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			HISTORY	
Section: T002	Subject: Medication - Assisted Treatment for OPIOID Addiction		Replaces:	11/2008
			Last Reviewed:	3/2009
Issued By: Executive Director	Approved By: Board of Directors	Scope: Methadone Treatment Providers	Effective:	3/23/2009
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1. **POLICY**

Methadone dosing is a pharmacological tool that provides for an improved quality of life conducive to establishing and maintaining a drug-free lifestyle. It is a medication that prevents withdrawal symptoms, prevents opioid cravings, and blocks the euphoric effects of opioid drugs. Methadone is designed to address the physiological problems as an adjunct to counseling and/or other substance use disorder (SUD)treatment (State Enrollment Criteria, January 2008, p. 1).

2. **GENERAL EXPECTATIONS**

It is understood that methadone dosing is a pharmacological tool used for the treatment of opiate addiction. It is the expectation that treatment modalities involved, as reflected in the individualized treatment plan, will identify and address clients' polysubstance use and addictive behaviors in general. Treatment will occur at the appropriate intensity, scope, and duration and may include multiple providers.

It is the expectation most clients will have met their treatment goals within two (2) years after such treatment has begun, unless, based on the recorded clinical judgment of the staff physician, justification is provided to continue opioid replacement treatment beyond the 2-year limitation (State Enrollment Criteria, January 2008, p.4).

3. **TREATMENT EXPECTATIONS/REQUIREMENTS**

3.1. Consent for All Prescribing/Treating Physicians:

3.1.1. That all clients disclose the names of all prescribing/treating physicians (including dentists) for the past year. It is also the expectation that clients sign releases for communication with all treatment programs including health care, emergency rooms, dentists, and prescribing/treating physicians and provide a complete list of all prescribed medications and pharmacies.

3.1.2. Providers shall make a good faith effort to obtain the necessary releases. For the purposes of coordination of care, the client must be informed of the importance to disclose the names of all prescribing physicians, treating physicians, dentists, and any other health care provider over the past year. If a client is unwilling to fully cooperate with this expectation, the provider must document this lack of cooperation in the client's file. This does not validate discharge or non-acceptance into the Medication Assisted Treatment (MAT) program (State Enrollment Criteria, August 2005, p 3 of 7).

3.2. Prescription Opiate Use by Clients:

3.2.1. There must have been previous treatment attempts (refer to 6.3 Criteria for Acceptance) to address opiate dependence at non-methadone treatment facilities for clients who present at methadone treatment referencing prescription opiate dependence.

3.2.2. That clients disclose the names of all prescribing/treating physicians (including dentists) for the past year. As it is stated in 3.1.1. it is the expectation clients sign releases for communication with all treatment programs including health care, emergency rooms, dentists, and prescribing/treating physicians, and provide a complete list of all prescribed medications and pharmacies. According to Federal Regulations, SUD treatment community grant funds are not to be utilized for methadone dosing of chronic pain.

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3.2.3.As stated in 3.1.2., providers shall make a good faith effort to obtain the necessary releases. If a client is unwilling to fully cooperate with this expectation, the provider must document this lack of cooperation in the client's file.

3.3. Chronic Pain Clients:

3.3.1.Clients whose primary purpose of seeking methadone dosing for chronic pain issues will be referred to any/all primary care physicians. MAT programs are not pain clinics nor should MAT programs treat pain. In some cases, primary care and other doctors may misunderstand the scope of the MAT programming and refer clients to the MAT programs for pain control.

3.3.2.Methadone use solely for pain control, and not for treatment of addiction to opioid drugs, is managed by the clients' primary care physician (PCP) or Managed Care Organization. This does not preclude the treatment by a MAT program of a client who needs substance abuse treatment for opioid dependency and who is also a pain patient (State Treatment Policy 05, Enrollment Criteria, January 1, 2008)

3.3.3.A clear diagnosis of opiate addiction must be present prior to any Mid-South funds being utilized for chronic pain clients.

