NATIONAL 2018 QUALITY ASSURANCE

40th ANNUAL NATIONAL ADDICTION LEADERSHIP CONFERENCE



ADDICTION TREATMENT PROVIDERS

MAY 20-22, 2018 Omni Interlocken Resort Denver, Colorado

11/13/0



Treatment Provider Community Engagement, Public Relations, Public Policy.







Scott Munson, NAATP Public Policy Chair, CEO, Sundown M Ranch



Dave Aronberg, JD, Florida State Attorney, Sober Homes Task Force



Philip Rutherford, Director of Operations, Faces and Voices of Recovery



Greg Williams, Executive VP, Facing Addiction with NCADD



NAATP NATIONAL 2018: PROMOTING ETHICAL ACTIVITY IN SOBER HOMES AND DRUG TREATMENT FACILITIES

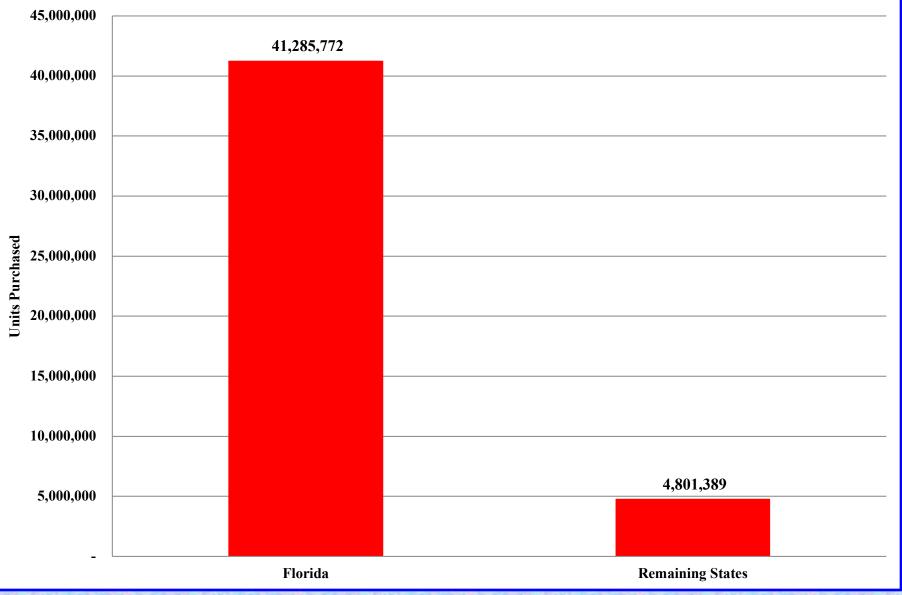




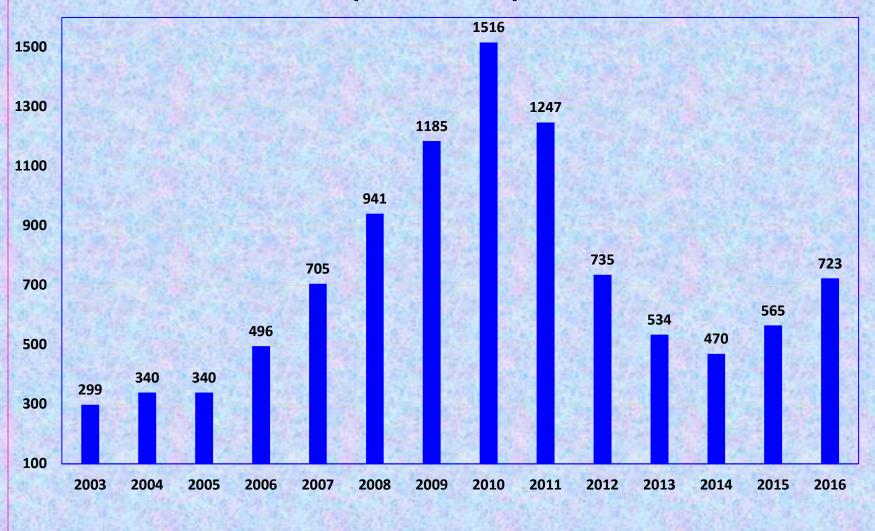
Dave Aronberg State Attorney Palm Beach County, Florida

Nationwide Comparison of Oxycodone Purchases by Practitioners January - June 2010 45,000,000 41,285,772 40,000,000 35,000,000 30,000,000 25,000,000 20,000,000 15,000,000 10,000,000 5,000,000 1,021,933 1,102,120 794,124 489,942 302,873 255,442 240,768 231,877 188,102 174,208 Remar of 4 Ż 4 ND Ś GA CP 27 Ý

Nationwide Comparison of Oxycodone Purchases by Practitioners January - June 2010

