



Section: Utilization Management	Procedure Name: Medication Assisted Treatment – Methadone Procedure	Procedure #: P04.09.01
Overarching Policy: 04.09 Medication Assisted Treatment - Methadone		
Owner: Manager of UM & Call Center	Reviewed By: Elizabeth Guisinger, LPC, CAADC Bangalore Ramesh, MD	Total Pages: 8
Required By: <input type="checkbox"/> BBA <input type="checkbox"/> MDHHS <input type="checkbox"/> NCQA <input checked="" type="checkbox"/> Other (please specify): <u>See References</u>	Final Approval By: Beth Guisinger (Nov 10, 2021 13:19 EST) Bangalore K Ramesh (Nov 11, 2021 11:02 EST)	Date Approved: Nov 10, 2021
Application: <input checked="" type="checkbox"/> SWMBH Staff/Ops <input type="checkbox"/> Participant CMHSPs <input checked="" type="checkbox"/> SUD Providers <input type="checkbox"/> MH/IDD Providers <input type="checkbox"/> Other (please specify): _____	Line of Business: <input type="checkbox"/> Medicaid <input type="checkbox"/> Other (please specify): _____ <input checked="" type="checkbox"/> Healthy Michigan <input checked="" type="checkbox"/> SUD Block Grant <input checked="" type="checkbox"/> SUD Medicaid <input checked="" type="checkbox"/> MI Health Link	Effective Date: 7/28/2014

Policy: 04.09 Medication Assisted Treatment - Methadone

Purpose: To describe a clear method for screening, authorizing, documenting and coordinating care with Opiate Treatment Providers (OTP) who are contracted to provide methadone-assisted treatment with Southwest Michigan Behavioral Health (SWMBH) customers

Scope: This procedure is applicable to SWMBH’s Care Management Specialists who manage the authorization of Methadone and outpatient substance abuse 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, regarding 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

Procedure:

- A. Screening and Referral for Methadone-Assisted Treatment (MAT) Eligibility
 1. Customers will be screened at the time of initial contact with a SWMBH Care Manager (CM) to determine the level of risk as emergent, urgent or routine.
 2. The Care Manager will perform a telephonic screening and completing the six dimensions of the American Society of Addiction Medicine (ASAM) Criteria in SWMBH's Managed Care Information System (MCIS).
 3. The customer will be presented with all appropriate treatment options available.
 4. Upon meeting the eligibility criteria for Methadone-Assisted Treatment as outlined in Policy 4.9: Medication-Assisted Treatment –Methadone, a referral will be made to an Opioid Treatment Program (OTP) of the customer's choice for an assessment and possible admission for MAT, or to another level of care or provider as requested and/or warranted.
 5. Pregnant women and adolescents requesting treatment are considered priority for admission and will be screened and referred for services within 24 hours. Positive pregnancy tests do not require further review by the Utilization Management Department for approval for an admission to an OTP for Medication Assisted Treatment.
- B. Review Process
 1. On the date of the assessment, the customer, or legal representative, must sign and date the current "Michigan Department of Health and Human Services (MDHHS) - Consent to Share Behavioral Health Information for Care Coordination Purposes". The OTP must upload this document to SWMBH's MCIS
 2. Upon receipt of the valid consent, a provider file will be opened in SWMBH's MCIS (unless a record exists from a previous treatment episode)
 3. The ASAM screening completed by SWMBH, as well as the authorization for the assessment, will be released to the provider in the information system.
 4. Upon the OTP's completion of the assessment, if SWMBH has not approved admission to MAT at the time of referral, the OTP clinician must upload/attach the assessment and other relevant documents to customer's provider file in SWMBH's MCIS, and send a message to the designated SWMBH Care Manager(s) through the messaging system in the MCIS. At that time, the SMWBH Care Manager will determine if medical necessity criteria for Methadone-Assisted Treatment is met.



5. If the SWMBH Care Manager does not believe criteria is met for medication assisted treatment, the case will be reviewed with SWMBH's Medical Director, or other physician as applicable.

C. Authorization Determination

1. In the event the request is denied for Methadone Assisted Treatment, the customer will be offered other options as medically necessary and the process for notification of adverse benefit determination and notification of appeal rights will be followed per SWMBH Policy 4.3: Service Authorization-Outlier Management.
2. In the event the OTP recommended MAT and approved admission into their methadone program, but the authorization was denied by SWMBH, SWMBH will inform the customer of their option to self-pay for methadone dosing and related physician visits. SWMBH would authorize payment of therapy and related therapeutic services, as medically necessary. The customer would need to sign an agreement indicating that they are a self-pay client for the services denied (i.e. methadone dosing, physician services), and indicating that they are waiving Medicaid claim submission.
3. In the event that methadone assisted treatment is approved, the SWMBH Care Manager will contact the customer with the service determination and inform the OTP of the initial authorization for dosing and services, as well as coordinate the scheduling of the customer's admission/intake appointment, when applicable.
4. An initial authorization will be entered for 6 months of Methadone dosing (H0020), unless the SWMBH Care Manager determined that it clinically necessary to review the case on a more frequent basis.

