Florida VIVITROL® Programs A-Z

Office of State Courts Administrator (OSCA)

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Florida Alcohol and Drug Abuse Association

Department of Children and Families (DCF)

OSCA VIVITROL® Proviso Language

SECTION 7 - JUDICIAL BRANCH
3187 SPECIAL CATEGORIES
CONTRACTED SERVICES
FROM GENERAL REVENUE FUND . . . . 13,729,504
From the funds in Specific Appropriation 3187, $5,000,000 in recurring
genrevenue funds and $2,500,000 in nonrecurring general revenue
funds are provided for naltrexone extended-release injectable medication
to treat alcohol- or opioid-addicted individuals involved in the
criminal justice system, individuals who have a high likelihood of
criminal justice involvement, or who are in court-ordered,
community-based drug treatment (recurring base appropriations project;
Senate Form 1470). The Office of the State Courts Administrator shall
use the funds to contract with a non-profit entity for the purpose of
distributing the medication.
DCF VIVITROL® Proviso Language

368 SPECIAL CATEGORIES
CONTRACTED SERVICES
FROM GENERAL REVENUE FUND . . . . 6,094,273
FROM ALCOHOL, DRUG ABUSE AND
MENTAL HEALTH TRUST FUND . . . . 1,249,197
FROM FEDERAL GRANTS TRUST FUND . . 1,049,511
FROM OPERATIONS AND MAINTENANCE
TRUST FUND . . . . . . . . . . . . . . . . . . . . . 37,599

From the funds in Specific Appropriation 368, the recurring sum of
$1,500,000 and the nonrecurring sum of $1,021,726 from the General
Revenue Fund is provided to the department to contract with a nonprofit
organization for the distribution and associated medical costs of
naltrexone extended-release injectable medication to treat alcohol and
opioid dependency (Senate Form 1470).

Where can I get information about the program?
http://www.fadaa.org/
Provider Qualifications

- A current Florida license as a substance abuse provider pursuant to s.397.401, Florida Statutes.
- Medical Protocol
- Provider staff training
- Documentation of adequate credentialed staff
- Medication storage capacity
- Capacity to provide required data
- Liability insurance
- Allow site visits

Where can I find out more about VIVITROL®?

HC Providers:
https://www.vivitrolhcp.com/
Your Alkermes Representative

Patients:
https://www.vivitrol.com/
How do I apply to participate in the program?

https://portal.fadaa.org/
VIVITROL® Distribution Program - Provider Grant Application

The 2015 Florida Legislature appropriated $1.5 million in recurring General Revenue funds to provide for extended-release injectable naltrexone (VIVITROL®) to treat alcohol and opioid addiction in community-based treatment programs.

These funds were appropriated to the Office of the State Court Administrator (OSCA) and the OSCA contracted with the Florida Alcohol and Drug Abuse Association (FADAA) for the purpose of setting up a program enabling providers to access the medication.

The funds will be used to reimburse providers for VIVITROL screening, assessment, and medication administration at the following rate:
- Naltrexone Screening/Medication Education - Unit Price $180
- Naltrexone Assessment (Physical Examination, Lab Work) - Unit Price $549
- Administration of Medication (Medication Management, Medication Administration, Lab Work, and Medication) - Unit Price $1,331

In those cases where resources remain unspent by the Legislature to access the medication, this is an opportunity for providers to expand their clinical and medical protocols to utilize VIVITROL. Through this initiative, judges can refer individuals to providers for assessment for the appropriate treatment and medications including VIVITROL. FADAA has established a grant process for the selection of eligible providers and the allocation and distribution of these funds.

If you are interested in accessing these funds to utilize VIVITROL as part of your agency’s clinical protocol, please complete and submit the following online application and download and submit your proposed medical protocol for the use of VIVITROL to FADAA. If you have questions, please contact Kathy Golty at kgolty@fadaa.org or 850-878-2165 ext. 118.

Provider Grant Application - Register / Sign In

New Provider Application

Organization:
Select an organization

I would like to register a new organization

First Name

Last Name

Phone

Email

Title

Register
Besse Medical Agreement

http://businessapplication.besse.com/
### Customer Information

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### Billing Information

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VIVITROL® Distribution Program

Provider Certification Form

For information or to submit your Provider Certification Form, please contact Jeff Armstrong at Allerex.