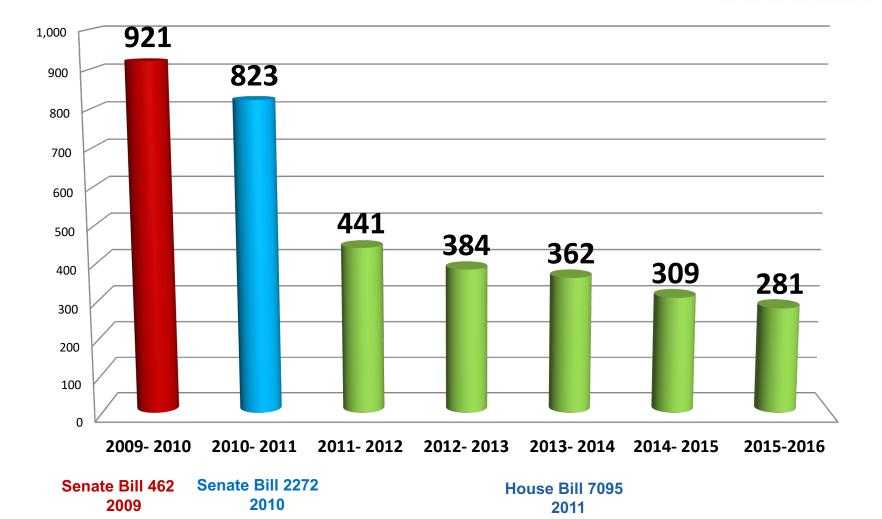


62% DECREASE IN OXYCODONE DEATHS (2010-2016)



Source: Drugs Identified in Deceased Persons by Florida Medical Examiners

PAIN MANAGEMENT CLINICS REGISTERED

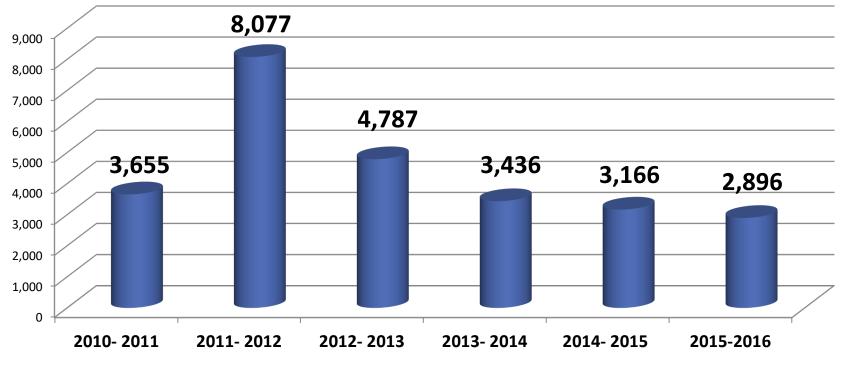


HEALI

Source: 7/29/ 2016 HB7095 Toolbox (dxt701)

Pain Management Clinic "Oxycontin Express" Derailed

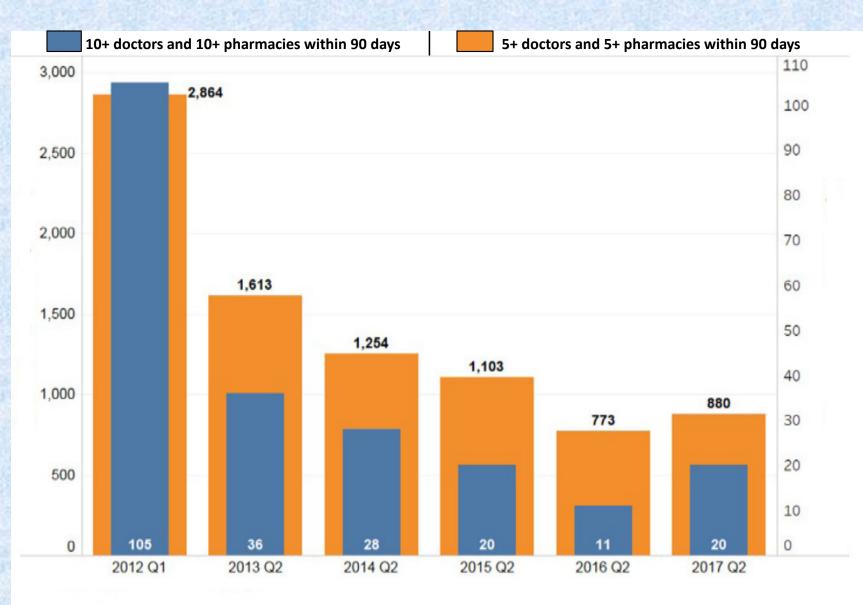
of patients whose domicile is out of state