D. Authorization for Adjunct Services and Supports

1. Upon admission to the OTP, the provider will complete and sign a Behavioral Health Treatment Episode Data Set (BH TEDS) admission in the customer's provider record in SWMBH's MCIS.
2. Upon the completion of the customer's initial Treatment Plan, the OTP will upload the plan, and assessment if not previously uploaded, to the customer's provider record.
3. Authorizations can be requested for the initial 6 months, unless the SWMBH Care Manager determined a more frequent review of progress is clinically necessary.
4. All services submitted for authorization approval, must be in the customer's treatment plan, and must cover the dates of service being requested.
5. The treatment plan must include the amount, scope and duration of each service requested.

E. Behavior 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 the designated SWMBH Care Manager that a contract is in place.
3. The OTP must upload a copy of the contract to the customer's in SWMBH's MCIS. 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.
- b. Documentation of the customer's participation, or lack of participation with the recommendations, and the reported reasons for not following through.
- c. The time frame in which the contract is in effect.
- d. The outcome if the terms of the contract are not met.

F. Reauthorization Requirements

1. Requests for authorization are required every 6 months, unless determined by SWMBH Care Manager and/or OTP provider that it is clinically necessary to review on a more frequent basis (i.e. difficulty with treatment compliance, continued illicit substance use, mental health/physical issues disrupting care, etc.)
2. In the event there is a need for more frequent authorization reviews, authorization requests should not exceed 3 months.
3. Request for reauthorization must be accompanied by an ASAM that has been completed within 30 days of the date the request is made.
4. The following documents must be uploaded/attached to the customer's provider record in SWMBH's MCIS at the time of the authorization request:
 - a. The current treatment plan, signed by the customer and covering the dates of service requested, including the amount, scope and duration of each service being requested.
 - b. Urine Drug Screens (UDS)
 - c. Explanations for any substances indicated on the toxicology report, whether or not there is a valid prescription in place to account for them and coordination between OTP and prescribing physician, as applicable.
 - d. Active Behavior/Compliance Contracts and documentation of the customer's progress with the terms of the contract (i.e. customer participation or lack of participation with recommendations, reported reasons for non-compliance, etc.), as applicable.
5. If the required information is not submitted at the time of the authorization request submission, the request may be pended to up to 14 days from request date to allow the requestor to submit the required documentation, or the authorization request(s) may be administratively denied.

G. Customer Entry Into Medical Maintenance Phase

1. Once the OTP determines that the maximum therapeutic counseling has been achieved, and the customer meets criteria for the medical maintenance (methadone only) phase of treatment and recovery, as outlined in SWMBH Policy 4.9, the OTP must notify SWMBH of this anticipated change.



2. Continued authorization reviews will continue at a minimum of every six months, and an ASAM, treatment plan and UDS results must be submitted with the authorization request.
3. In the event the customer would like to re-engage in other substance abuse treatment services and supports by the OTP once in the methadone only phase, an updated ASAM and rationale for needing those requested services shall be submitted to SWMBH for review.

H. Customer Completion of Treatment

1. The OTP will notify a SWMBH Care Manager when the decision to taper due to completion of treatment has been made, and will include the following information:
 - a. The rate at which the customer is tapering (percentage or milligram/per day or week).
 - b. The estimated time in which the customer is expected to remain in services at the OTP.
 - c. Recommendations for other treatment services and supports or need for assessment and/or referral to another level of care.

I. Customer Administrative Discontinuation

1. Any determination by the OTP to discontinue methadone assisted treatment at their facility shall be immediately reported to SWMBH UM.
2. In the event that a decision is made to administratively discharge a SWMBH customer, the customer's primary therapist and/or the OTP's Clinical Supervisor must document the justification in the customer's record and provide SWMBH with:
 - a. The reason for the termination
 - b. Any additional documentation regarding measures taken by the OTP to improve the customer's compliance that has not been previously provided, as applicable
 - c. The anticipated tapering protocol that will be used
 - d. Recommendations for aftercare and referrals made for said aftercare
3. In the event the customer is being placed on an administrative discharge due to Behavioral Non-Compliance, a SWMBH Care Manager will contact the customer to discuss further treatment options.
4. In the event the customer is being placed on an administrative discharge due to Clinical Non-Compliance, consultation with SWMBH UM staff must take place within 3 business days.
5. If this results in an agreement that Methadone assisted treatment is no longer medically necessary, a SWMBH Care Manager will contact the customer to assess and discuss other treatment options.
6. If this results in a disagreement between the OTP provider and SWMBH's care manager, SWMBH will review the case with a SWMBH physician to determine medical necessity and appropriate level of care. If it is determined that methadone assisted treatment remains medically necessary, a SWMBH Care Manager will contact the customer



regarding transfer to another OTP clinic for methadone assisted treatment if the current OTP is unable or unwilling to continue providing treatment and coordinate as applicable.

