ILLINOIS DEPARTMENT OF HUMAN SERVICES (IDHS)
Division of Substance Use Prevention and Recovery (SUPR)

FEDERALLY QUALIFIED HEALTH CENTERS (FQHC)
FREQUENTLY ASKED QUESTIONS

The following are responses to questions that have been asked to IDHS/SUPR regarding FQHC licensure and surrounding issues. If you have questions that are not answered here, please send them to DoIT.SUPRHelp@illinois.gov. This document will be updated periodically as questions are raised that might be of interest to other FQHC's.

Q Concern that the full assessment has to be done before medication can be initiated, which is making it harder to have low threshold/low barrier services. I'm not sure if this is a SUPR mandate, or just a concern that FQHCs feel that things should go in this order. This is a concern b/c there are some great newer models coming largely out of the East coast (but also some on West) trying to provide buprenorphine on demand to be able to meet people's needs while we continue to engage them in other services.

A The administration of medication other than Methadone does not fall under the SUPR licensure authority. The ASAM assessment does not need to be completed before medication can be administered. The ASAM assessment only needs to be completed prior to finalization of diagnosis and initial placement into a level of care. Administration of medication should begin as early as possible once deemed medically necessary by medical staff.

Q The studies to date have not shown that mandating people on MAT to be in formal counseling through a treatment program have improved outcomes as related to illicit opioid use or retention in treatment (compared to those individuals receiving only "medical management" counseling from the provider or the RN in the OBOT).

A Ongoing outpatient treatment for OUD is linked to better retention and outcomes than either behavioral interventions or medication alone (www.pewtrusts.org/en/research-and-analysis/fact-sheets/2016/11/medication-assisted-treatment-improves-outcomes-for-patients-with-opioid-use-disorder). Of course, some people stop using opioids on their own; others recover through support groups or specialty treatment with or without medication. However, the "gold standard" for MAT includes medication and ASAM Level 1 counseling. Medication assisted treatment is defined as "the use of FDA-approved medications in combination with evidence-based behavioral therapies to provide a whole-patient approach to treating SUDs" in the CMS/SAMHSA/CDC/NIH joint bulletin on MAT (https://www.samhsa.gov/sites/default/files/topics/behavioral_health/medication-assisted-treatment-joint-bulletin.pdf). All patients that present with an OUD should receive an assessment and be engaged with counseling services.

Q Concern that LCSWs/LCPCs are not recognized by 2060 as independent practitioners and the requirement that their notes have to be cosigned by MDs. This is an additional barrier/burden, especially considering that in FQHCs the providers are really central to all of the care that's being delivered.

A Individuals who are credentialed as LCSW or LCPC are considered professional staff under Part 2060 regulations and as such do not need their "notes" to be cosigned by an MD. The only areas that require physician or APN signature are the diagnosis, initial recommendation for treatment and the initial treatment plan. LCSW's and LCPC's cannot operate as independent practitioners without a SUPR license as this is not authorized in our enabling legislation or by the professional licensure regulations for these credentials. As long as these practitioners are considered FQHC employees, they are authorized as professional staff linked to the FQHC license.

Q Agencies that are in early phases of developing OBOT are very nervous that they need to have "everything" in place, including getting an outpatient license before their providers can start prescribing. Because many of them have very limited BH staffing, or are just starting to staff, this is just one piece that is slowing them down on providers actually starting to prescribe. I realize that this fear may not be in line with what you are suggesting should happen, but it has been a concern for some of the FQHCs that haven't yet started offering services.

A Office based MAT prescribed by physicians does not ever require SUPR licensure. A license is required when actual substance use disorder treatment is delivered that includes services other than administration of medication. OBOT providers either need a license to deliver "Type 75" services, or they need to make warm referrals to licensed providers to ensure that patients have access to counseling services. SUPR recommends a "warm" referral, which consists of 1) strong linkage agreements with licensed SUD providers; 2) consent to engage with the SUD provider regarding the patient; 3) a "warm" introductory call, preferably with the patient in the room; and 4) following up with the patient after the scheduled appointment to debrief and/or reschedule.

Q The documentation processes that are required by DASA are a bit different than what is typical at FQHCs, and some that are not easily supported by fully electronic systems.

A The primary focus of a SUPR licensing inspection with a FQHC will be a review of the clinical record as it relates to substance use disorder treatment. We are not aware that this is a problem with an EHR as the primary areas of review will be ASAM assessment, medical screening, initial treatment recommendation and medical necessity for such treatment, initial treatment plan and any continued stay reviews. These documents will be reviewed for compliance with ASAM and the specified signature and times frames contained within Part 2060. We will also verify staff credentials and review the last accreditation survey for any recommended areas for corrective action.

Q Is it the intent of a SUPR license to monitor and audit for integrated care and examine whether the team is actually functioning as a team; whether the buprenorphine program is following evidence based guidelines and whether the counseling being offered includes evidence based practices like CBT and DBT, etc.?

A These areas are not within the scope of SUPR licensure authority and seem more related to accreditation or best practice guidelines.

Q Where can I find a listing of SUPR licensed substance use disorder treatment providers?

A The Illinois Helpline for Opioids and Other Substances can provide information about locations and services of SUPR licensed treatment providers. The number for the Helpline is 1-833-2FINDHELP.