

FYI Fridays

(Policy Guidance and DBH Updates)

March 30, 2018

DBH

- Budget Update** – The appropriation bills passed on the House floor this week. There was an amendment offered and passed to reduce the new Opioid funding by \$648,091 (\$374,260 from Recovery Support Services and \$273,831 from Peer Recovery Coaches in Emergency Departments). The funding was approved and moved to Social Services budget for a pilot program for post-partum care for up to 12 months for women with SUD. DBH hopes the Senate will restore this funding.
- CIMOR Updates:** Several CIMOR initiatives are in process for DBH. For the Opioid STR Grant, we are working on overlapping rules related to providers who are also CSTAR Opioid treatment programs and implementing the ability to limit the number of consumers by provider that can be enrolled. In addition, we are planning system enhancements for two potential new initiatives; Recovery Support Services and Justice Reinvestment.
- CPR Maintenance Level of Care** – DBH drafted a policy memo outlining a plan for the discontinuation of the maintenance level of CPR. The menu of services for rehabilitation and maintenance levels of care has evolved over time and are now essentially the same. Services and interventions should be focused on movement toward recovery/resiliency and based on the individual’s assessed needs rather than dictated by a level of care. A review of reports and data indicates that the use of the maintenance level of care drastically reduced across providers over the past three years. A *phased-in approach* is planned over the period of a year. Beginning on an established date (TBD), there will be no new admissions into the maintenance level of CPR in CIMOR. As each individual currently enrolled in the maintenance level of care has their annual treatment plan, it will be determined whether there is need for further CPR services. If CPR services are needed the individual will be moved to the rehabilitation level in CIMOR. If individuals would no longer benefit from CPR services, they will be discharged from CPR and transitioned to outpatient mental health services within the CMHC or to other appropriate community providers. Discussions continue with providers regarding a few issues, such as requirements for returning to CPR if discharged and perceived level of care restrictions.
- Buprenorphine Waiver Trainings:** No-Cost Half & Half | THREE LOCATIONS | MAT Waiver Training Opioid STR, in partnership with the Missouri Coalition for Community Behavioral Healthcare, is providing an 8-hour MAT Waiver Course. This course is different from the traditional 8-hour live course, as the first 4 hours will be in person and second 4 hours will be individual online work. Once you complete the first 4-hour live training, you will receive an email from AAAP with a link for the other 4 hours of individual work. Once that work is completed, they will send you a certificate of completion.

Scheduled Trainings (all trainings are 8:00 a.m. – 12:30 p.m.):

1. May 12, 2018 | Columbia, MO | Register online now:
<https://katiehorst.wufoo.com/forms/z1tvvupa07i2szu/>
2. June 2, 2018 | St. Louis, MO | Register online now:
<https://katiehorst.wufoo.com/forms/znhsvbd1udf6xi/>
3. September 29, 2018 | Kansas City, MO | Register online now:
<https://katiehorst.wufoo.com/forms/z1h3ax300k39net/>

Note that while medical residents can take the waiver training, they will not be able to apply until they have a personal DEA number and an unrestricted medical license.

If you obtain your buprenorphine waiver following this course, you (or your agency) are likely eligible to receive \$500 reimbursement for your time.

Look for updates on different topics/initiatives next Friday!