of patients whose domicile is out of state

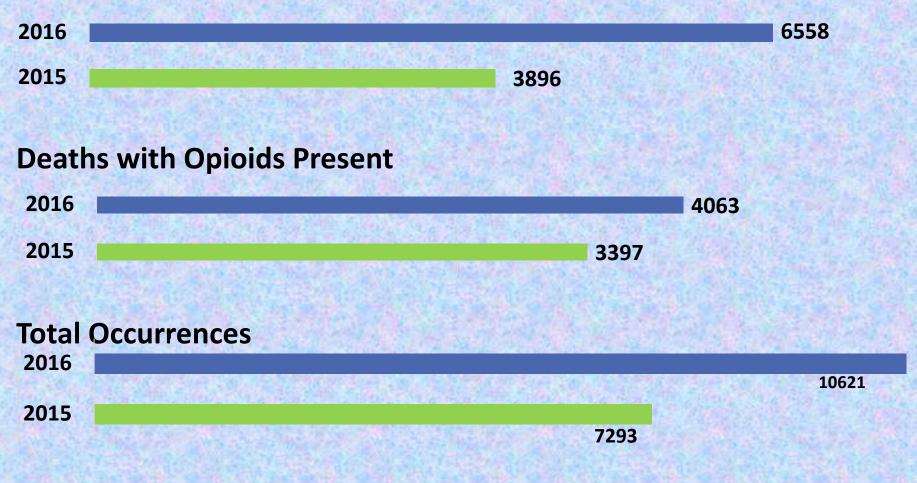
*Figures from Jan-June 2011 data was required at that time only from Osteopathic Physicians

69% DECREASE IN DOCTOR SHOPPING



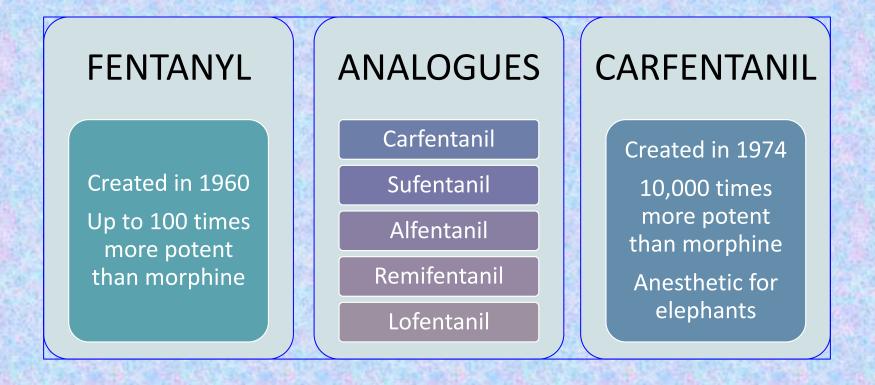
2016 VS. 2015 FLORIDA MEDICAL EXAMINERS REPORT

Opioids as Direct Cause of Death



SYNTHETIC OPIOIDS

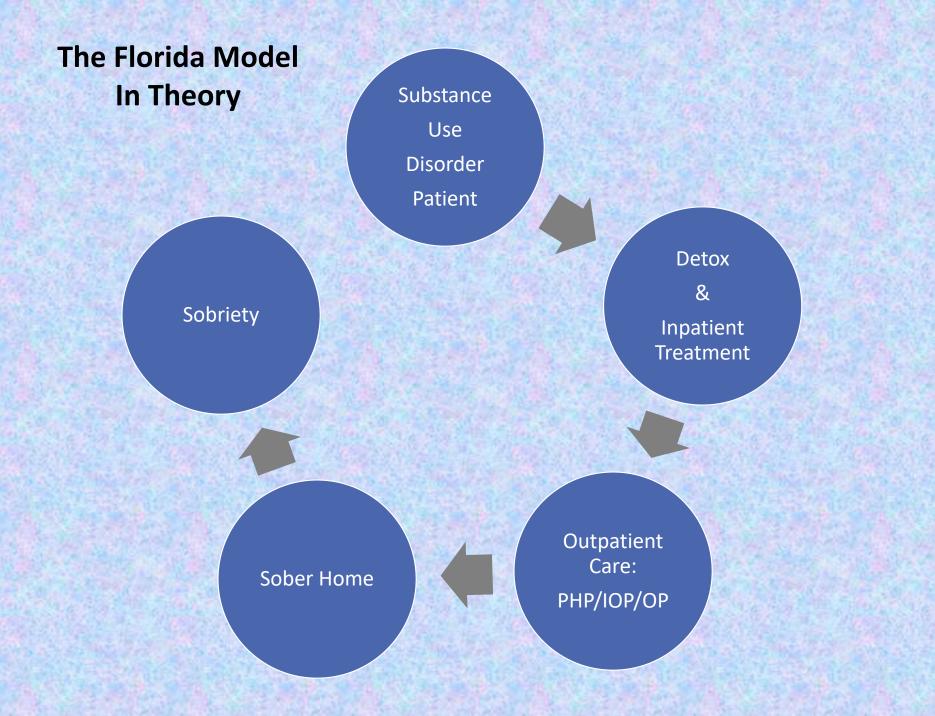
- Used as additives to heroin
- Spike the potency
- Lower the price
- Contribute to overdoses