3.4. Self-pay Clients:

3.4.1.If self-pay clients become eligible for Mid-South funding, they are to be assessed for appropriateness of treatment prior to such funding commitment.

3.4.2.Self pay clients will be held to the same acceptance criteria as a new admission.

3.4.3.The Mid-South Care Coordination Center (CCC) Utilization Coordinators (UC) will review and either approve or deny appropriateness.

3.4.4.If the provider disagrees with UC's decision, a request for a Mid-South Medical Director review may occur.

3.4.5. If the client disagrees with the Medical Director's decision, he/she may appeal according to funding requirements.

3.5. Information Provided to Clients:

3.5.1. Providers shall inform clients that all of the following are required: (State Enrollment Criteria, August 2005, p 3 of 7)

3.5.1.1. Daily attendance, until take home medications are determined to be appropriate, at the clinic is necessary for dosing; with the possible exception of Sundays and holidays. (See Section 19: Offsite Dosing)

3.5.1.2. Attendance at all individual, group, educational, and/or family sessions as indicated by the individual treatment plan, is mandatory; and to follow all SUD treatment goals and objectives in order to get the most out of the time in SUD treatment.

3.5.1.3. Toxicology testing is conducted and mandatory.

3.5.1.4. Submission of clean urine drug screens is expected; with the understanding non-compliance is the same as a positive screen.

3.5.1.5. Understand altered specimens will be considered a positive screen and will immediately place the client on probationary status.

3.5.1.6. Reduce use of all illicit and non-prescribed drugs to the point of abstinence from all illicit and non-prescribed drugs.

3.5.1.7. Reduce alcohol intake to the point of abstinence from all alcohol.

3.5.1.8. Contact the provider within 24 hours before a scheduled appointment to cancel and provide acceptable documentation for an absence when requested.

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- 3.5.1.9. Follow all SUD treatment program rules, policies, and expectations. If not, the client may be put on probation and/or be administratively detoxed from the OMT clinic.
- 3.5.1.10. Produce a valid prescription or current medication bottle(s) with physician name on the label for any controlled substances taken, especially pain medications and medications for anxiety.
- 3.5.1.11. Authorize communication between the prescribing clinic and the OMT clinic in order to coordinate the best care for the client.
- 3.5.1.12. Possibly change prescribed medications in order to better coordinate treatment.
- 3.5.1.13. Not to be enrolled in more than one (1) methadone clinic at a time. If enrolled in more than one (1) methadone clinic at a time, client may be detoxed and removed from the methadone program. (It is recommended Michigan Automated Prescription System (MAPS) be used by providers to verify.)
- 3.5.1.14. If the client tests positive for a controlled substance that a valid prescription was not previously provided, client is to present a valid prescription or current medication bottle(s) with the physician's name on the label for the controlled substance before receiving the next regular or full methadone dose.
- 3.5.1.15. Client will be placed on time limited or unlimited probation with the methadone program if he/she tests positive for alcohol and/or any drug other than methadone more than three (3) times within a four (4) month authorization period.
- 3.5.1.16. Client may be immediately placed on administrative detox protocol if the client tests positive for any illicit and/or non-prescribed drugs and/or alcohol (based on test for blood alcohol or breathalyzer) during the probationary period. Probationary status will be reviewed by the SUD treatment provider.
- 3.5.1.17. Understands he/she may be funded by Mid-South for a time-limited period of 2 (two) years or less, depending on progress.
- 3.5.1.18. May be required to seek out private payment options for continued methadone treatment beyond the time-limited period or be subjected to medical detoxification from the methadone program, if warranted.
- 3.5.1.19. If administratively discharged, may not be able to return to the same OMT clinic for up to 12 months. May be offered a program of detoxification, stabilization, and drug-free services for ongoing substance abuse treatment if administratively discharged from an OMT clinic.

