Section: **Utilization Management**	Policy Name: **Medications for the Treatment of Opioid Use Disorder - Methadone**	Policy Number: **04.09**
Owner: **Director of Utilization Management**	Reviewed By: **Elizabeth Guisinger, LPC, CAADC** **Perry Westerman, MD**	Total Pages: **16**
Required By: ☐ **BBA** ☒ **MDHHS** ☐ **NCQA** ☒ **Other (please specify):** **See References**	Final Approval By: Beth Guisinger (Mar 4, 2024 11:52 EST) P. Westerman M.D. Perry Westerman M.D. (Mar 4, 2024 12:59 EST)	Date Approved: Mar 4, 2024
Application: ☒ **SWMBH Staff/Ops** ☐ **Participant CMHSPs** ☒ **SUD Providers** ☐ **MH/IDD Providers** ☐ **Other (please specify):** _____	Line of Business: ☒ **Medicaid** ☐ **Other (please specify):** ☒ **Healthy Michigan** _____ ☒ **SUD Block Grant** ☒ **SUD Medicaid**	Effective Date: **7/28/2014**

Policy: It shall be the policy of Southwest Michigan Behavioral Health (SWMBH) to assure that methadone, delivered through Medications for the Treatment of Opioid Use Disorder (MOUD) funded through SWMBH, are delivered by network providers in compliance with this policy and SWMBH procedures related to the use of methadone in the treatment of Opiate Use Disorders (OUD). Providers are also expected to follow best practice guidelines as outlined by applicable "Treatment Improvement Protocols" (TIP) provided through the Substance Abuse and Mental Health Services Administration (SAMHSA), as well as the "Medication Assisted Treatment Guidelines for Opioid Use Disorders" endorsed by Michigan Department of Health and Human Services (MDHHS) (said document shall be referred to as 'MAT Guidelines' throughout the remainder of this policy). Additionally, SWMBH and its network providers shall comply with all Medication for Treatment of OUD requirements as defined by MDHHS, Michigan Administrative Code, Michigan Public Health Code, and 42 CFR, Part 8.

Purpose: SWMBH provides oversight and monitoring to contracted Substance Use Disorder (SUD) providers who utilize methadone as a medication in treating OUD. Medication for treatment of OUD is a form of pharmacotherapy and refers to any treatment for a substance use disorder that includes a pharmacological intervention as part of a comprehensive substance use disorder plan with the ultimate goal of customer recovery with full social function. MOUD is the use of Food and Drug Administration (FDA) approved medications, in combination with care coordination, referral, counseling and support services, to provide a whole-patient approach to the treatment of substance use disorders. MOUD is clinically driven with a focus on individualized patient care. This policy outlines the technical and service requirements of SWMBH network providers, in the delivery of methadone in MOUD programming.

Scope: This policy is applicable to SWMBH's Care Management Specialists who manage the authorization of methadone and outpatient substance use disorder supports and services provided under the funding sources of: Medicaid, Healthy Michigan Plan and Block Grant. It also applies to the Opioid Treatment Programs in which SWMBH contracts with, in regard to the process to follow for authorization of said services.

Responsibilities: SWMBH Utilization Management (UM) staff are responsible for collecting necessary clinical documentation to make appropriate medical necessity determination in the authorization of initial and ongoing medication assisted treatment.

Methadone treatment providers are responsible for providing appropriate care for customers, while following all regulations in place by the state and federal government.

Definitions: None

Standards and Guidelines:

A. OTP Programs/Eligible Providers

1. Opioid treatment centers are public or private facilities operating a federally certified program to dispense methadone, or other narcotic replacement or narcotic agonist drug items, as part of a detoxification treatment or maintenance treatments as defined in 42 CFR part 8, *Certification of Opioid Treatment Programs.*
2. All SWMBH contracted Opioid Treatment Programs (OTPs) are certified by the federal SAMHSA. An OTP using methadone for the treatment of opioid dependency must be:
    a. Licensed by the state as a methadone provider,
    b. Accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA) or the Joint Commission,
    c. Certified by the SAMHSA as an OTP; and
    d. Registered by the Drug Enforcement Administration (DEA).
3. All contracted OTPs must comply with the following codes, contracts, regulations and manuals:
    a. *Methadone program requirements,* Michigan Administrative Code, Rule 325.1383
    b. *Certification of Opioid Treatment Programs,* U.S. Code of Federal Regulations, 42 CFR Part 8.
    c. *Michigan Department of Health and Human Services:* Michigan Medicaid Provider Manual: Substance Abuse Chapter
    d. PIHP/MDHHS Contract Schedule A, N. Provider Services, 10. "Substance Use Disorder (SUD) Services
    e. Michigan Health Code (Act 368 of 1978), Section 333.7303a
    f. SWMBH/Provider-Provider Agreement for Substance Use Disorder Services

B. Screening and Referral for Methadone Treatment for Opioid Use Disorder Eligibility

Customers will be screened at the time of initial contact by a SWMBH Care Manager (CM) in the UM/Access Department or by the OTP Provider to determine the level of risk as emergent, urgent, or routine. The screening shall be completed by the SWMBH CM or the OTP intake staff to provide a provisional eligibility determination. Customers shall be presented with all appropriate options for substance use disorder treatments such as: withdrawal management, short and long-term residential treatment, different options of medications for OUD i.e., buprenorphine/naloxone, and non-medication Outpatient Treatment. Upon meeting the criteria for methadone as the medication of choice, a referral will be made to an OTP clinic with an authorization for an assessment and ongoing MOUD, if the request for services did not go directly through the OTP provider. If methadone treatment requirements are in question, only the assessment will

be authorized at the time of the referral. For customer who requested services directly from the OTP provider, the provider will request authorizations for initial services upon intake to treatment.