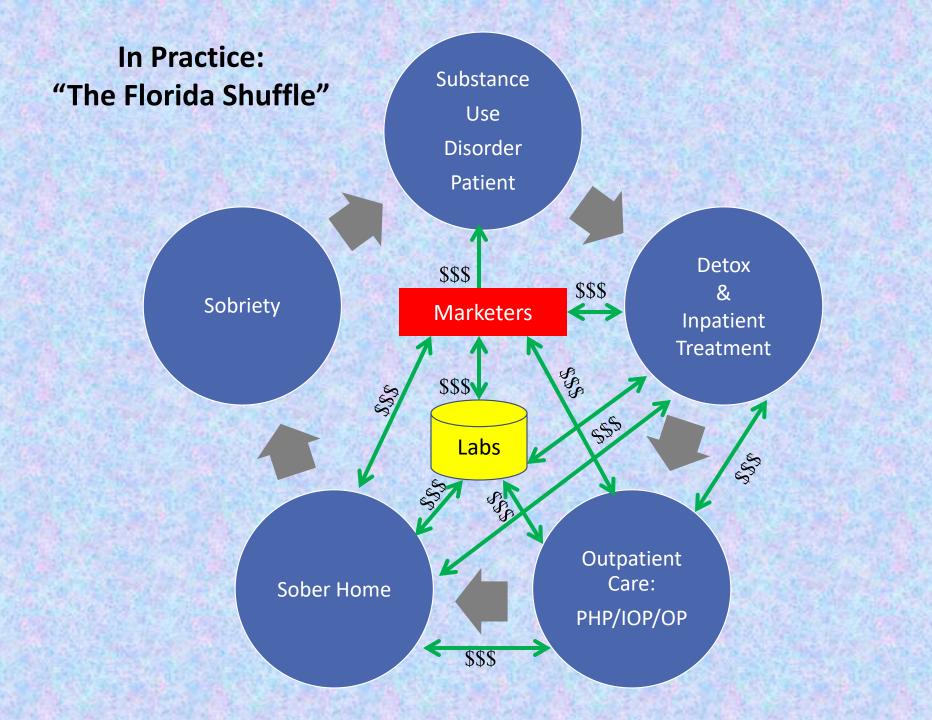


PAVED WITH GOOD INTENTIONS...

- Federal Law Protects Sober Homes
 - Americans With Disabilities Act
 - Fair Housing Act
- Federal Law Provides Insurance Benefits
 - Mental Health Parity Act
 - Affordable Care Act
 - Cannot be denied for pre-existing condition
 - Children on parents policy until age 26
 - All policies must have mental health/substance use disorder coverage

75% of private patients in Florida are from out-of-state





CIVILIAN WORKGROUPS

Proviso Group

- Doctors
- Industry Lawyers
- DCF, FADAA, FARR
- Other Industry Leaders

Main Group

- Clinicians
- Patient Advocates
- Other Industry Leaders

LAW ENFORCEMENT

Full-time Prosecutor

Sober Homes

Task Force

State Attorney's Office 15th Circuit

- Multi-Agency
 Investigative Team
 Comprised of 14 Officers
 - Delray PD, Boynton PD, West Palm Beach PD, PBSO, Boca PD, Riviera Beach PD, Palm Beach Gardens PD, Palm Springs PD, and DFS.

Sober Home Task Force Arrests

Since Nov 2016:47 Arrests15 convictions



CIVILIAN WORKGROUPS

- EACH GROUP MEETS ONCE A MONTH IN THE WEST PALM BEACH POLICE DEPARTMENT COMMUNITY ROOM.
- DISCUSSIONS FOCUS ON THE BIGGEST ISSUES FACING COMMUNITIES, PATIENTS, AND THEIR LOVED ONES DURING THE OPIOID CRISIS.
- MANY OF THE LEGISLATIVE PROPOSALS DEVELOPED HERE HAVE ALREADY BEEN ENACTED INTO LAW.



 MEMBERS OF THE TASK FORCE INCLUDE INDUSTRY PROVIDERS, INCLUDING SOBER HOME OWNERS, WHO RECOGNIZED THE CORRUPTION WITHIN THE INDUSTRY AND HAVE BEEN DEDICATED TO CLEANING IT UP.

FLORIDA HB 807: EFFECTIVE JULY 1, 2017

- Creates "Truth in Marketing" & certification of marketers by Department of Agriculture; criminal penalties
- Toughens patient brokering laws
- Gives the Attorney General jurisdiction
- Licenses clinical providers
- Requires FARR certification of sober homes when patients are referred to or from providers
- Strengthens DCF oversight & ability to deny or revoke licenses (AHCA powers)

FLORIDA HB 21 (2018)

- Limits Schedule II opioid prescriptions to alleviate acute pain to a 3-day supply. A physician may prescribe up to 7 days if the physician determines it is "medically necessary."
 - Exceptions for cancer; terminal conditions; pain treated with palliative care; traumatic injuries with Severity Score of 9 or higher.
- Requires doctors and pharmacists to consult the PDMP prior to prescribing or dispensing a controlled substance, with the exception of non-opioid Schedule V drugs.
- Authorizes the State to enter into reciprocal agreements with other states to share PDMP information as long as other PDMPs are compatible with Florida's privacy safeguards.
- Expands the controlled substances that must be reported to the PDMP to include Schedule V opioids.
- Moves Hydrocodone combination products (e.g., Vicodin) to Schedule II.
- Increases penalties from a 3rd to a 2nd Degree Felony for physicians who prescribe a medically unnecessary or excessive controlled substance by fraud, misrepresentation or other deception.