3.6. Illicit Drug and Alcohol Use by Clients:

When clients present with evidence of other drugs of abuse/alcohol dependency in addition to opiates, the following must occur:

- 3.6.1. Opioid dependency is primary diagnosis.
- 3.6.2. It is the expectation clients will have the willingness to consider or the desire to achieve abstinence from all substances of abuse.
- 3.6.3. Methadone providers will provide additional testing and treatment to support moving clients toward an abstinence-based lifestyle from all substances of abuse/dependence.

3.7. Random Drug & Alcohol Screening of Clients:

- 3.7.1. All clients will be tested monthly utilizing a comprehensive urine drug screen panel, including cannabinoids, as mandated by state and federal policy.
- 3.7.2. If alcohol use/abuse is suspected, clients will submit to a Breathalyzer prior to dosing.

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3.8. Treatment Plans/Treatment Plan Reviews/Progress Notes:

3.8.1. Treatment plans must be individualized, reflect all dimensions of the ASAM Patient Placement Criteria and be developed with the full and active participation of the client.

3.8.2. All substances of abuse, including alcohol, must be included in the treatment plan ^(State Enrollment Criteria, August 2005, p 3 of 7).

3.8.3. All MAT programs will follow the treatment plan process outlined in the Mid-South Best Practices Guidelines. (See Mid-South website: www.mssac.com)

4. PROVIDER EXPECTATIONS/REQUIREMENTS

Methadone treatment providers are Medication-Assisted Treatment programs (MAT) that provide methadone. A MAT program using methadone for the treatment of opioid dependency must be:

4.1. Licensed by the state as a methadone provider.

4.2. Accredited as an alcohol and/or drug abuse program by one of the national accreditation bodies: Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA) or the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

4.3. Certified by the Substance Abuse and Mental Health Services Administration as an MAT.

4.4. Licensed by the Drug Enforcement Administration (DEA).

4.5. Meet all state and federal clinical staff qualification requirements.

4.6. Compliance with state administrative rules and federal regulations is required. These requirements are not listed in this document and are not replaced or reduced by these enrollment criteria ^{(State Treatment Policy 05, Enrollment Criteria, January 1, 2008, p. 3 of 8).}

5. SEQUENTIAL TREATMENT PHASES FOR MEDICATION-ASSISTED TREATMENT (MAT) FOR OPIOID ADDICTION ^(CSAT TIP Series 43, 2005, pp. 101-120)

It is expected the six patient-centered phases below are followed to improve individual planning and evaluation of treatment outcomes. The six phases are Acute 6.3.5, Rehabilitative 9.4, Supportive-care 11.8, Medical Maintenance (13), Tapering (17), and Continuing Care (18). Transition from one phase to the other should allow clients the flexibility to move in either direction, according to individual needs. Further discussion of each phase is provided throughout this policy.

6. CLINICAL ADMISSION CRITERIA

6.1. Clinical Screen:

6.1.1. Clients seeking methadone will be screened at time of initial contact to determine client risk and situation as urgent or routine, and make a provisional eligibility determination.

6.1.2. A screening is a formal, brief process that occurs as the client requests or presents for services to determine the likelihood of a substance use disorder and a preliminary identification of other needs. The screening process results in the determination of eligibility for assessment at an initial level of care and an initial service authorization.

6.1.3. Screening may be completed in various ways such as a face-to-face manner, by telephone, or electronically when geographic or other barriers make it more efficient or accessible.

6.1.4. Documentation of the client receiving information regarding recipient rights, confidentiality requirements, and release of information must be in the client's file.

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6.1.5. For routine and urgent service requests, the minimum timeliness standard for conducting a client's screening, level of care (LOC) determination, provider selection and admission to treatment is completed according to the Mid-South and provider contract.

6.1.6. Screening will be performed in an accepting attitude with an understanding of how clients 'present' for treatment and a capacity on the part of the provider to address client needs in a manner that accepts and fosters a service and treatment relationship that meets the needs and interests of the service recipient (State Access Management System Policy, November 2006, pp. 2-5).

6.2. Clinical Assessment:

6.2.1. A thorough biopsychosocial assessment must be conducted in person at Mid-South's Medication Assisted Treatment for Opioid Addiction (MAT) provider, prior to admission at the MAT provider to determine appropriateness for treatment. DSM-IVTM must be used to determine diagnosis and ASAM criteria must be used to determine the appropriate level of care.

