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 Health Related Social Need (HRSN), 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 Medication for Opioid Use Disorder (MOUD), the OUD-COE must provide education related to MOUD.

    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

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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 MOUD not provided at the OUD-COE Provider's enrolled service location(s)

5. MOUD for pregnant women, if the OUD-COE Provider does not provide MOUD 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

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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.

D. To determine whether OUD-COE care management services are appropriate for a Participant, the CHC-MCO, in coordination with the OUD-COE, shall utilize the inclusion and exclusion criteria established in the OUD-COE Fidelity Checklist and follow the guidance established in CHC OPS Memo #2025-02.

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