Jeff Armstrong
Allerex, Inc.
813-440-2511
Jeffrey.Armstrong@Allerex.com

Business Opportunities - Peer Mentor - Resources - Training/Events -
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Disclaimer - Site map - 11

Treatment Provider Certification

Provider Information

Ship to Info:
Provider Name (Provider):
Provider Ship to Address/City/State/Zip:

Provider EIN/HRN:
Billing Account #:

Bill to Info:

Name:
Bill To Address/City/State/Zip:

Point of Contact:
Contact Person:
Office Phone:
Fax:

Certification

I, __________________________, a duly authorized representative of the Provider listed above, hereby certify to Allerex, Inc. ("Allerex"), or behalf of Provider that Provider participates in public health (City, County)恹 program account to which Provider agrees to participate in and receive reimbursement for all eligible patients for which Provider remains reimbursed from the City, County, State or Federal, if applicable, depending on the program, for expenses related to the purchase of VIVITROL. Provider warrants to Allerex that, to the best of Provider's knowledge, VIVITROL will only be dispensed to patients who are compliant with the terms of the treatment plan for which Allerex is providing reimbursement and for whom the treatment plan is approved by the City, County, State or Federal, if applicable.

Provider acknowledges and agrees that, unless otherwise permitted by applicable laws, Provider will not bill for services rendered to patients, including but not limited to, dispensing and delivery of VIVITROL. Provider will bill Allerex for the wholesale acquisition cost of VIVITROL for each patient.

Provider further acknowledges and agrees that the amounts paid by Allerex will not exceed the cost of the services billed to Allerex. Provider agrees to provide Allerex with detailed records of all services rendered to patients and the dates of service.

Provider will notify Allerex immediately upon a change in any of the information contained herein. Provider reserves the right to alter or terminate the treatment program in the event of non-compliance.

Signed: __________________________
Date: __________________________

Name: __________________________

Please send completed form either by fax or email directly to Rob Wilks at 352-348-1500 or by email at
Rob.Wilks@allerex.com

Treatment Provider Certification Form 3/2017
Eligibility

Which Door to Choose????
Basic Eligibility Considerations

• OSCA
  • Criminal Justice Involved
    • Drug Court
    • Veterans Court
    • Mental Health Court
    • Criminal Court
    • State or local probation
    • Incarcerated (jail)
    • Released from jail or prison
• At-Risk
  • Patient has history of CJ involvement
  • Peer/Substance Use Environment
  • Behaviors (Driving Under Influence)

• DCF
  • Regular DCF target groups apply but do not restrict (i.e., pregnant/parenting women, child welfare, IV drug use, etc.)
  • Income requirements are relaxed because cost of MAT is considerable
  • Federal STR grant allows MAT for incarcerated individuals*
    • Regular DCF monies do not
*Still under review

OSCA “High Likelihood” Eligibility
Alcohol or opioid-addicted individuals who:
• are involved in the criminal justice system; (this could include persons in jail, in a pre-trial program, or diversion program.)
• have a high likelihood of being involved in the criminal justice system; (this could be an individual recently released from jail or prison, a traffic court DUI client, a parent who is involved in a child protection investigation in which substance abuse is identified as a contributing factor).
• are in court-ordered community-based substance abuse treatment; (clients ordered into treatment by a court, which could include any criminal or civil court order, a Marchman Act commitment, dependency court, drug court, veteran’s court, mental health court).
Things to remember...

• Medication-Assisted Treatment (MAT) is considered as an adjunct to traditional psychosocial treatment (outpatient, residential, etc.)
  • All participants in the MAT protocol must be actively participating in some form of psychosocial treatment (not covered by FADAA VIVITROL® programs)
  • Goal of MAT is to improve functionality, adherence to psychosocial treatment, and to reduce or eliminate cravings to use alcohol and/or opioids
  • Initial physician target for number of injections in the treatment plan should be a guide and not an absolute
    • Targets should be adjusted over time based on improvements or lack thereof
    • Discharges from MAT are viewed differently than traditional substance abuse outcomes
Key Performance Measures