BUILDING A CASE

Preliminary investigation

- Subpoena insurance companies for audits to identify the biggest targets and build off of their existing investigations
- Gather leads from social media (Facebook, Twitter, etc.)
- Review calls for service at sober homes and treatment centers
- Using confidential informants (CIs)
- Trash pulls at sober homes
- Contact SHTF, FBI, DFS, AG, or FARR (Florida Association of Recovery Residences) for leads and info on shared targets
- Establish local hotline for tips on healthcare fraud & abuse

HOW PATIENT BROKERING WORKS

- Florida's Patient Brokering Act ("PBA") is codified in § 817.505, Fla. Stat. (2016).
- Similar to the federal Anti-Kickback Statute ("AKS") found in 42 U.S.C. § 1320a-7b(b).
- •PBA adopts all the safe harbor exceptions used by the AKS. See § 817.505(3)(a), Fla. Stat., including the "bona fide employee" exception.
- The PBA does not prohibit <u>"routine advertising and</u> <u>marketing."</u> State v. Rubio, 917 So. 2d 383, 396 (Fla. 5th DCA 2005) (reversed in part on other grounds).
 - "The statute does not prohibit the right to solicit business but regulates that right by prohibiting the payment of fees based on patient referrals." Id.

FOUR TYPES OF PATIENT BROKERING

- 1. Offer or pay any commission, bonus, rebate, kickback, or bribe, directly or indirectly, in cash or in kind, or engage in any split-fee arrangement, in any form whatsoever, to induce the referral of patients or patronage to or from a health care provider or health care facility;
- 2. Solicit or receive any commission, bonus, rebate, kickback, or bribe, directly or indirectly, in cash or in kind, or engage in any split-fee arrangement, in any form whatsoever, in return for referring patients or patronage to or from a health care provider or health care facility;
- 3. Solicit or receive any commission, bonus, rebate, kickback, or bribe, directly or indirectly, in cash or in kind, or engage in any split-fee arrangement, in any form whatsoever, in return for the acceptance or acknowledgment of treatment from a health care provider or health care facility; or
- 4. Aid, abet, advise, or otherwise participate in the conduct prohibited under paragraph (a), paragraph (b), or paragraph (c).

OFFER/PAY KICKBACK TO INDUCE REFERRAL § 817.505(1)(A)

Example 1

- Treatment provider pays a sober home \$500 per week to induce the sober home to refer its residents to the provider for treatment.
- In this situation, the treatment provider can be charged every time it "engaged" in Patient Brokering, despite an overall and ongoing agreement. *State v. Rubio*, 967 So. 2d 768, 778 (Fla. 2007)

OFFER/PAY KICKBACK TO INDUCE REFERRAL § 817.505(1)(A)

Example 2

Lab offering to split the insurance proceeds with the provider in exchange for patient referrals. See Wise Diagnostic Solutions v. Progressive Express Insur. Co., 12 Fla. L. Weekly Supp. 663a (Leon Cnty. Ct. Order 2003) (offer "acted as an improper financial consideration that induced [the provider's] referral of [the patient] to [the lab]" which "is unlawful and violates the spirit of [817.505].").

UNITED STATES V. NARCO FREEDOM, INC.,

95 F. SUPP. 3D 747, 750-51 (S.D. NY 2015)

Holding:

Treatment program's offer of reduced rent as a condition of enrolling in program violated AKS.

Facts:

Narco Freedom provided below-market housing at its "Freedom Houses" only to persons that attended its treatment programs.

Analysis/Rules:

Narco Freedom claimed that it provided housing solely to help its patients remain drug free. *Id.* at 759-60. However, to move into a Freedom House, Narco Freedom required clients enrolled in other outpatient programs to switch to Narco Freedom for treatment, regardless of their success in the previous programs. *Id.* at 760. "This strongly suggests that a major purpose of the Freedom Houses is to induce Medicaid beneficiaries to use Narco Freedom's drug treatment programs. And by *requiring* patients to abandon a successful drug treatment program to live in the Freedom Houses, Narco Freedom has established a <u>quid-pro-quo</u> relationship with its patients." *Id.* (emphasis in original).

FREE FLIGHTS

Free flights are a common type of inducement used to lure patients to Florida from around the country.