1. Minimum Eligibility Considerations
    a. Eligibility for methadone as a form of medication for treatment of an OUD shall be made based on a minimum of:
        i. Level of care (LOC) determination of Level 1-OTP, using the six dimensions of the American Society of Addiction Medicine (ASAM) Criteria;
        ii. Meet DSM-5-TR criteria for opiate use disorder with a physiological addiction to opioids
2. Additional Eligibility Considerations
    a. Past treatment failures.
    b. A customer's assessed ability to benefit from medication assisted treatment services, including the stage of change in which the customer is presenting.
    c. Acute, serious, and unmanaged medical problems that may require hospitalization and stabilization prior to assisting the client with substance use disorder treatment.
    d. Other concurrent illnesses and their ability to be stabilized and maintained on an outpatient basis.
    e. The use of alcohol or other drugs. If clinically appropriate (alcohol and benzodiazepines), consideration should be given to withdrawal management services prior to admission to MAT.
    f. Psychiatric illnesses that need to be addressed that could complicate treatment (untreated, un-medicated, unmanaged psychiatric issues or psychiatric issues that the OTP facility is not equipped to handle).
    g. Potential of immediate danger of continued using behavior without the treatment.
    h. A customer having sufficient, safe, and supportive living environment (or client agrees to work toward obtaining).
    i. Access to transportation to the clinic.
    j. Assessment of physiological dependence to opioid that is secondary to chronic pain management with opioids.
3. Special Circumstance for Eligibility/Admission
    a. Pregnant Women and Adolescents
        i. Pregnant women and adolescents requesting treatment are considered priority for admission and must be screened and referred to services within 24 hours.
        ii. Regardless of age, length of opioid dependence, or who have a documented history of opioid addiction and are likely to return to opioid addiction, may be admitted to an OTP provided the pregnancy is certified by the OTP physician, and the physician determines the treatment to be justified. Positive pregnancy tests do not require further review for program admission by SWMBH.
        iii. Evidence of current physiological dependence is not necessary.
        iv. For an individual under 18 years of age, a parent, legal guardian, or responsible designated adult designated by Children's Protective services, must provide consent for treatment in writing.
    b. Non-Pregnant Adolescents
        i. An individual under 18 years of age is required to have had at least two (2) documented unsuccessful attempts at short-term detoxification and/or drug free treatment within a twelve-month period to be eligible for maintenance treatment.

ii. No individual under 18 years of age may be admitted to OTP unless a parent, legal guardian, or responsible adult designated by the State Methadone Authority consent in writing to such treatment [42 CFR Subpart 8.12(e)(2)].

C. Assessment, Service Determination & Admission

1. Referral for Methadone Treatment
   a. Upon a customer's referral from SWMBH for methadone treatment, the OTP clinic will complete a Biopsychosocial Assessment/Personal History that meets criteria specified in Michigan Administrative Rule 325.14414, including treatment recommendations, and obtaining a valid 'Consent to Release Information' to SWMBH and other organizations, as applicable. The OTP will also complete an initial physician evaluation and methadone treatment as appropriate.
   b. In the event the customer's referral from SWMBH was for an assessment only to allow additional information to be obtained, the OTP clinic will complete a Biopsychosocial Assessment/Personal History that meets criteria specified in Michigan Administrative Rule 325.14414, including treatment recommendations, and obtaining a valid 'Consent to Release Information' to SWMBH and other organizations, as applicable.
2. Admission/Intake
   a. Upon approval from the OTP to be admitted to the program, they should complete a physical examination and medical history per criteria specified in Michigan Administrative Rules (325.14404, 325.14412, 32.14413) may take place.
   b. The OTP shall ensure that the customer is aware of all other appropriate options for substance use disorder treatment, such as: Medical Withdrawal Management, Residential Withdrawal Management and Treatment, other medications used to assist in the treatment of OUD *(i.e. buprenorphine, naloxone, etc.)*, and Non-Medication Assisted Outpatient Treatment.
   c. The OTP shall provide the customer with an orientation to the clinic, including providing information, consents and acknowledgement documents as specified in Michigan Administrative Rules Methadone Treatment and Other Chemotherapy, Michigan Administrative Code, Certification of Opioid Treatment Programs, U.S. Code of Federal Regulations, 42 CFR Part 8, and/or the Michigan Medicaid Provider Manual
3. Coordination of Care
   a. All MAT Providers must obtain customer consent to contact other OTP providers within a 200-mile range to have the ability to regularly monitor for enrollment in other medication-assisted treatment programs.
   b. SWMBH requires that individuals sign consent to release information to all other prescribing physicians to maximize coordination of care and minimize risk for adverse outcomes related to use of methadone concurrent with other medications. Providers must explain to the individual the importance of disclosing the names, for the purpose of coordination of care, of all prescribing physicians, treating physicians, dentists, and any other health care providers over the previous year.
   c. OTPs must make a good faith effort to obtain the releases necessary to coordinate care with all healthcare providers and document an individual's refusal to provide those releases in the case record.
   d. OTPs must also advise individuals to include methadone when providing a list of their medications to other healthcare providers. Lack of willingness to allow for coordination of care between healthcare providers must be taken into consideration when determining

the individual's eligibility for off-site dosing as well as for continuing to receive methadone services.

e. All OTP customers prescribed Schedule I through V substances (including marijuana, opiates, benzodiazepines, and sedatives) should be strongly encouraged to agree to coordination of care between the methadone provider and the prescriber of the controlled substance. The customer's record must clearly indicate the request for coordination between the OTP and the prescriber, and the outcome of said request. This is for the safety and protection of the customers and prescribers, due to the potential for dangerous interactions between methadone and other CNS depressants, along with the promotion of Recovery-Oriented System of Care principles. The prescribing physicians of all other controlled substances need to be aware of the customer's current dosage as this may impact dosing of other medications.

f. The OTP must request a complete list of prescribed medications. Copies of the prescription label, pharmacy receipt, pharmacy print out, or a Michigan Automated Prescription System (MAPS) report must be included in the individual's record at the OTP. Documentation of all prescribed medications must be provided in the clinical documentation submitted to SWMBH.

