of Care](#) for more details.)

Another way to use telehealth to care for residents is through provider support and consultation services. Providers can participate in a [teleECHO clinic](#)<sup>208</sup> or the [Providers Clinical Support System \(PCSS\) Clinical Mentoring Program](#),<sup>209</sup> free of charge.

For a real-time phone consultation on safe prescribing and managing care for adults with chronic pain, SUDs, or both, call MCTSAP – a free service to Massachusetts providers – at 1-833-PAIN-SUD (1-833-724-6783), Monday to Friday, 9 a.m. – 5 p.m.

- Telemedicine and prescribing buprenorphine for the treatment of OUD, [statement](#).
- Use of telemedicine while providing medication-assisted treatment (MAT), [information brief](#)

## Community Supports

LTCFs may coordinate with local community supports for individuals with OUD and StUD. Some forms of support that these groups can offer include helping patients stop using opioids and stimulants, managing recurrent use, and helping with necessary lifestyle changes. Just like OTPs and OBOTs/OBATs, you can get connected to these local services through the Massachusetts Substance Use Helpline, 1-800-327-5050,<sup>210</sup> or SAMHSA's National Helpline, 1-800-662-HELP (4357).<sup>211</sup>

## Additional Support Types

### ***Mutual Help Group Programs***

Mutual-help groups assist individuals (or families and friends of individuals) seeking to obtain or maintain sobriety through peer connections. Groups offer social and emotional support, structured tools and techniques, motivation, and accountability through shared experiences.

- "Going to meetings has kept me clean when nothing else could, talking to other addicts, service work and surrounding myself with this program has been invaluable."<sup>212</sup>



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In Massachusetts, groups for individuals with OUD and StUD include:

- [Narcotics Anonymous \(NA\)](#)<sup>213</sup>
- [Nar-Anon](#)<sup>214</sup>
- [SMART Recovery®](#)<sup>215</sup>
- [Dual Recovery Anonymous](#)<sup>216</sup>
- [Massachusetts Organization for Addiction Recovery \(MOAR\)](#)<sup>217</sup>
- [Recovery Binder](#)<sup>218</sup>
- [The Phoenix](#)<sup>219</sup>

## Recovery Centers

Recovery support centers offer individuals recovery education and peer support to help prevent relapse and promote sustained recovery from alcohol and other drugs. Recovery centers also conduct community outreach. They also link families to relapse prevention support and counseling, alcohol- and other drug-free social events, life skills training and education, and career exploration. They offer assistance with housing, employment, public assistance, emergency relief, benefits and entitlements, legal services, educational and job applications, financial aid, vocational rehabilitation and training, recovery networking, and advocacy and empowerment of individuals in recovery.

## Peer Recovery Coaches

A peer recovery coach is part of the interdisciplinary care team. They combine the lived experience of recovery with training and supervision to assist others in initiating and maintaining their recovery through self-actualization, community and civic engagement, and overall wellness.

Peer recovery coaches help people create recovery plans and pathways by providing different types of support, including emotional support, information (support health and wellness resources), concrete support (housing or employment), and connections (recovery community supports, activities, and events). If appropriate, reach out to your community OTP or OBOT/OBAT to connect residents to a recovery coach. MassHealth covers recovery coach services. Current research shows that people receiving peer recovery support experience reductions in substance use or improvements in recovery outcomes, on a small to moderate scale.<sup>220</sup>

- “Peer support helped me see I was not hopeless. It gave me my voice back, bolstering my self-worth.”<sup>201</sup>

## Patient Navigators

A patient navigator is a person who works in conjunction with local health care systems. A patient navigator helps guide a patient or resident through the healthcare system and support services. These services may be valuable resources once a patient is discharged to home. Patient navigators help identify patient needs and direct patients to emotional, financial, administrative, legal, social, or cultural support. Patient navigators improve access to care through advocacy and care coordination. They also work to reduce disparities and barriers to care rooted in language and cultural differences.<sup>221</sup> Insurance does not typically cover navigators. A patient navigator works with:

- The individual and family or other caregivers to help them learn to self-navigate
- Members of the health care team to facilitate patient healthcare
- Community resource providers (including insurance companies, employers, case managers, lawyers, and social services) who may have an effect on an individual’s healthcare needs<sup>222</sup>



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Some areas have patient navigators specializing in OUD and StUD. For example, in Guilford County, North Carolina, a program provides a navigator to visit individuals who experienced an overdose within 72-hours of being revived by EMS. The navigator “screens for risk of repeat overdose, assesses current SUD, discusses treatment options, provides education about harm reduction, and distributes and provides training on the use of naloxone.”<sup>223</sup> One of their navigators commented:

- “We meet people where they are and build relationships. Then they realize we’re safe. We’re there to spread love, not hurt them.”<sup>224</sup>