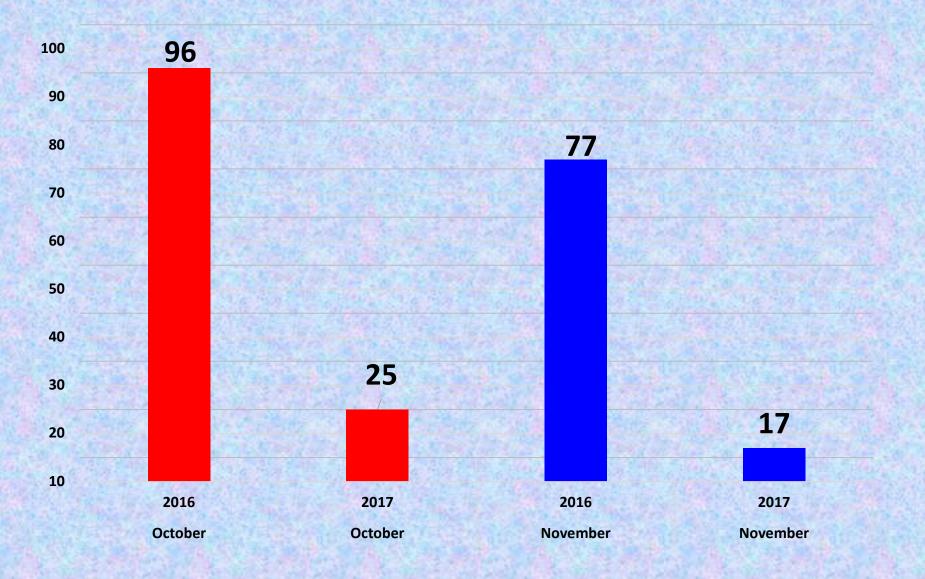
Offering free flights to solicit patients is illegal.

- See 42 CFR § 1001.952(b)(b) (Jan. 6, 2017); see also OIG Advisory Opinion No. 15-13, p.4, 6-7 (Oct. 14, 2015).
- Promissory notes do not magically make it legal.
 - A free line of credit for expensive air fare is absolutely a "benefit" under the most basic sense of the word, especially when there's never a good faith effort to collect the debt.

NEW AND EVOLVING SCHEMES

- Using employment as a kickback to entice patients to use or keep using a treatment center
 - •HHS has long recognized that even a job itself can be a kickback. See 56 Fed. Reg. 35952 (July 29, 1991) ("Giving a person an opportunity to earn money may well be an inducement to that person to channel potential Medicare payments towards a particular recipient.").
- Allergy and genetic testing
- Funneling lab testing through rural hospitals

HUGE DROP IN DRUG OVERDOSES IN DELRAY BEACH





Dave Aronberg @aronberg



Major progress in fighting the **Opioid epidemic in Palm Beach** County: 62% decrease in opioid overdose deaths in the first 4 months of 2018, compared to the same period last year. SOURCE: **@District15ME #opioidepidemic #opioidcrisis #sayfie #flapol** #fixthefloridashuffle

10:44 AM · 15 May 18

OFFICE OF THE STATE ATTORNEY FIFTEENTH JUDICIAL CIRCUIT



Dave Aronberg stateattorney@sa15.org Tip Line: 844-324-5463

A VOICE FOR RECOVERY

NAATP 2018

POWERED BY RECOVERY

Community Engagement and Beyond

1

A LITTLE HISTORY

What we were like, what happened, and what we are like now.

2

IS THERE ANYBODY OUT THERE

An army is waiting.



ACCULTURATION

Embedding and infusion in the community

SLEEPERS

Activating dormant recovery assets

3

COMMUNITY ENGAGEMENT

How to identify the traditional Recovery Community Organization (RCO) and leverage new models for engagement 5

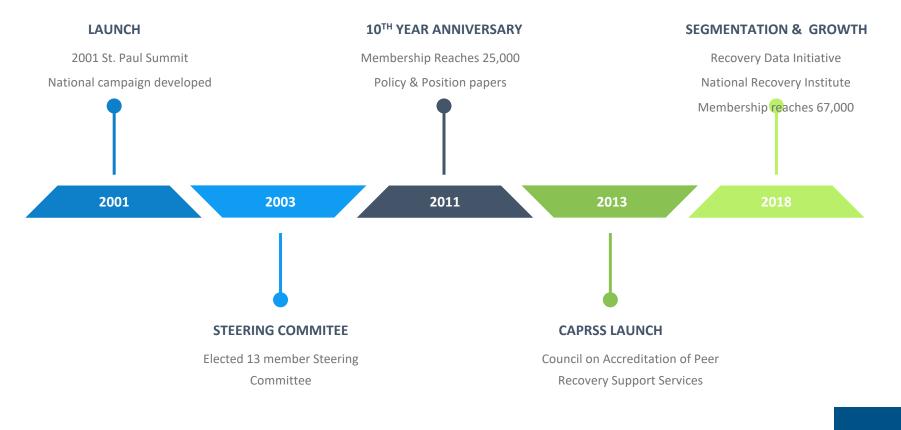
EVOLUTION

Natural flowering and branching of the process



A LITTLE HISTORY

LEADING THE WAY SINCE 2001



2018 RECOVERY A GUIDE TO NON-PARTISAN CIVIC ENGAGEMENT ₫ ⊅ $\underline{\mathcal{Q}}$

WHAT WE DO?