4. Assessment and Referral for Co-Occurring Physical Health and Mental Health Issues
   a. Per MAT Guidelines, it is significantly important that all customers are screened and aggressively treated for co-occurring mental health disorders. This includes evaluation for any thought disorders, depression, anxiety as well as any disorders associated with inappropriate social interaction.
   b. If the OTP physician is not capable of doing a full psychiatric evaluation on customers, the customer should be referred to an appropriate specialist who has the capability to diagnose and treat these disorders, as research shows that without concurrent treatment of the co-occurring mental health disorder, stabilization of the substance use disorder is unlikely.
   c. Referrals to outside health providers for co-occurring medical and/or physical health issues, shall be completed when identified, documented in the customer record and reflected in the treatment plan, as applicable.

D. Admission Priorities

1. Injecting (IV) pregnant women with an opioid use disorder.
2. Pregnant women with an opioid use disorder.
3. Other injecting (IV) persons with an opioid use disorder.
4. Persons with an opioid use disorder and a co-occurring disorder.
5. Parents with an opioid use disorder whose children have been removed from the home or are in danger of being removed from the home due to the parents' substance use.
6. Persons with an opioid use disorder who have recently overdosed.
7. Individual under supervision of MDOC and referred by MDOC or individual being released directly from MDOC without supervision and referred by MDOC with an opioid use disorder.
8. All other persons with an opioid use disorder.

E. Services Provided Within Methadone-Assisted Treatment

1. Required OTP services may, or may not be, funded through Medicaid, Healthy Michigan, or Block Grant, dependent on the customer's benefits covered through other insurance providers, as these funds are used only as "payer of last resort".

2. Per MDHHS Medicaid Provider Manual, services for Methadone and pharmacological supports and laboratory services, as required by Center for Substance Abuse Treatment (CSAT)/Division of Pharmacologic Therapies (DPT) regulations and the Administrative Rules for Substance Use Disorder Service Programs in Michigan, include:
    a. Methadone Medication
    b. Nursing Services
    c. Physical Examination
    d. Physician encounters (monthly)
    e. Laboratory tests (including health screening tests as part of the initial physical exam, pregnancy test at admission, and required toxicology tests)
    f. TB skin test (as ordered by physician)
3. Additional supports and services that may be authorized in conjunction with the above, include:
    a. Treatment Planning
    b. Individual Therapy
    c. Group Therapy
    d. Family Therapy
    e. Intensive Outpatient Treatment (IOP)
    f. Case Management
    g. Care Coordination
    h. Crisis Intervention
    i. Peer Support Services
    j. Acupuncture

F. Standards for the Provision of Medication Assisted Treatment

All Medication for OUD Treatment services provided to the individuals identified shall:

1. Be based on current research related to opioid dependence/addiction.
2. Consist of treatment services that are a combination of outpatient therapy utilizing Dialectical Behavioral Therapy (DBT), Cognitive Behavioral Therapy (CBT), Contingency Therapy, and one of the three FDA approved medications as an adjunct therapy (Methadone, Buprenorphine, Naltrexone). Counseling and medication therapies are to be offered within the same facility.
3. Utilize individualized treatment/recovery planning driven by the person seeking treatment and based on the current clinical status of a patient in conjunction with current research/best practice protocols for their need. There shall be no "automatic" determination of whether a client is served in a drug-free or MOUD setting.
4. Not use urine drug screens as the sole determination for discharge, or as a predictor of current or future treatment success.
5. Acknowledge that return to use is often a part of addiction.
6. Not consider abstinence as a requirement or the only required goal for treatment. Treatment goals shall address recovery markers such as: employment, participation in school, stable housing, sustained periods using only the OUD medication and other prescribed medication as instructed, taper/reduction in OTP medication.
7. Comply with the requirements in R 32.4418.

G. Planning, Implementing and Evaluating Care

1. Treatment plans should be developed through a collaboration among the OTP's multidisciplinary team, the patient and significant others.
2. <u>All</u> services being provided must be documented in the customer's treatment plan.
3. The Treatment Plan must be signed by the customer/legal guardian.

4. The Treatment Plan should:
   a. Address priorities first
   b. Incorporate principles of appropriate treatment
   c. Include specific interventions that reflect current science and evidence of effectiveness
   d. Include health education
   e. Include strategies for health promotion and restoration of health
5. Interventions are based on problem identification and include:
   a. Withdrawal management as needed
   b. Appropriate administration of methadone
   c. Development of a therapeutic relationship
   d. Maintaining safety
   e. Involvement of patient in goal setting
   f. Attention to family issues, physical/mental health needs and basic, vocational, educational, and employment needs
6. There must be ongoing evaluation of the treatment plan, including:
   a. Documenting the customer's response to interventions.
   b. Examining the customer's progress toward attainment of outcomes.
   c. Detecting barriers to the customer meeting the goals and objectives in the plan, as well as identifying and linking the customer to available resources to minimize and/or eliminate those barriers.
   d. Involving the customer, customer's significant others, and other healthcare providers in the evaluation of care.
7. For customers who are struggling to meet the objectives in their individual treatment and recovery plans, OTP medical and clinical staff must review, with the individual, the course of treatment and recovery and adjust the services being provided. Examples of such adjustments may be changing the methadone dosage (including split dosing), increasing the length or number of counseling sessions, incorporating specialized group sessions, initiating case management services and/or peer recovery services and/or referring the individual for screening to another level of care.
8. Guidance for matching the acuity of symptoms and severity of the disease to treatment, as outlined in the MAT Guidelines, should be referred to and is an attachment to this policy (MAT Guidelines Acuity/Intensity Table).

H. Counseling Requirements

1. Counseling services should be conducted by the OTP that is providing the methadone whenever possible and appropriate.
2. When the ASAM level of care is not outpatient or when a specialized service is needed, separate service locations for methadone dosing and other substance use disorders is acceptable as long as coordinated care is presented and documented in the individuals record. Exceptions must be approved by a SWMBH Care Manager prior to admission into another treatment program.
3. The amount and duration of counseling for the customer should be determined based on medical necessity as well as the individual needs of the customer and not arbitrary criteria such as predetermined time, funding source, philosophy of the program staff, or payment limits.
4. Decisions on counseling should be determined in collaboration with the customer, the program physician, the customer's primary counselor and the clinical supervisor. The clinical record and treatment plan must contain documentation to reflect the changes that were made.

