

# Health Center Substance Abuse Service Expansion Quarterly Progress Report Frequently Asked Questions

Updated 10/11/2016

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## General Substance Abuse (SA) Quarterly Progress Report (QPR) Questions:

### 1. When will health centers need to submit the Substance Abuse Service Expansion Quarterly Progress Report (SA QPR)?

*Health centers that have received SA Service Expansion supplemental funding are required to submit QPRs aligned with each Federal fiscal year (FY) quarter (e.g. March 1-June 30, July 1-September 30, October 1-December 31, and January 1-March 31). QPR reporting typically opens on the first of the month following the reporting period (i.e., July 1 and October 1) and closes approximately 10-15 days later. Specific deadlines for the SA QPR submission will be emailed through the Electronic Handbook (EHB).*

### 2. What type of technical assistance is available to support SA quarterly reporting?

*Technical assistance materials to support SA quarterly reporting are available at: <http://bphc.hrsa.gov/programopportunities/fundingopportunities/substanceabuse/index.html>. The supporting materials available at the link above include: the sample SA QPR form, instructions on QPR submission in EHB, a tutorial for SA QPR submission, and Frequently Asked Questions (FAQs). There are also website links to other relevant resources. In addition, HRSA staff is available to answer SA QPR and other SA questions at [hrsabphcsa@hrsa.gov](mailto:hrsabphcsa@hrsa.gov).*

### 3. May I see what the SA QPR report will look like when I access it in the EHB system?

*A sample QPR form, including additional details on what to include in each field, is available on the BPHC SA technical assistance website at: <http://bphc.hrsa.gov/programopportunities/fundingopportunities/substanceabuse/index.html>*

### 4. Who should we identify as the health center point of contact when submitting the SA QPR?

*Health centers should identify the person within their organization who will be best positioned to respond to any HRSA questions about the SA QPR submission.*

### 5. How should a health center collect the data requested by the SA QPR?

*It is up to each health center to establish a consistent and reliable method to capture SA QPR data for reporting.*

### 6. How will HRSA enforce SA QPR requirements?

*Health centers that do not submit the SA QPR may have their entire Health Center Program (H80) award placed on drawdown restriction.*

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**7. Our program is being established and we have no activity to report. Should we still submit a QPR?**

*The SA QPR is required for all health centers that received Substance Abuse Service Expansion funding. Health centers should report their current status and provide an explanation in the narrative section of the "Issues and Barriers" question.*

**8. Our program has conducted other activities under the scope of the Substance Abuse Service Expansion grant that are not asked about in the SA QPR. Where do we report this information?**

*You may describe other activities in the narrative section entitled "Successes and Lessons Learned". In addition, health centers will report annually in the Budget Period Renewal (BPR) about the overall activities performed using the Substance Abuse Service Expansion funding, as well as provide data required for tracking progress toward goals/projections in the Uniform Data System (e.g. increased number of FTE substance abuse services providers, increased number of patients receiving substance abuse services, increased number of visits for substance abuse services, and increased number of patients receiving SBIRT services).*

## **SA QPR Question 1A: *Number of Physicians with a Drug Addiction Treatment Act of 2000 (DATA) waiver***

**9. How does HRSA define the number of physicians with a DATA waiver?**

*It's defined as the number of physicians, on site or with whom the health center has contracted, who have obtained a Drug Addiction Treatment Act of 2000 (DATA) waiver to treat opioid addiction with medications that have been specifically approved by the FDA for that indication. This number should reflect the current number of physicians that have the DATA waiver as of the end of the reporting period.*

**10. What are the medications that have been specifically approved by the FDA?**

*The Drug Addiction Treatment Act of 2000 (DATA) waiver applies only to buprenorphine medications. The two buprenorphine products are suboxone (buprenorphine and naloxone) and subutex (buprenorphine only).*

**11. Should we report physicians that have a DATA waiver but are not participating in our Substance Abuse Service Expansion funded activities?**

*Include all physicians that have a DATA waiver. If there are barriers that explain why your physicians have a DATA waiver but do not prescribe buprenorphine, please include this information in the narrative portion of the "Issues and Barriers" section.*

**12. Should we include physicians that received the DATA waiver prior to the start of the supplemental funding (March 1, 2016)?**

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*Health centers should include all physicians with a DATA waiver during the reporting period (July 1, 2016 – September 30, 2016), regardless of when it was received.*

**13. NEW – We have “0” physicians with a DATA waiver since we provide medication assisted treatment that does not require a DATA waiver. How should we report the QPR?**

*Please report “0” physicians in question 1a and describe the status of your Substance Abuse activities in the narrative section entitled “Successes and Lessons Learned.” Please also indicate if you do not plan to recruit or hire physicians with a DATA waiver.*

