The model reflects an adaptation of the Baltimore Buprenorphine Initiative and includes a pathway for both Buprenorphine and Extended Release Naltrexone. Assessment, Induction, and Stabilization occur at a specialty substance use disorder treatment organization, with transfer to primary care for the maintenance phase of treatment. An “episode” payment includes a range of activities at the initiation of treatment that spans several weeks. Monthly rates are used for on-going services, such as maintenance and discontinuation (if selected), where average clinical activities can be best-defined on a monthly basis.

The model below includes five different levels of bundled payments as a client moves through a course of treatment.

- Clinical Assessment and Induction Steps #1 – 3 (Buprenorphine 3 week episode; Extended Release Naltrexone 1 week episode)
- Stabilization Step #4 (Buprenorphine 12 week episode: Extended Release Naltrexone 4 weeks)
- Transition to Primary Care Step #5 (8 week episode Buprenorphine; monthly for Extended Release Naltrexone)
- Maintenance Step #6 (monthly for both Buprenorphine and Extended Release Naltrexone)
- Discontinuation and Medical Withdrawal Step #7 (monthly for both Buprenorphine and Extended Release Naltrexone)

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<tbody>
<tr>
<td><strong>1. ASSESSMENT, REFERRAL AND TREATMENT PLAN</strong></td>
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<tr>
<td><strong>1. A. MULTI-DIMENSIONAL CLINICAL ASSESSMENT using ASAM Criteria Medical Evaluation including indicated medication options, and if clear, optimal recommendation</strong></td>
<td>Clinician in specialty setting, psychiatrist or specialty addiction physician under contract to specialty treatment program (one-two sessions); RN, LCSW, CAC</td>
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<td></td>
<td>Time required—1 hr and 45 min = 105 min</td>
<td>Types of professionals—RN (5%), LCSW (45%), CAC (45%) (MD/DO) (5%)</td>
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<td><strong>1.B. IDENTIFICATION AND REFERRAL to appropriate level of care</strong></td>
<td>Clinician in specialty program</td>
<td>Time included in #1A</td>
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<tr>
<td>1.C DEVELOPMENT OF INITIAL TREATMENT PLAN, using assessment and ASAM Criteria</td>
<td>Clinician in specialty program with option of physician time for a small number of clients; MD/DO, RN, LCSW</td>
<td>• Time required—30 min&lt;br&gt;• Types of professionals—MD/DO (5%)&lt;br&gt;LCSW (50%), CAC (45%)</td>
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<tr>
<td>2. OFFER OF MEDICATION to any patient who is not able to go through spontaneous remission and has a diagnosis of opioid and/or alcohol dependence</td>
<td>MD/DO, RN, LCSW</td>
<td>• Time required—30 min (typically part of other services with additional time allocated for client engagement)&lt;br&gt;• Types of professionals—MD/DO (10%). NP, RN, LCSW, CAC (90% shared equally at 22.5% each),</td>
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<tr>
<td>3. INDUCTION WITH WITHDRAWAL MANAGEMENT, including monitoring, prescribing, administration (Buprenorphine—3 weeks; Extended Release Naltrexone—1 week, including steps 1 and 2)</td>
<td>Physician and RN in specialty setting</td>
<td>• Buprenorphine&lt;br&gt;○ Prescribing MD/DO 15 min X 1 = 0.25&lt;br&gt;○ Monitored administration by RN 7 days week 1; every other day week 2 – 3; total of 14 visits = 3.5 hrs&lt;br&gt;• Extended Release Naltrexone&lt;br&gt;○ MD/DO 15 min X 1 = 0.25&lt;br&gt;○ RN monitoring 6 days x 0.25 = 1.5 hrs. MD/DO</td>
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4. STABILIZATION, including continued monitoring and treatment services (individual, group and medication management and adjustment of medication dosages as appropriate (Buprenorphine—12 weeks; Extended Release Naltrexone—4 weeks)

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| 4. STABILIZATION | Physician, RN and clinicians in specialty setting; MD/DO, RN, LCSW | • Buprenorphine 12 weeks  
  o 1 medical visit per week (95% RN/5% MD/DO); 12 visits total or 3 hrs  
  o Treatment services 50% each CAC/LCSW  
  o Weeks 1 – 4 total of 16 hrs: 2 hrs individual, .5 hr tx plan update, 13.5 hrs group  
  o Weeks 5 – 8 total of 8 hrs: 1 hr individual, .5 hr tx plan update, 6.5 hrs group  
  o Weeks 9 – 12 total of 4 hrs: .5 hrs tx plan update, 3.5 hrs group  
  o Urinalysis X 3  
  o Extended Release Naltrexone 4 weeks  
  o 1 injection plus 1 medical visit per week for 4 weeks (95% RN/5% MD/DO) 8 visits at 15 min or 2.0 hrs  
  o 50% each LCSW and CAC for all indiv, tx plng and group services  
  o Week 1 total of 4 hrs: 1 hr individual, 3 hrs group  
  o Week 2-3 total of 4 hrs: .5 hr tx plan update, .5 hr individual, 3 hrs group  
  o Week 4 total of 1 hr: all group  
  o Totals for weeks 1 – 4 = 1.5 hr indiv + .5 hr tx plng + 10 hrs of group  
  o 1 Urinalysis |
| CLINICAL PATHWAY | SITES AND STAFFING | FINANCIAL MODEL ASSUMPTIONS  
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|------------------|-------------------|-------------------------------------------------------------------------------------|
| 5. TRANSITION TO PRIMARY CARE with medication management and continuing treatment in specialty program, including care management for assistance with appointments, claims, transportation, referral and use of recovery services and coaching; may be daily appointment initially then shifting to weekly | MD/DO, RN, Care manager, LCSW | - Buprenorphine 8 weeks  
  o Physician visits avg 3 visits over 8 weeks or .75 hrs  
  o Care mgr—1 hr/wk for first month, 2 hr x/month for second month, or total of 6 hrs 50% LCSW/50%CAC  
  o SUD group counseling 1 hr x/wk first month group, 2 hr x/month for second month, or total of 6 hrs of group time  
  o Recovery support—as needed, not reimbursable  
  o Urinalysis X 2  
- Extended Release Naltrexone 4 weeks  
  o Physician visit 1 visit or .25 hrs  
  o Care mgr—2 hr x/month 50% LCSW/50%CAC  
  o SUD group counseling 2 hr x/month  
  o Recovery support—as needed, not reimbursable  
  o Urinalysis X 1 |
| 6. MAINTENANCE with PCP and monthly group or individual counseling (monthly) | MD/DO; LCSW, CAC | - Monthly rate  
- One MD/DO visit X 15 minutes  
- One hour of therapy—either group OR individual; assume averages 50% individual and 50% group |
### CLINICAL PATHWAY

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<td>MD/DO; LCSW, CAC</td>
<td>• Monthly&lt;br&gt;• Medical 1/wk or 4/month or 1 hr (50% MD/DO, 50% RN)&lt;br&gt;• Care mgt 1 hr/month (50% LCSW, 50% CAC)&lt;br&gt;• SUD group 1 hr/month (50% LCSW 50% CAC)&lt;br&gt;• Urinalysis per month</td>
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7. DISCONTINUATION AND MEDICAL WITHDRAWAL including re-assessment in specialty program: maintenance or tapering schedule for buprenorphine; option to transfer onto Injectable naltrexone for post-buprenorphine stabilization (monthly)