6.2.2. ASAM patient placement criteria are based on assessment dimensions used to define biopsychosocial severity. The criteria specified under each dimension will assist in the determination of the appropriate level of treatment for the prospective clients. Client placement criteria must be based on the ASAM Patient Placement Criteria for the Treatment of Substance Related Disorders, Second Edition Revised, the Administrative Rules for Substance Abuse Programs in Michigan, Enrollment Criteria for Methadone Maintenance and Detoxification Programs dated October 12, 1998, and 42 CFR, part 8.

6.3. Criteria for Acceptance:

6.3.1. Must have documented history of at least one (1) year of opiate addiction. This is usually acquired through legal records for narcotics violations or treatment records from previous treatment efforts. "Documented" means written records of the required history, as opposed to telephoned information or personal testimony. "Treatment records" may be obtained by telephone after the client signs a release of information form. "Arrest records" usually consist of either an actual "rap sheet" or a letter from an acceptable authority, such as a parole or probation officer, indicating dates and conditions of arrests.

6.3.2. Additional means for determination of history of opiate addiction is to use the MAPS to obtain clients' pharmacy history. This can be accessed by the provider Medical Director.

6.3.3. Must have a confirmed history of up to two (2) or more drug free treatment episodes through the recommended continuum of care within a 12-month period, at CCC's discretion. Depending on medical necessity, the entry level of such continuum of care may be detoxification, residential, intensive outpatient, or outpatient levels of care. Clients are to make a concerted effort to follow the continuum of care developed in conjunction with the initial SUD treatment provider during the initial assessment and authorization process.

6.3.4. As stated in 3.3.3., a clear diagnosis of opiate addiction must be present prior to any Mid-South funds being utilized for chronic pain clients.

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6.3.5.Acute Phase of MAT (Clients admitted for Detoxification)

Treatment Issue	Strategies To Address Issue	Indications For Transition To Rehabilitative Phase
Alcohol and Drug Use	Schedule weekly drug and alcohol testing Educate about effects of alcohol and drugs; discourage their consumption Ensure ongoing patient dialog with staff Intensity treatment when necessary Meet with program physician to ensure adequate dosage of treatment medication	Elimination of opioid-withdrawal symptoms, including craving Sense of well-being Ability to avoid situation that might trigger or perpetuate substance use Acknowledgment of addiction as a problem and motivation to effect lifestyle changes
Medical concerns Infectious diseases (e.g., HIV/AIDS, hepatitis, tuberculosis [TB]) Sickle cell disease Surgical needs, such as skin or lung abscesses	Refer patients immediately to medical providers Vaccinate as appropriate (e.g., for hepatitis A & B)	Resolution of acute medical crisis Established, ongoing care for chronic medical conditions
Co-occurring disorders Psychotic, anxiety, mood, or personality disorders	Identify acute co-occurring disorders that may need immediate intervention Identify chronic disorders that need ongoing therapy	Resolution of acute medical crisis Established, ongoing care for chronic disorders
Basic Living concerns Legal and financial concerns Threats to personal safety Inadequate housing Lack of transportation Childcare needs Pregnancy Advocacy	Assess needs Refer patients to appropriate services Work cooperatively with criminal justice system Explore transportation options Link to legal advocate, case worker, or social worker Identify financial resources Provide ongoing case management	Satisfaction of basic food, clothing, shelter, and safety needs Stabilization of living situation Stabilization of financial assistance Resolution of transportation and childcare needs
Therapeutic relationship Establishing trust and feeling of support Addressing myths about MAT	Advocate adequate dosage Remain consistent, flexible, and available; minimize waiting times Provide incentives and emphasize benefits of treatment Dispel myths about MAT Educate patient about goals of MAT Build support system Build trust	Regular attendance at counseling sessions Positive interaction with treatment providers Focus on treatment goals
Motivation and readiness for change Ambivalent attitudes about	Ensure adequate dosage Address ambivalence	Commitment to treatment process