### **SA QPR Question 1B: Patients Receiving Medication-Assisted Treatment (MAT)**

**14. What should be reported as patients receiving MAT?**

*Patients receiving MAT are defined as the number of patients, during the reporting period, who received medication-assisted treatment for an opioid use disorder, either on site or from a contracted provider with a data waiver working on behalf of the health center. Health centers should count each patient once (not each visit) for the reporting period.*

**15. What is considered Medication-Assisted Treatment (MAT)?**

*Please report the number of patients who received MAT with buprenorphine medications for question 1b. You may provide narrative text in the “Successes and Lessons Learned” section regarding patients receiving other medications as part of MAT for opioid use disorder such as extended-release injectable naltrexone or methadone.*

**16. Do we only include patients that are new to the health center since the start of the supplemental funding (March 1, 2016)?**

*Patient data are not limited to those that are “new” as of the start of the supplemental funding (March 1, 2016). Health centers should include “new” and “existing” patients who received MAT for an opioid use disorder during the reporting period, either on site or from a contracted provider with a DATA waiver working on behalf of the health center.*

**17. Physicians without a DATA waiver and nurse practitioners can prescribe Vivitrol (extended release injectable naltrexone). Can we count these patients on Vivitrol?**

*Only report the number of patients receiving MAT with buprenorphine products for question 1b. You may provide narrative text in the “Successes and Lessons Learned” section regarding the numbers of patients prescribed extended-release injectable naltrexone (Vivitrol).*

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**18. NEW – We have “0” patients who have received medication-assisted treatment for opioid use disorder from a physician with a DATA waiver. How should we report the QPR?**

*Please report “0” patients in question 1b and describe the status of your Substance Abuse activities in the narrative section entitled “Successes and Lessons Learned.”*

**19. NEW – Can buprenorphine now be prescribed by nurse practitioners and physician assistants?**

*Yes. The Comprehensive Addiction and Recovery Act (CARA) expanded qualifying practitioners to include licensed nurse practitioners and physician assistants who have expertise and prescribe medications for opioid use disorder in collaboration with or under the supervision of a qualifying physician if state law requires physician oversight of prescribing authority. See frequently asked question (FAQ) 21 for instructions on where to report this information in the QPR.*

**20. NEW – When will DATA training be available for nurse practitioners and physician assistants?**

*DATA training is currently only available to physicians. For updated information on DATA waivers, see <http://www.samhsa.gov/medication-assisted-treatment>.*

**21. NEW – Where do we report MAT activities performed by nurse practitioners and physician assistants?**

*You may describe MAT activities performed by nurse practitioners and physician assistants in the “Successes and Lessons Learned” section.*

**22. We have patients who received FDA approved MAT for alcohol use disorder. Are these counted?**

*Alcohol use disorder should not be reported in 1b, as it asks for patients receiving MAT for opioid use disorder only. If your SA award supports MAT for alcohol use disorder, please provide data and information about this in the “Successes and Lessons Learned” narrative section of the report.*

**23. NEW – What are the new DATA waiver patient limits for physicians providing buprenorphine treatment?**

*In July 2016, the Department of Health and Human Services (HHS) released a final rule to increase access to MAT with buprenorphine products in the office setting by allowing eligible practitioners to request approval to treat up to 275 patients. A physician must possess a current waiver to treat up to 100 patients and must have maintained that waiver without interruption for at least one year. For more information, see <http://www.samhsa.gov/medication-assisted-treatment>.*

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## Resources for More Information on Substance Abuse Treatment within Primary Care Settings

### 24. Where can I get more information about applying for a DATA waiver?

The Substance Abuse and Mental Health Administration (SAMHSA) provides information on their website on the DATA waiver application. <http://www.samhsa.gov/medication-assisted-treatment/buprenorphine-waiver-management>

### 25. Where can I get more information about substance abuse treatment within primary care settings?

The [SAMHSA-HRSA Center for Integrated Health Solutions \(CIHS\)](#) offers technical assistance to health centers looking to integrate behavioral health into primary care and has several resources on providing substance abuse treatment within primary care settings.

Resources include but are not limited to:

- [Medicated Assisted Treatment Resources](#)
- [Screening Brief Intervention, and Referral to Treatment Resources](#)
- [Opioids](#)

The [BPHC Substance Use Warmline](#) through the Clinician Consultation Center offers free and confidential peer-to-peer telephone consultation called the Substance Use Warmline which focuses on substance use evaluation and management for primary care clinicians in health centers. Special expertise in pharmacotherapy options for opioid use, addiction medicine-certified physicians, clinical pharmacists, and nurses are available at 1-855-300-3595, M -F, 10am to 6pm, ET. Voicemail is available 24 hours a day.