I. Vocational Rehabilitation Services

1. For those customers who desire, or who have been deemed ready by the program staff to participate in education or job training programs, or to obtain gainful employment, shall be directly referred from the OTP or through community resources to applicable programs.
2. The OTP must maintain a list of referral sources if vocational rehabilitative activities are not provided directly. The referral resources shall include agencies with resources to provide vocational training, education, and employment in addition to community resources that might be available to provide assistance for such activities.
3. A customer's needs and readiness for vocational rehabilitation, education, and employment shall be evaluated and recorded in the customer's records during preparation of the initial treatment plan, and must be reviewed and updated as appropriate, in subsequent treatment plan evaluations. OTP staff must document in the customer's record the type of referral and the results of the referral.
4. For those customers that are not ready for, or are not in need of these services, a statement reflecting this in the record will suffice.

J. Toxicology Testing

1. Urinalysis shall be performed for customers in maintenance treatment for opiates, methadone, barbiturates, amphetamines, cocaine, and other drugs. Frequency of said testing shall be based on best practice.
2. Urine shall be collected randomly in a manner that minimizes falsification of the samples.
3. If the customer has maintained drug-free urines for a period of six (6) months, and as for as long as the patient maintains drug free urines, urinalysis may be performed on a monthly basis for opiates, methadone, barbiturates, amphetamines, cocaine, and other drugs as appropriate.
4. Positive urine for drugs other than methadone or legally prescribed drugs shall require resumption of weekly schedule of urinalysis.

K. Off-Site Dosing

1. Off-Site Dosing Criteria
   a. The amount of time in treatment, progress towards meeting the treatment goals, as well as exceptional circumstances or physical/medical issues are used to determine the number of doses of methadone allowed off site.
   b. When a client transfers from another OTP, the cumulative time in treatment must be used in calculating the customer's time if the gap in treatment time is less than 90 days (R 325.14417 Part 417[4]).
   c. Medication for off-site dosing may only be given to a customer who, in the reasonable clinical judgement of the program physician, is responsible for handling of opioid substitution medication as outlined in MDHHS Substance Abuse Treatment/Recovery Policy # 4: Off-Site Dosing for Medication Assisted Treatment.
   d. Before reducing the frequency of on-site dosing, the rationale for this decision must be documented in the customer's treatment record by a program physician or designated staff.
   e. If a designated staff member records the rationale for the decision, a program physician must review, countersign, and date the customer's record (R 325.14416 Part 416[1] and 42 CFR Part 8.12[1] [3]).
   f. The customer's off-site dosing schedule is to be reviewed every sixty days while the customer receives doses for off-site use.
   g. The inability of the customer to qualify for off-site dosing, or to maintain an off-site dosing schedule, must be addressed as part of the customer's individualized treatment plan.

h. If the customer is deemed not to be responsible when the program is closed for business (Sundays, holidays, etc.), other arrangements must be made for the customer to be dosed on-site at their current OTP or at another OTP.
i. If a customer is unwilling to provide medical marijuana information or prescription, consideration for offsite dosing should be made on a case-by-case basis.
j. Off-site dosing, including Sundays and holidays, is not allowed without coordination of care (or documented efforts made by the OTP for coordination) by the OTP physician, the prescriber of the identified controlled substance (opioids, benzodiazepines, muscle relaxants), and the physician who approved the use of medical marijuana. Documentation of such must be entered into the customer's record.
k. A MAPS report should be completed before off-site doses (including Sundays and holidays) are allowed and must be completed when coordination of care with other physicians could not be accomplished.
l. Methadone preparation, labeling and security requirements related to off-site dosing must be followed, as outlined in MDHHS Substance Abuse Treatment/Recovery Policy #4.

2. Off-Site Dosing Schedule
   a. Any patient in comprehensive maintenance treatment may receive a single take-home dose for a day that the clinic is closed for business, including Sundays and State and Federal holidays.
   b. During the first 90 days of treatment, the take-home supply (beyond that of paragraph (a) of this section) is limited to a single dose each week and the patient shall ingest all other doses under appropriate supervision as provided for under the regulations in this subpart.
   c. In the second 90 days of treatment, the take-home supply (beyond that of paragraph (a) of this section) is two doses per week.
   d. In the third 90 days of treatment, the take-home supply (beyond that of paragraph (a) of this section) is three doses per week.
   e. In the remaining months of the first year, a patient may be given a maximum 6-day supply of take-home medication.
   f. After 1 year of continuous treatment, a patient may be given a maximum 2-week supply of take-home medication.
   g. After 2 years of continuous treatment, a patient may be given a maximum one-month supply of take-home medication but must make monthly visits.
3. Off-Site Dosing Exceptions
   a. OTP's must comply with off-site dosing requirement exceptions as outlined in MDHHS Substance Abuse Treatment/Recovery Policy #4, including but not limited to:
      i. Temporary off-site dosing due to a customer's documented physical /medical needs.
      ii. Exceptional circumstances such as: employment schedule conflicts, educational training schedule conflicts, medical or mental health appointments, appointments with other agencies relative to the customer's treatment goals.
      iii. Allowable program closures (Sundays and Holiday Observances).
      iv. Emergency Situations.
4. MDHHS- Office of Recovery Oriented Systems of Care (OROSC) Approval Required
   a. MDHHS/OROSC approval for off-site dosing is needed for clients who do not meet the criteria for approval at the OTP level and for all those cases where federal approval is needed.
   b. Customers taking medications out of the country must have MDHHS/OROSC approval.