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Treatment Issue	Strategies To Address Issue	Indications For Transition To Rehabilitative Phase
substance use Avoidance of counseling (non-compliance) Negative relationships with staff Inadequate dosage Negative attitude about treatment Involuntary discharge	Empower patient Emphasize treatment benefits Emphasize importance of making a fresh start	Acknowledgment of addiction as a problem Lifestyle changes and addressing addiction-related issues

7. MEDICAL ADMISSION CRITERIA

- 7.1. A specific service is deemed medically/clinically necessary to meet a person's treatment needs, consistent with the person's diagnosis according to current DSM criteria, symptoms and functional impairments, and consistent with clinical standards of care.
- 7.2. A duly licensed physician employed at the licensed methadone program performs a medical assessment to determine medical necessity and to confirm the findings of the clinical assessment of eligibility for methadone dosing. For further clarification on criteria, review the Administrative Rules for Substance Abuse Service Programs in Michigan.
- 7.3. The Medical Assessment is based on the following criteria: ^[R325.14409 (1-5)]
 - 7.3.1. Admission procedures require a physical examination. An examining physician must determine whether prospective clients are physiologically dependent upon narcotics and have been continuously dependent for at least one year from date of referral assessment prior to admission. A narcotic dependent is defined as an individual who is physiologically addicted to heroin or a morphine-like drug and is dependent upon the narcotic(s) to prevent the onset of withdrawal symptoms.
 - 7.3.2. The physician is to determine whether the client would be best served by initially attempting substance abuse/dependence treatment without methadone. The physician may refer the client for further medical assessment as indicated.
 - 7.3.3. The examining physician must have documented evidence of prior treatment and evidence of all other findings (biomedical, psychiatric and emotional/behavioral information) and criteria used to determine such findings (diagnostic and assessment instruments).
 - 7.3.4. In determining current physiologic dependence, the examining physician must consider signs and symptoms of intoxication, a positive urine drug screen for a narcotic and old or fresh needle marks. Other evidence of current physiologic dependence can be obtained by noting early signs of withdrawal, such as lacrimation, rhinorrhea, pupillary dilation, piloerection, increased body temperature, high blood pressure, pulse rate, and respiratory rate during the initial period of abstinence.
 - 7.3.5. Review of severe disruption of functioning. Examples are: Pattern of increase frequency of use, increase duration of use, and increase disruption of social functioning such as increase illegal behavior; decrease in personal care.
 - 7.3.6. Evidence of current narcotic dependence, including early signs of withdrawal.
 - 7.3.7. Needle marks are one possible indication of current narcotic dependence. Old tracks and scars do not indicate recent I.V. use. Fresh needle marks suggest the possibility of opiate dependence, but are not conclusive. They may be injection sites for other non-opiate

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substances such as cocaine, or they may be opiate injection sites but the person might not yet be addicted.

- 7.3.8. The absence of needle marks may not be significant if the person is reporting non-I.V. use (smoking, snorting, or oral). If the person is using prescription opiates, copies of prescription labels may facilitate the documentation process. Also, review of MAPS may be warranted.
- 7.3.9. Being under the influence (pinpoint pupils, sedation) does not necessarily mean a person is addicted; and a dirty urine may result from using just one time
- 7.3.10. The onset of withdrawal is related to the specific opiate to which a person is addicted. Different opiates stay in the system for different lengths of time.
- 7.3.11. Withdrawal, even in the absence of needle marks, clearly indicates addiction. The most common signs of opiate withdrawal are:
 - 7.3.11.1. Runny nose
 - 7.3.11.2. Eyes tearing
 - 7.3.11.3. Chills
 - 7.3.11.4. Yawning
 - 7.3.11.5. Goose flesh
 - 7.3.11.6. Large pupils
 - 7.3.11.7. Sweating
 - 7.3.11.8. Diarrhea
 - 7.3.11.9. Nausea

