

Exhibit EE

OPIOID USE DISORDER CENTERS OF EXCELLENCE

- A. The CHC-MCO must develop an adequate network of physical health Opioid Use Disorder Centers of Excellence (OUD-COE) enrolled in the MA Program as Provider Specialty Type 232 – Opioid Center of Excellence according to the terms of Exhibit T of this Agreement.
- B. The CHC-MCO must coordinate with a Participant's BH-MCO and any OUD-COE providing services to the Participant in accordance with Section V.D.2 of this Agreement to ensure that the Participant's care is coordinated and not duplicated.
- C. The following services, when provided as clinically appropriate and included or reflected in the individual Participant's care plan, constitute community-based care management services. COE care management services may be provided via telemedicine in accordance with Medical Assistance Bulletin 99-21-06: Guidelines for the Delivery of Physical Health Services via Telemedicine.
 - 1. Screening and Assessment
 - a. Assessments to identify a Participant's needs related to Social Determinants of Health, administered in home and community-based settings whenever practicable.
 - b. Level of Care Assessments, which may be completed either by the OUD-COE or through a referral. If a level of care assessment results in a recommendation of MAT, the OUD-COE must provide education related to MAT.
 - c. Screenings for clinical needs that require referrals or treatment, including screenings for risk of suicide.
 - 2. Care Planning
 - a. Development of integrated, individualized care plans that include, at a minimum:
 - 1. A Participant's treatment and non-treatment needs
 - 2. The Participant's preferred method of care management, such as in-person meetings, phone calls, or through a secure messaging application
 - 3. The identities of the members of the Participant's community-based care management team, as well as the members of the Participant's individual support system
 - b. Care coordination with a Participant's primary care provider, mental health service provider, drug & alcohol treatment provider, pain management provider, obstetrician or gynecologist, and CHC-MCO, as applicable

3. Referrals

- a. Facilitating referrals to necessary and appropriate clinical services according to the Participant's care plan, including:
 1. Primary Care, including screening for and treatment of positive screens for: HIV, Hepatitis A (screening only); Hepatitis B; Hepatitis C; and Tuberculosis
 2. Perinatal Care and Family Planning Services
 3. Mental Health Services
 4. Forms of medication approved for use in MAT not provided at the OUD-COE Provider's enrolled service location(s)
 5. MAT for pregnant women, if the OUD-COE Provider does not provide MAT to pregnant women
 6. Drug and Alcohol Outpatient Services
 7. Pain Management
- b. Facilitating referrals to any ASAM Level of Care that is clinically appropriate according to a Level of Care Assessment
- c. Facilitating referrals to necessary and appropriate non-clinical services according to the results of the Participant's needs identified through a Social Determinants of Health screening

4. Monitoring

- a. Individualized follow-up with Participants and monitoring of Participants' progress per the Participant's care plan, including referrals for clinical and non-clinical services
 - b. Continued and periodic re-assessment of a Participant's Social Determinants of Health needs
 - c. Performing Urine Drug Screenings at least monthly
5. Making and receiving warm hand-offs. In the event of a warm hand-off from an overdose event, the OUD-COE must provide education related to overdose risk and naloxone.