5. CSAT/DPT Approval Required
   a. CSAT/DPT approval is needed for customers not meeting the following federal off-site criteria for length of time in treatment:
      i. 1-90 days in treatment: 1 time in treatment take home a week, and 1 program closure-holiday take-home if the program is closed for business Sundays, including State and Federal holidays.
      ii. 90-180 days in treatment: 2 time in treatment take homes a week, and 1 program closure-holiday take-home if the program is closed for business Sundays, including State and Federal holidays
      iii. 180-270 days in treatment: 3 time in treatment take homes a week, and 1 program closure-holiday take-home if the program is closed for business Sundays, including State and Federal holidays
      iv. 271-365 days in treatment: 6 time in treatment take-homes a week (reporting once a week)
      v. After 1 year in treatment: Up to 14 days' time in treatment take-homes (reporting up to twice a month).
      vi. After 2 years in treatment: Up to 31 days' time in treatment take-homes (reporting up to once a month).
6. Delivery of Methadone to a Customer by a Third Party
   a. In circumstance where the delivery of methadone to customer is completed through a third party, documentation must be kept in the customer's record that the customer meets the criteria for off-site dosing as indicated in R 325.14416 (3) (a)-(k) and 42 CFR Part 8.12 (i)(2)(i-viii). This includes a completed and signed "MDHHS/OROSC Delivery to a Client by a Third Party" form.
7. Exception Verification
   a. OTPs must submit a copy of approved MDHHS/OROSC Methadone Exception and Record of Justification Form to SWMBH when requested to do so, and as applicable to the customer's funding.

L. Medical Maintenance Phase

1. In accordance with the criteria specified in the Public Health Code Administrative Rules (R 325.14418), MAT shall be discontinued within two (2) years after such treatment has begun unless, based on the recorded clinical judgement of the staff physician, justification is provided to continue maintenance beyond the two (2) year limitation.
2. Compliance with dosing requirements or attendance at counseling sessions alone is not sufficient to continue enrollment in MAT. Reviews to determine continued eligibility for OTP services must occur at least every 6 months and treatment shall not exceed two (2) years until all the following criteria are met:
   a. Applicable ASAM criteria are met
   b. Two years of continuous treatment.
   c. The individual provides evidence of willingness to participate in substance abuse counseling and/or other forms of substance abuse treatment- including treatment for co-occurring mental health conditions.
   d. There is evidence of progress towards recovery
   e. MOUD is still considered medically necessary relative to the customer's substance dependence diagnosis

f. The individual has signed releases necessary for coordination of care with other healthcare providers
g. The OTP physician is recommending continued MOUD
h. There is a current listing, and documented review of, all medication prescribed and the prescribing physician
i. Abstinence from illicit drugs and from abuse of prescription drugs for a period indicated by federal and state regulations (at least two years for a full 30 days maintenance dosage).
j. No indicated alcohol use problem.
k. Stable living conditions in an environment free of substance use.
l. Stable and legal source of income.
m. Involvement in positive and/or productive activities (e.g., employment, school, volunteer work).
n. No criminal or legal involvement for at least three years and no current parole or probation status.
o. Adequate social support system and absence of significant non-stabilized co-occurring disorders.

M. Behavior/Compliance Contracts

1. OTPs may choose to use "Behavior Contracts" or "Compliance Contracts" with customers as a therapeutic technique to promote the customers ultimate success in treatment.
2. In the event a SWMBH customer is placed on a Behavior/Compliance Contract, the OTP clinician must notify SWMBH UM that a contract is in place and shall upload a copy of the contract to the customer's SmartCare record. The contract should outline:
   a. The previous steps taken to improve customer compliance, including, but not limited to, offering extra counseling sessions, specialized groups, off-site dosing privileges that have been initiated and/or rescinded, additional support services offered, referrals to outside agencies/community support organizations. Documentation shall also include the customer's participation, or lack of participation with the recommendations, and the reported reasons for not following through.
   b. The time frame in which the contract is in effect
   c. The outcome if the terms of the contract are not met
3. Behavior/Compliance Contracts should reflect realistic expectations given resources available and should not set customers up for failure (i.e. giving only one option, not taking into consideration the customer's ability to follow through due to issues with childcare, job schedule, transportation, etc., to accommodate participation in additional services).

N. Completion of Treatment

1. Per MAT Guidelines, it is recommended that no limits be placed on length of use of MAT as long as the customer is evaluated annually after the first two years for the possibility of tapering. If the customer continues to meet criteria for moderate or severe OUD, a taper should not be considered.
2. The decision to discharge a customer must be made by the OTP's physician, with input from clinical staff, the customer, and the parent, legal guardian or responsible adult, as applicable.
3. Completion of treatment is determined when the individual has fully or substantially achieved the goals listed in his/her individualized treatment and recovery plan, and the customer no longer needs methadone.
4. Reduction of dosage to a medication free state (tapering) should be implemented within safe and appropriate medical standards.

5. SWMBH UM shall be notified when the decision to taper due to completion of treatment has been made, with the estimated length of time the customer is expected to remain in treatment.

O. Administrative Discontinuation of Services-Clinical Non-Compliance

1. Clinical Non-Compliance Defined
   a. Per MDHHS Substance Abuse Treatment/Recovery Policy #5, the following actions are considered to be non-complaint with treatment:
      i. Repeated use of illicit opioids and non-opioid drugs, including alcohol, would be considered non-compliance.
      ii. Toxicology results do not indicate the presence of methadone metabolites is considered non-compliant, with the same actions taken as if illicit drugs (including non-prescribed medication) were detected.
      iii. Repeated failure to submit to toxicology sampling as requested.
      iv. Repeated failure to attend scheduled individual and/or group counseling sessions, or other clinical activities such as psychiatric or psychological appointments.
      v. Failure to manage medical concerns/conditions, including adherence to physician treatment and recovery services, and use of prescription medications that may interfere with the effectiveness of methadone presenting a potential physical risk to the individual.
2. Discontinuation of Service Due to Clinical Non-Compliance
   a. OTP's shall ensure all reasonable alternatives have been exhausted and should keep in mind where the customer started, how far they have progressed, the degree to which they are engaged in treatment, whether all available interventions have been tried, the risk-benefit ratio of keeping them in treatment versus discharging them, and a realistic expectation for the customer, given resources available to them.
   b. Repeated failure with treatment compliance should be considered on an individual basis and only after the OTP has taken steps to assist the customer to comply with activities.
   c. Caution should be used in judging a customer's progress in MAT based solely on drug tests. Positive drug tests alone do not confirm that the patient is not engaged in treatment or not in compliance, the entire clinical picture must be considered.