8. **EXCEPTIONS TO ONE-YEAR HISTORY** (State Enrollment Criteria, August 2005, pp. 3-5)

- 8.1. Prospective clients under the age of 18 years must have two (2) documented unsuccessful attempts at short-term detoxification (if applicable) and drug-free treatment within a 12-month period and at least a one (1) year history of continuous physical dependence of addiction prior to the medical assessment.
- 8.2. A parent, legal guardian or responsible adult designated by the State Methadone Authority must consent in writing for a client who is under 18 years of age. A copy of such consent statement must be placed in the client's clinical record (State Enrollment Criteria, January 2008, p.3).
- 8.3. Pregnant women requesting or seeking treatment are considered urgent requests and must be screened and referred within 24 hours. Pregnant clients, regardless of age, length of opioid dependency, or who have a documented history of opioid addiction and are likely to return to opioid addiction, may be admitted to a MAT program provided the pregnancy is certified by the MAT program physician; and he/she finds treatment to be justified. For pregnant clients, evidence of current physiological dependence is not necessary. Pregnant opioid dependent beneficiaries must be referred for prenatal care and other services and supports as may be necessary (State Enrollment Criteria, January 2008, p. 5).
- 8.4. Because methadone and opiate withdrawal are not recommended during pregnancy due to the increased risk to the fetus, the MAT program shall not discharge pregnant women without making documented attempts to facilitate referral for continued substance abuse treatment with another provider.
- 8.5. The MAT program must document attempts of referral and follow-up to assure or maintain prenatal care (State Enrollment Criteria, January 2008, p. 5).

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9. INITIAL AUTHORIZATION PROCEDURES

9.1. Initial Authorization requested by MAT Program:

- 9.1.1. CCC will approve individual sessions and dosing days upon review of all submitted authorization information by the MAT program. Clients may be determined appropriate for methadone dosing and a higher level of clinical treatment than outpatient. Intensive Outpatient services are an “unbundled” service; meaning the intensity of service may be offered at an outpatient provider to meet the SUD treatment scope, intensity, and duration to meet the individual needs of clients. For more information regarding the initial authorizations, length of stays, and initial authorization expiration dates, please see the Mid-South Best Practice Guidelines.
- 9.1.2. The MAT program is to complete all required CareNet pages and submit to the CCC the following information, either by fax or electronically:
 - 9.1.2.1. Assessment, if requested.
 - 9.1.2.2. Appropriate releases, to include primary care physician.
 - 9.1.2.3. Individualized treatment plan.
 - 9.1.2.4. Initial Urine drug screen, if one was done at time of assessment.
 - 9.1.2.5. Medical and clinical information for justification of medical necessity.
- 9.1.3. If the CCC completes a screening for the client, the CCC is responsible for completing the following information on CareNet:
 - 9.1.3.1. Entry of demographic information page on the CareNet system
 - 9.1.3.2. Entry of financial information page on the CareNet system
 - 9.1.3.3. Entry of insurance information page on the CareNet system
- 9.2. CCC will review all submitted documentation and make a determination for continuation of services. CCC will notify the program of its decision by responding on the request for re-authorization form on the CareNet system. If the provider disagrees with CCC decision, the provider may appeal.
- 9.3. If due to lack of open slots, clients may be placed on a “wait list”.
- 9.4. Rehabilitative Phase of MAT (Clients manage major life problems)

Treatment Issue	Strategies To Address Issue	Indications For Transition To Supportive-Care Phase
Alcohol and Drug Use Continued opioid use Continued abuse of other substances (e.g., alcohol, cocaine, nicotine)	Begin behavioral contracting Start short-term inpatient treatment Introduce disulfiram for alcohol use Provide pharmacotherapy and cessation groups for tobacco use Intensify treatment services Introduce positive incentives: take home medication, recognition of progress Adjust dosage as necessary to prevent continued opioid use Encourage participation in support groups and family therapy	Ability to identify and manage relapse triggers Repertoire of coping skills Demonstrated changes in life circumstances to prevent relapse Discontinuation of opioid and other drug use Absence of problem alcohol use Smoking cessation plan
Medical concerns Chronic diseases (e.g., diabetes,	Ensure onsite primary care or link to other services	Compliance with treatment for chronic diseases