SUPPORTING THE MOVEMENT

POLICY ADVOCACY

We advocate for policies at federal and state levels that are supportive of Peer Recovery Support Services

TECHNICAL ASSISTANCE/TRAINING

Though our National Recovery Institute, we offer comprehensive training and technical assistance.

RECOVERY DATA COLLECTION

The Recovery Data Platform [™] is a nationwide data collection initiative using evidence-based practices

RECOVERY COMMUNITY ORGANIZATIONS

The Association of Recovery Community Organizations (ARCO) is our membership platform

IS THERE ANYBODY OUT THERE?

Depth and Breadth





TRADITIONAL RCOs

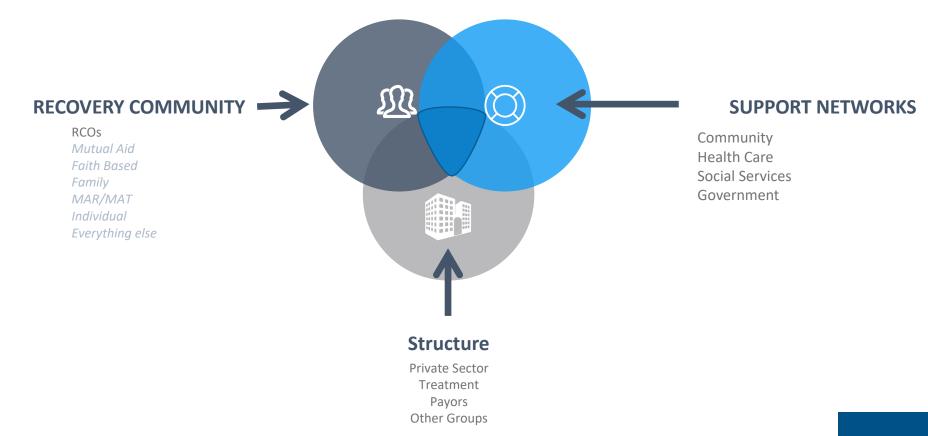
RCO'S are independent, non-profit organizations that are led and run by representatives of local communities of recovery on behalf of the recovery community.



FACES& VOICES

COMMUNITY ENGAGEMENT

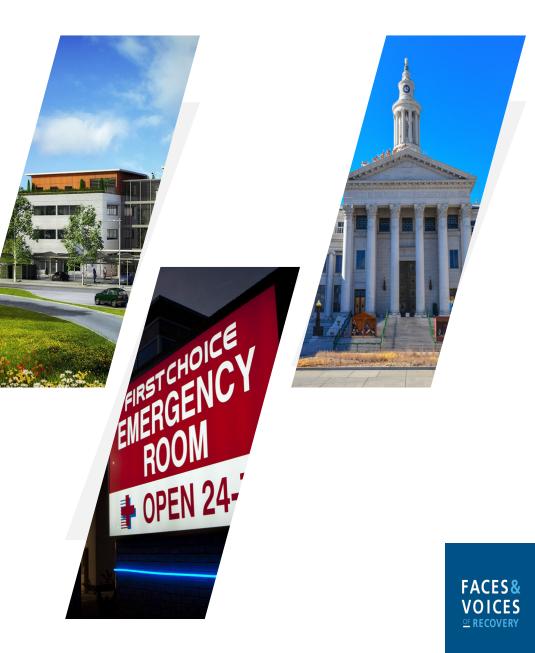
A NEW MODEL FOR CHANGE

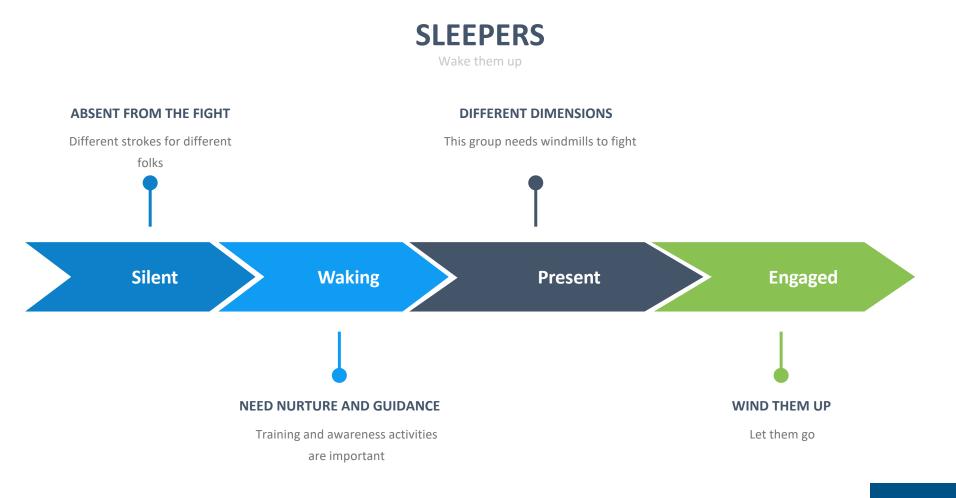


FACES& VOICES

r Acculturation

This process actually started as AA members began to come out of the closet and the general public gained some understanding of recovery. The logical next steps are to embed and infuse recovery para professionals in the community.