P. Administrative Discontinuation of Services-Behavioral Non-Compliance

1. Behavioral Non-Compliance Defined:
   a. Per MDHHS Substance Abuse Treatment/Recovery Policy #5, the commission of acts by the individual that jeopardizes the safety and well-being of staff and/or other individuals, or negatively impacts the therapeutic environment, is not acceptable and can result in immediate discharge.
   b. The following actions are considered to be non-compliant with behavioral expectations:
      i. Possession of a weapon on OTP property.
      ii. Assaultive behavior against staff and/or other individuals.
      iii. Threats (verbal or physical) against staff and/or other individuals.
      iv. Diversion of controlled substances, including methadone.
      v. Diversion and/or adulteration of toxicology samples.
      vi. Possession of a controlled substance with intent to use and/or sell on agency property or within a one block radius of the clinic.
      vii. Sexual harassment of staff and/or other individuals.
      viii. Loitering on the clinic property or within a one-block radius of the clinic.

Q. Administrative Discontinuation/Tapering Protocol

When discharge is unavoidable, it should be handled fairly and as humanely as possible following procedural safeguards that comply with federal regulations and accreditation guidelines.

1. Methods for Administrative Discontinuation
   a. Immediate Termination- This involves the discontinuation of services at the time of one of the safety related incidents or at the time an incident is brought to the attention of the OTP and confirmed (as defined under Behavioral Non-Compliance). *Note* Per the MAT Guidelines "the immediate cessation of methadone except in the most extenuating circumstances, should be considered unethical."
   b. Enhanced Tapering Discontinuation- This involves an accelerated decreased of the methadone dose (usually by 10mg or 10% a day). The manner in which methadone is discontinued is at the discretion of the OTP physician to ensure the safety and well-being of the individual.
      i. Rapid Taper: Per MAT Guidelines this may also apply to patients that may become incarcerated or otherwise need to be in a drug free environment. This can be done by a 10% per day decrease in the dose of methadone. The utilization of clonidine as well as gabapentin or benzodiazepines can be necessary and are encouraged.
      ii. Prolonged/Controlled Weaning: Per MAT Guidelines, this can be done by a 5% per day weaning dose. This may also include the utilization of clonidine but should not require other adjunctive medication such as gabapentin or benzodiazepines.
2. Notification of Administrative Discontinuation to SWMBH
   a. In the event that a decision is made by the OTP to administratively discharge a SWMBH customer, the customer's primary therapist and/or Clinical Supervisor must contact SWMBH to inform UM of the decision, the reason for the termination, and the anticipated tapering protocol that will be used. A justification for non-compliance termination must be documented in the customer's chart.
   b. SWMBH may request additional information if it is believed that medical necessity is still met for the services and/or to refer to another OTP or alternative level of care, as appropriate.
   c. Per MAT Guidelines, "Under no circumstances should a pregnant patient be forcefully weaned off of medication assisted therapy". Interventions to address problematic behaviors should be intensive and begin at the earliest suggestion of concern. Any determination by the OTP to discontinue methadone assisted treatment shall be immediately reported to SWMBH UM. This will trigger an OTP physician to SWMBH physician consultation and allow for appropriate referral and coordination to take place.

R. PIHP Oversight and Continued Authorization

1. All services provided by the OTP must be included in the treatment plan, which shall be submitted at each reauthorization.
2. Continued authorizations are based on the individualized determination of need, and progress toward treatment goals and objectives.
3. The customers need for counseling, in terms of quantity and duration, must be reflected in the treatment plan and the need that is being addressed in counseling must be identified by a comprehensive biopsychosocial assessment. The MDHHS/Office of Recovery Oriented Systems of Care (OROSC) Treatment Policy #6: "Individualized Treatment Planning", can be used as a guide to assist with this process.
4. As the customers' needs change throughout treatment, and or continued use or relapse on substances occurs, SWMBH UM will be monitoring for changes in the course of treatment. Lack of treatment progress should lead to treatment plan revisions and not result in an inappropriate termination of care. Additionally, SWMBH UM will be looking for any changes in the treatment

plan reflecting adjustments to the amount, scope, duration and/or intensity of services provided, including but not limited to adding additional services or supports.

5. Providers are expected to submit an updated ASAM (completed within 30 days of the authorization request submission), Urine Drug Screen results, and a treatment plan covering the services and dates requested for authorization. Additional documentation such as Behavior/Compliance Contracts, significant events disrupting treatment, progress made towards goals, goals met, etc., shall also be included in the request.

S. Provider Responsibilities

All MAT services are subject to utilization review for medical necessity and program compliance. Reviews should be performed before services are furnished. Reviews can be completed retrospectively as outlined in SWMBH Policy 4.8: Retrospective Review. Providers must ensure:

1. Internal provider policies and procedures meet all federal and state rules and regulations for operating an Opioid Treatment Program.
2. Services are provided within the scope of the practice and licensure for each provider and must be in compliance with the statutes, rules and regulations of the applicable practice (i.e. State of Michigan Licensing and Regulatory Affairs (LARA), Administrative Rules (R 325.14403 Medical staffing patterns. Rule 403).
3. SWMBH policies and procedures relating to medication assisted treatment are accessed, reviewed, understood and complied with by OTP staff.
4. SWMBH's procedures to ensure payment for services rendered is followed, including but not limited to; requests for prior, concurrent and retrospective authorization, providing required documentation of the customers clinical presentation and/or progress, documentation of goals and interventions of services rendered via the customer's individualized treatment plan, and adjustments to the treatment plan to support success using MOUD.
5. Verification of the customer's available insurance benefits at the time services are furnished, determining if the customer has other health insurance at the time of program admission, as well as a minimum of monthly thereafter, and assisting them in applying for Medicaid or Healthy Michigan Plan if uninsured or underinsured.
6. Records are maintained that are sufficient to fully disclose the extent and nature of the services provided to an eligible recipient.
7. Documentation is maintained supporting the medical necessity of MOUD services in the eligible recipient's medical record per the requirements in 42 CFR Part 8, *Certification of Opioid Treatment*

T. OTP Services Occurring at Multiple Provider Sites

1. Guest dosing is allowable between different locations of the same Opioid Treatment Provider, upon prior authorization by SWMBH.
2. The two OTP locations must have an internal policy for documentation, authorization submission and payment.
3. In the event the OTP site in which the customer is requesting to dose at, is outside of the state of Michigan, it is required that assessments, counseling, and support services occur at the Michigan provider site.