J. OTP Services Occurring at Multiple Provider Sites

1. If the customer is currently open to a SWMBH network OTP provider, the OTP provider that has an approved authorization in SWMBH's MCIS will call SWMBH's UM Department to discuss the circumstances of the need for dosing at a different location and request prior authorization.
2. If the customer is requesting to dose at a provider location that is outside of the state of Michigan, the customer is required to receive all assessments, counseling services, and physician services at the Michigan provider site. All assessment, counseling and physician authorizations must be requested for the Michigan site. Dosing services may be authorized at the out of state site.

K. Guest Dosing

1. OTPs are required to contact SWMBH's UM Department when arrangements are being made for guest dosing at another opioid treatment, information regarding the anticipated dates the customer will be guest dosing, the reason for the request to dose at another location, and provide a valid release of information for the OTP in which they will be guest dosing.
2. In the event that guest dosing will occur at a SWMBH contracted OTP, SWMBH UM will create a provider record for the provider site in which the customer will be guest dosing and enter authorizations for dosing units for the anticipated timespan.
3. In the event that guest dosing will occur at an OTP not contracted by SWMBH, SWMBH UM will contact the Provider Network Department to ascertain a single case agreement. Upon completion of a single case agreement with the OTP provider, UM will create a provider record for the provider site in which the customer will be guest dosing and enter authorizations for dosing units for the anticipated timespan.

L. Transfers

1. Customers who have recently moved to a county within the SWMBH region, who have been receiving methadone maintenance treatment outside of the SWMBH region, must complete a telephonic ASAM screening with a SWMBH Care Manager.
2. The customer will be automatically authorized an assessment and thirty (30) units of H0020 at the SWMBH OTP, upon the OTP's confirmation of the customer's previous methadone maintenance treatment.
3. The completed assessment, valid release of information, and other applicable documentation must be provided to SWMBH within 30 calendar days to determine continued medical necessity and benefit authorization.
4. Upon approval for continued MAT, the customer and OTP will be notified of this decision and additional authorization requests may be submitted by the OTP provider, along with the required documentation for authorization requests.
5. In the event the assessment and/or additional clinical documentation does not support continued medical necessity for methadone assisted treatment, and upon a denial determination from SMWBH's physician, the customer and OTP will be made aware of



this determination, notified of appeal rights, and presented with alternative treatment options.

6. SWMBH will coordinate with the OTP to determine the amount of time that is needed to safely taper the customer from methadone. Dosing, physician services and support services will be authorized during this timeframe, provided there is a treatment plan reflecting the services provided.

M. Customer Re-entry After Temporary Absence

1. If the customer is unable to attend services through the OTP due to hospitalization, incarceration, nursing home placement, residential SUD treatment, etc. and their plan is to return to Osteopathic Manipulative Therapy (OMT) at their time of departure from the provider, they do not need to be re-authorized by SWMBH for their return.
2. Under these circumstances, the customer does not need to be discharged unless they have been gone for over 45 days without any contact to the customer's whereabouts.

N. Block Grant Waiting List

1. When an admission slot becomes available, the SWMBH UM Department will make three attempts to contact the next client on the Block Grant waiting list (according to priority status) via telephone. If unable to contact client via telephone, the SWMBH UM Department will move to the next client according to priority status and repeat the above process until a client is successfully contacted.
2. Upon a successful customer contact, the customer will be warm transferred to a methadone assisted treatment provider of their choice to arrange for an admission appointment.
3. Clients contacted will be informed that they have 14 calendar days from the date of initial contact to be admitted into methadone-assisted treatment services. After 14 calendar days have lapsed, the methadone assisted treatment provider will contact SWMBH UM Department indicating whether the client failed to present for admission.
4. If the client fails to present at the methadone assisted treatment provider within 14 calendar days of initial contact by SWMBH UM Department, the provider will inform SWMBH UM Department. SWMBH UM Department will then review the waiting list to determine the next client to be admitted to methadone-assisted treatment services according to their current priority status.

References: SWMBH Policy 04.03: Service Authorization-Outlier Management

Attachments: None



Revision History

Revision #	Revision Date	Revision Location	Revision Summary	Revisor
Initial	11/4/21	Procedure B.1. & F.5.	Moved to new template & annual review	L. Mitchell









P04.09.01 MAT - Methadone

Final Audit Report

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