While community health workers (CHWs) are typically not associated with LTCFs, they can be valuable to residents upon discharge. CHWs often help people communicate with healthcare providers and connect them to community resources, including social service agencies. CHWs are frontline agents of change, helping reduce health disparities in underserved communities.”<sup>225</sup> CHWs provide education and support, including mutual-help programs, crisis counseling, referrals, and relapse-prevention plans.<sup>226</sup> More specifically, CHWs provide interpretation and translation services, culturally appropriate health education and information, assistance in accessing healthcare services and resources, informal counseling on health behaviors, advocacy for individual and community health needs, and some preventive services (such as blood pressure screenings).<sup>227</sup>

- “I learned how to assist members in becoming self-sufficient with their health care. They make and keep appointments, have effective transportation, and ability to overcome social barriers as they arrive. Members look forward to my pleasant face and smile when they have clinic appointments.”<sup>228</sup>

## Education and Resources

- The Massachusetts Substance Use Helpline: 1-800-327-5050, English [Website](#),<sup>229</sup> Spanish [Website](#)<sup>230</sup>
- SAMHSA: [Federal Guidelines for Opioid Treatment Programs](#)<sup>231</sup>
- SAMHSA: [Opioid Treatment Program Directory](#)<sup>232</sup>
- Massachusetts Health Policy Commission: [Integrating Telemedicine for Behavioral Health: Practical Lessons from the Field](#)<sup>233</sup>
- RIZE Massachusetts Foundation: [Health Resources in Action](#)<sup>234</sup>
- S.A.F.E. Project: [Community Playbook](#)<sup>235</sup>
- S.A.F.E. Project NA and Persons Receiving Medication-Assisted Treatment: [Pamphlet for Practitioners](#)<sup>236</sup>
- Narcotics Anonymous National Helpline: 1-800-662-4357 or [Website](#)<sup>237</sup>
- Gavin Foundation: [Devine Recovery Center](#)<sup>238</sup>
- [Appendix 13: Additional Resources](#)





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## Implementation: Key Points

Tip 5:	Community-Wide Resources and Partnerships	
<b>Policies</b>	<ol style="list-style-type: none"> <li>1. Incorporate in policies how you plan to utilize community-wide resources in care of residents with OUD and StUD.</li> <li>2. Develop a QSOA with the OTP or OBOT/OBAT.</li> </ol>	
<b>Awareness</b>	Community-Wide Resource	Information
<i>OTP</i>	<input type="checkbox"/> On-site treatment and take-home treatment <input type="checkbox"/> Currently offer methadone <input type="checkbox"/> Future plans to offer- buprenorphine, naloxone, naltrexone <input type="checkbox"/> Counseling required, treatment, planning and diversion control	<ul style="list-style-type: none"> <li>• <a href="#">OTP Treatment Directory</a></li> <li>• Massachusetts Substance Use Helpline: 1-800-327-5050</li> <li>• SAMHSA National Helpline: 1-800-662-HELP (4357)</li> </ul>
<i>OBOT/OBAT</i>	<input type="checkbox"/> On-site treatment and take-home treatment <input type="checkbox"/> Buprenorphine, naloxone, naltrexone <input type="checkbox"/> Referrals to counseling, treatment, planning and diversion	<ul style="list-style-type: none"> <li>• <a href="#">Treatment Map</a></li> <li>• Massachusetts Substance Use Helpline: 1-800-327-5050</li> <li>• SAMHSA National Helpline: 1-800-662-HELP (4357)</li> </ul>
<i>Telehealth</i>	<input type="checkbox"/> Counseling Services: facilities can be reimbursed by MassHealth and Medicare <input type="checkbox"/> Include in QSOA <input type="checkbox"/> MCSTAP consultations available for free	
<i>Mutual Health Group Programs</i>	<input type="checkbox"/> NA: 12-step recovery program <input type="checkbox"/> Nar-Anon: 12-step recovery program for family and friends <input type="checkbox"/> SMART Recovery: recovery program for addictive behaviors focus on self-regulation <input type="checkbox"/> Dual Recovery Anonymous: 12-step recovery and emotional or psychiatric illness	<ul style="list-style-type: none"> <li>• New England Region: <a href="#">NAs</a></li> <li>• <a href="#">Nar-Anon: Find a meeting</a></li> <li>• <a href="#">SMART Recovery</a></li> <li>• <a href="#">Dual Recovery</a></li> </ul>
<i>Peer Recovery</i>	<input type="checkbox"/> Reach out to local peer recovery support centers or contact the helpline.	<ul style="list-style-type: none"> <li>• <a href="#">Peer Recovery Support Centers</a></li> <li>• Reach out to OTP/OBOT for services</li> <li>• Contact MassHealth for coverage options</li> </ul>
<i>Patient Navigators</i>	<input type="checkbox"/> Works in conjunction with local health care systems helps guide a patient through the healthcare system and patient support services.	<ul style="list-style-type: none"> <li>• Currently may not be covered under insurance</li> </ul>
<b>Regulatory Considerations</b>	None	