U. Guest Dosing

1. Customers who need to travel (i.e. vacation, death of family member, emergency circumstances, etc.) but do not meet criteria for take-home medications should be considered for guest dosing.
2. OTP's must ensure that they have policies and procedures in place for circumstances in which a customer requires guest dosing outside of the area.

3. The OTP for which the customer plans to guest dose at must be appropriately licensed and registered under the applicable state and federal laws to administer or dispense opioid drugs.

V. Block Grant Wait List for Methadone Assisted Treatment

1. At times, the demand for an individual funded through Block Grant and seeking methadone services may exceed capacity. When this occurs, the SWMBH UM Department will place the individual on a waiting list.
2. Admission slots will become available only when an existing individual funded through Block Grant is discharged from treatment services; whether due to program non-compliance, transfer to self-pay status, obtaining Medicaid, or successful program completion.
3. The individual funded through Block Grant and placed on the waiting list will be encouraged to:
   a. Go to local outpatient treatment services while on the waiting list
   b. Apply for Medicaid or Healthy Michigan Plan
   c. Contact the SWMBH UM Department if they obtain Medicaid or Healthy Michigan Plan and is still interested in receiving methadone assisted treatment services.
4. An individual on the Block Grant waiting list will be admitted to MOUD services according to their current priority status on the waiting list.
5. In the event a customer loses their Healthy Michigan Plan or Medicaid coverage and Block Grant assistance will be required, SWMBH UM must be immediately informed to account for this expenditure.

Procedures: Refer to Medications for the Treatment of Opioid Use Disorder – Methadone Procedure, Operating Procedure 04.09.01

References:

A. Waller, R.C., MD, MS. "Medication-Assisted Treatment Guidelines for Opioid Use Disorders" (MAT Guidelines)
B. Michigan Administrative Code, Section R. 325.1383 – Methadone program requirements
C. Certification of Opioid Treatment Programs, U.S. Code of Federal Regulations, 42 CFR Part 8
D. Michigan Department of Health and Human Services: Medicaid Provider Manual; Substance Abuse Chapter
E. Michigan Health Code (Act 368 of 1978), Section 333.7303a
F. PIHP/MDHHS Contract Part II (B), 32.0: Opioid Treatment Services
G. PIHP/MDHHS Contract Schedule A, N. Provider Services, 10. "Substance Use Disorder (SUD) Services

Attachments: 04.09A MAT Guidelines Acuity and Intensity Table

Southwest Michigan
BEHAVIORAL HEALTH

Revision History

Revision #	Revision Date	Revision Location	Revision Summary	Revisor
Initial	4/2/2019	Responsibilities Standard and Guidelines, B.1.a.	Added, not in previous policy Eliminated iii, as we no longer utilize Beacon Health Options Medical Necessity Criteria for SUD authorizations	E. Guisinger
1	4/21/2020	NA	Annual Review	E. Guisinger
2	8/31/2021	NA	Annual Review	L. Mitchell
3	9/21/2022	NA	Annual Review	E. Guisinger
4	9/23/2022	NA	Annual Review	E. Guisinger
5	2/23/2024	Throughout	Updated references, access process directly through OTP allowance, and use of non-stigmatizing language	E. Guisinger

04.09 Medications for the Treatment of Opioid Use Disorder - Methadone

Final Audit Report 2024-03-04

Created:	2024-03-04
By:	Megan O'Dea (megan.odea@swmbh.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAA2Hpt40_U0RPVfrD1tLAtlSIP99mR4Rf9

"04.09 Medications for the Treatment of Opioid Use Disorder - Methadone" History

Document created by Megan O'Dea (megan.odea@swmbh.org)
2024-03-04 - 4:33:44 PM GMT

Document emailed to Beth Guisinger (beth.guisinger@swmbh.org) for signature
2024-03-04 - 4:34:25 PM GMT

Email viewed by Beth Guisinger (beth.guisinger@swmbh.org)
2024-03-04 - 4:52:41 PM GMT

Document e-signed by Beth Guisinger (beth.guisinger@swmbh.org)
Signature Date: 2024-03-04 - 4:52:46 PM GMT - Time Source: server

Document emailed to perry.westerman@swmbh.org for signature
2024-03-04 - 4:52:47 PM GMT

Email viewed by perry.westerman@swmbh.org
2024-03-04 - 5:58:59 PM GMT

Signer perry.westerman@swmbh.org entered name at signing as Perry Westerman M.D.
2024-03-04 - 5:59:43 PM GMT

Document e-signed by Perry Westerman M.D. (perry.westerman@swmbh.org)
Signature Date: 2024-03-04 - 5:59:45 PM GMT - Time Source: server

Agreement completed.
2024-03-04 - 5:59:45 PM GMT

Southwest Michigan Behavioral Health

SWMBH 04.09A MAT Guidelines Acuity and Intensity Table

MAT Guidelines: Level of Care/Acuity of Symptoms

Level of Care will be matched to the acuity of symptoms and severity of the disease (adapted from p. 32 of the Michigan MAT Guidelines for Opioid Use Disorders)