EVOLUTION

We should embrace friction as a component of change



FACES& VOICES



prutherford@facesandvoicesofrecovery.org phil@fvrhub.org



COMING SOON

To a city near You

RECOVERY BOOTCAMP - VORHEES, NJ

5/24/2018 – 5/25/2018 Vorhees, NJ 1 and ½ day training for new and emerging Recovery Community Organizations

AMERICA HONORS RECOVERY - SACRAMENTO, CA

8/23/2018 Sacramento, CA

Join our west coast awards gala and celebrate recovery leaders

AMERICA HONORS RECOVERY - WASHINGTON DC

7/23/2018 Washington DC

Join our east coast awards gala and celebrate recovery leaders

NATIONAL RALLY FOR RECOVERY – DENVER, CO

9/15/2018 Denver, CO

Hub event for 2018 for National Recovery Month event

Greg Williams Facing Addiction with NCADD

FACING ADDICTION ACTION AGENDA

A COMPREHENSIVE APPROACH toward helping the ONE IN THREE American households DIRECTLY IMPACTED by addiction.



FACING ADDICTION ACTION AGENDA

A COMPREHENSIVE APPROACH toward helping the ONE IN THREE American households DIRECTLY IMPACTED by addiction.

HUMANIZING ADDICTION – FOR BOTH THE AFFLICTED

Many of those affected by addiction are afraid to speak up about the failed policies and poor care, due to long-standing stigma and discrimination. Politicians assume they don't vote. And, for too long, a great majority of people in the recovery community have remained silent about their experiences, successes and barriers that are keeping others from getting the help they need to build new lives in recovery. Facing Addiction will aim to empower individuals and their families to share their stories, and will provide uniform guidelines for working with elected officials to demonstrate the possibilities for acting upon addiction evilutions in our communitier

SUFFERING FROM ADDICTION IS NOT A CRIME – REFORMING PUBLIC SAFETY RESPONSES

Simply put, our attempts to incarcerate our way out of the addiction problem in America has proven immeasurably ineffective. As public perception shifts toward a public health response for addiction, so must our public safety responses for those suffering. Facing Addiction will work with federal and local officials to develop more effective recovery programming for those currently involved in the criminal justice system, establish strong guidance based on successful diversion efforts nationally, and work to require re-entry programs to consider substance use disorders when allocating community resources.

DRAMATIC EXPANSION OF PREVENTION, SCREENING, AND EARLY INTERVENTION

Addiction is both preventable and treatable. With 90% of those who develop a substance use disorder beginning use in their teens, we must more aggressively address prevention efforts with our young people. Working with our Action Network, Facing Addiction will aim to spread these efforts into health institutions and community settings across the country, develop a more comprehensive risk assessment survey for families and collect important but often scattered information into one central location for those seeking help and information. Addressing addiction in its earliest stage is critical toward stemming the national overdose epidemic.

Facing Addiction

PROMOTING MULTIPLE PATHWAYS OF RECOVERY FOR INDIVIDUALS AND THEIR FAMILIES

 \square

Every individual has his or her journey of recovery. We do not advocate for any one specific path, but for each individual to have the necessary information and resources available to make the right decisions for themselves. Facing Addiction will work with national partners to develop more effective research on these multiple pathways and push for a substantial increase in funding for recovery support services.

MAINSTREAMING ADDICTION

Our actions must match our rhetoric in addressing substance use disorders as a health issue. In order to do this, we will continue the push for a significant increase in funding for evidenced-based health services across the spectrum of need. Additionally, Facing Addiction will work with accredited medical schools to identify gaps in curriculums so we can better educate future doctors on addiction, and push for full 50-state implementation of the Mental Health Parity and Addiction Equity Act.

PLEASE CONTACT NATIONAL DIRECTOR OF OUTREACH AND ENGAGEMENT MICHAEL KING AT MICHAEL COMPANY OF THE

WHO IS THE Facing addiction Action Network?

The Facing Addiction Action Network is the LARGEST COALITION of organizations ever assembled around ADDICTION AND RECOVERY issues. Representatives are from **DIVERSE** areas of interest, including PEOPLE DIRECTLY **IMPACTED** and those in long-term recovery, FAMILY advocates, PREVENTION and EDUCATION leaders. public **HEALTH** specialists, LABOR officials, FAITH leaders, criminal JUSTICE professionals, and MANY MORE.

Facing Addiction



















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NATIONAL ASSOCIATION

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