• Per requirements of state funding agencies, FADAA produces reports on:
  • Process Measures
    • Patient demographics (race, ethnicity, gender, employment status, etc.)
    • Criminal Justice/Judiciary Involvement (Drug Court, Mental Health Court, Veterans Court, Criminal Courts, and individuals “at-risk” for justice involvement)
    • Substance of Abuse (Opioids, Alcohol, or Combination)
    • Medication Inventory
  • Outcome Measures (to be reported more in FY 17-18)
    • Immediate Closeout and MAT Outcomes
    • Active Patients with lapse of 40 or more days without a service

Performance Dashboard
Screening

- Ideally, prospective patients will have been through a provider’s intake process and use of alcohol and/or opioids identified

- Screening for VIVITROL® programs:
  - Provider chooses instrument and staff to conduct screening
  - Education portion covers expectations of the program and general overview of medication protocol
    - Protocol covered in more depth by physician during medical assessment
    - Physician’s discussion includes side effects and nature of temporary side effects from injection and a review of labwork results
Medical Assessment/Labs

- Follow screening
- Can use existing lab work if conducted within a few months of person beginning VIVITROL®
  - Important Note: there are 2 fields on service page in data portal; first field is the medical assessment date and triggers the billing – be sure to use the date of the physician’s review of lab work/assessment with individual (should be on or after screening date) – 2nd date is when lab work was done and can precede screening date
- Should occur prior to any injections being administered
Medication Protocol

Lab work and Medical Assessments must be done before engaging patient in injection protocol
- Including detoxification/abstinence from alcohol (5 days) or opioid use (10-14 days)
- Review medical history and labs on functioning of liver, kidney, or other organs
- Medical staff needs to educate patient on how medicine works (and doesn’t work), side effects

VIVITROL© injections are generally 28 days apart
- Can be given as early as 21 days if patient’s cravings are strong or could jeopardize recovery
- Can also be given as late as 35 days after prior injection
• Medication Assisted Treatment Outcomes – Important Considerations
  • MAT “Success” is different than traditional substance abuse treatment – primary goal is to improve functionality and compliance with treatment
  • Patients should be discharged successful if patient:
    • Had reduced or eliminated frequency of alcohol and/or opioid use over time.
    • During medication protocol, demonstrated improvements in life functioning i.e., stable employment, legal involvement (none), family/interpersonal relationships, and accountability (as a parent or significant other).
    • Reduced or eliminated cravings/urge to use – status as of discharge date
    • Despite not completing MAT protocol in accordance with individual treatment plan, patient either successfully completed outpatient or residential treatment or was still actively involved in these programs at time of discharge from MAT
Billing Process

• DCF requires submission of prior month’s billing by 10th of the following month; OSCA is required by 15th of following month
  • Delays in submission push payment into next cycle

• OSCA billing is straight forward; DCF is split into DCF Program or DCF/SAMHSA Grant with subtotal for each and grand total for month

• Both programs require only one month’s submission at a time
  • If you miss services, you can submit a separate supplemental billing (by month)
### Version for OSKA Only

#### Create a Payment Request

**Payment Status: In Progress**

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*Note: add box that calculates "total" for the amounts listed.*

### Version for DCF Only

#### Create a Payment Request

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*Note: add box that calculates "total" for the amounts listed — $ for DCF and $ for DCF/SAHSA Grant.*
**Payer of Last Resort**

FADAA VIVITROL program is the “payer of last resort”
- In cases where 3rd party payments apply (insurance, Medicaid, etc.)
  - Provider staff enter amount covered in the respective service summary page
  - Data portal subtracts payment from standard rate and adjusts for final billing
- 3rd party payments are often delayed
  - Go ahead and bill as though there is no 3rd party (if payment not received before you submit monthly billing)
  - FADAA staff will apply credit against what we owe you to eliminate duplication of payments for same service

**Site Visits**

FADAA conducts 10 site visits per year for OSCA

DCF program will have site visits beginning in FY 17-18

Both VIVITROL® programs use a formalized checklist to review:
- Policies and procedures for MAT
- Visual check of medication storage and inventory system
- 5-6 patient EHR or paper records checked against data portal
The End