ACUITY TABLE

Acuity of Illness	DSMV Criteria for Opioid Use Disorder	Treatment Setting	Behavioral Services Content and Intensity	Medication Guidelines
Mild	2 to 3	Outpatient	➢ Weekly for 4 weeks then bi-weekly for 2 months then monthly for 12 months Contingency Management, CBT ➢ Self-Help/12-step (weekly for 6 months)	**Buprenorphine** ➢ <300 morphine equivalents ➢ Oral or intranasal abuse ➢ Start 4 to 8 mg daily OR **Naltrexone** ➢ <300 morphine equivalents ➢ Oral intranasal abuse Start 50mg daily
Moderate	4 to 5 (or 2 to 3 with COD)	Outpatient	➢ Intensive outpatient (IOP) or ➢ Weekly for 4 weeks then bi-weekly for 12 months ➢ Contingency Management, CBT ➢ Self-Help/12-step (weekly for 6 months) ➢ Sobriety coach / mentor / CHW	**Buprenorphine** ➢ <300 morphine equivalents ➢ Oral, intranasal or IV abuse ➢ Start 8 to 16 mg daily OR **Naltrexone** ➢ Oral, intranasal or IV abuse ➢ Start 50mg daily
Severe	6 or more (or 4 to 5 with COD)	Outpatient/Inpatient	➢ Intensive outpatient (IOP) or ➢ Weekly for 8 weeks then every 2 weeks for 4 months then monthly for 18 months ➢ Contingency Management, CBT, DBT skills ➢ Self-Help/12-step ➢ Sobriety coach/mentor/CHW	**Methadone** ➢ Start 20-40mg per day based on daily use ➢ Titrate to level that stabilizes craving and withdrawal (80-120mg) OR **Buprenorphine** ➢ <300 morphine equivalents ➢ Oral, intranasal or IV abuse ➢ Start 8 to 16 mg daily OR **Depo-Naltrexone** ➢ Detox prior ➢ Oral, intranasal or IV abuse ➢ Start 380 IM monthly

SWMBH 04.09A MAT Guidelines Acuity and Intensity Table

MAT Guidelines: Level of Care/Acuity of Symptoms

Intensity of Service will be matched to the phase of treatment, including track considerations (adapted from p. 33 of the Michigan MAT Guidelines for Opioid Use Disorders)

Note- Relapse at any point should begin a reassessment and placement back in Rehabilitative phase or Acute phase if relapse is extensive. Additional outreach services should also be considered for additional support

Intensity Table				
PHASE	**Goals**	**Clinical Activities**	**Criteria for Movement to Next Phase**	**Intensification Options**
Acute	➢ Achieve withdrawal from all substances ➢ Reduce/manage craving ➢ Eliminate/reduce ongoing illicit drug use ➢ Establish treatment plan ➢ Meet basic needs	➢ Behavioral and Medication services as described in the Acuity table. ➢ Complete comprehensive biopsychosocial assessment ➢ Physical evaluation (including pain) ➢ Initiate Methadone ➢ Develop comprehensive COD-capable treatment plan ➢ Home visit ➢ Referral for any medical needs ➢ Case management to address basic needs initiate SUD treatment at least 1-2 times per week (individual/group therapy, motivational interviewing) ➢ Coordinate care with all relevant providers (including corrections)	➢ No longer in withdrawal ➢ Reduced/manageable craving ➢ Elimination/reduction in other drug use ➢ Treatment plan developed ➢ Basic needs satisfactorily met	**Individualized intensification of behavioral services described in the Acuity table.** **Assertive Community Treatment:** SUD outreach-based treatment for patients who continue to use illicit drugs/stop showing up for dosing. Can begin at any point of the process Can also be when client relapse/taper off. Service generally for non-adherence
Rehabilitative	➢ Discontinue drug and alcohol use ➢ Initiate services in specialty track if indicated o Co-Occurring o Pregnant o Emotive Regulation o Corrections ➢ Stabilize medical issues ➢ Stabilize mental health issues ➢ Stabilize source of legal income ➢ Stabilize family issues ➢ Stabilize legal issues	➢ Behavioral and Medication services as described in the Acuity table.	➢ Drug and alcohol use discontinued ➢ Specialty track services established ➢ Medical issues stable ➢ Mental health issues stable ➢ Legal income source established ➢ Family issues stabilized ➢ Legal issues stabilized	➢ Assertive Community Treatment: SUD outreach-based treatment for patients who continue to use illicit drugs/stop showing up for dosing. ➢ Can begin at any point of the process. ➢ Can also be when client relapse/taper off. ➢ Service generally for non-adherence ➢ Reassessment and placement back in Acute phase (if relapse is extensive). Additional outreach services should also be considered for additional support

Southwest Michigan BEHAVIORAL HEALTH

SWMBH 04.09A MAT Guidelines Acuity and Intensity Table

PHASE	Goals	Clinical Activities	Criteria for Movement to Next Phase	Intensification Options
Supportive	➢ Client assumes primary responsibility for his/her life. ➢ Treatment continues at reduced intensity. ➢ Client begins to shift or augment program support to support groups, social supports, community, faith-based groups, healthy friends, etc.	➢ Behavioral and Medication services as described in the Acuity table. ➢ Ongoing Case Management: Using a mixture of office-based and outreach-based linking, coordinating, referring (no time limit)	If to Maintenance Phase: ➢ 2 years' stability with alcohol and drug use ➢ All other treatment plan issues are stable ➢ Relapse prevention check-ups set up quarterly ➢ Taper not successful or patient not ready ➢ Maintenance clients may request to Taper if fully stable if the client has an interest but must be fully stable If to Tapering Phase: (MW – unless administratively triggered, conversation about tapering should not initiated by the MAT provider) ➢ All treatment issues stable and client/program agree taper or discontinue MAT ➢ Taper plan completed with client and medical/clinical ➢ Treatment/outreach intensified during end of taper and 90 days post discontinuation of MAT ➢ If disease worsens and is not stabilized by behavioral interventions, then restart MAT	Reassessment and placement back in Rehabilitative Phase (or Acute if relapse is extensive). ➢ Additional outreach services should also be considered for additional support Rehabilitative phase