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Treatment Issue	Strategies To Address Issue	Indications For Transition To Supportive-Care Phase
hypertension, seizure disorders, cardiovascular disease) Infectious diseases (e.g., HIV/AIDS, TB, hepatitis B & C, sexually transmitted diseases) Susceptibility to vaccine-preventable diseases Dental problems, nicotine dependence Women's health issues (e.g., pregnancy, family planning services)	Provide integrated treatment approach Provide routine TB testing as appropriate Provide education on diet, exercise, smoking cessation Provide vaccinations as indicated Adjust other medications that interfere with treatment medication or adjust dosage of treatment medication Assess need and refer patient for pain management	Improve overall health status Improved dental health and hygiene Regular prenatal care Stable medical and mental health status
Co-occurring disorders Psychotic, anxiety, mood, posttraumatic stress or personality disorders	Evaluate status Teach coping skills Ensure early identification and referral for co-occurring disorders Refer for psychotropic medication or psychotherapy as indicated	Stable mental status and compliance with psychiatric care
Vocational and educational needs Unemployment/ underemployment Low reading skills Illiteracy Learning disabilities	Identify education deficiencies Provide onsite general equivalency diploma (GED) counseling or referral Provide literacy and vocational training with community involvement Provide training on budgeting of personal finances Provide employment opportunities or referral to a job developer	Stable source of income Active employment search Involvement in productive activity: school, employment, volunteer work
Family Issues Absence of family support system Emergency of family problems (e.g., traumatic family history, divorce, other problem situations)	Involve community or faith-based, fellowship, recreation, or other peer group Increase involvement in family life (in absence of family dysfunction that impedes progress) Provide for well-child care	Social support system in place Absence of major conflict within support system Increased responsibility for dependents
Legal problems Criminal charges Custody battles Ongoing illegal activities	Provide access to legal counsel Encourage patient to take responsibility for legal problems Identify obstacles to eliminating illegal activities and replace them with constructive activities	Resolution of, or ongoing efforts to solve, legal problems Absence of illegal activities

10. CONTINUED STAY CRITERIA

- 10.1. Each client's need for continued treatment must be determined by a duly licensed physician and the clinical staff employed at the licensed methadone program in which the client is enrolled.

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The determination of need for continued stay must be based on ASAM patient placement criteria and the extent and severity of narcotic (opioid) addiction disorder.

- 10.2. Authorization for continued funding by Mid-South must be obtained by the provider from CCC prior to the lapse date on the initial authorization.

11. RE-AUTHORIZATION FOR CONTINUED STAY & FUNDING

- 11.1. Prior to the expiration of the initial authorization, clients must be re-authorized by CCC for additional dosing and treatment sessions medically and clinically appropriate to meet their treatment needs.
- 11.2. The number of treatment sessions is to be determined by clinical necessity, but no less than two (2) per month. ^(R325.1449-G) There maybe exceptions for those cases that receive a waiver from the State Authority to attend less than two (2) per month. For complete information regarding authorizations, length of stays, and authorization expiration dates, please see the Mid-South Best Practice Guidelines located on the Mid-South website. (www.mssac.com)
- 11.3. Clients may need more intensive levels of care other than outpatient to address other addiction issues while continuing with methadone dosing.
- 11.4. Re-authorization for continued stay in methadone dosing and addiction treatment must be requested no earlier than two (2) weeks before the requested start date of the next authorization period. However, if extenuating circumstances occur, contact CCC to discuss options.
- 11.5. Required items to be sent to CCC, by fax or electronically, at time of re-authorization and prior to the expiration date are:
- 11.5.1. Treatment Plans may be requested. Treatment plans on the CareNet system are to match the treatment plan in clients' files.
- 11.5.2. Urine Drug Screen Summary, unless completed on the CareNet system.
- 11.6. At the time of the first re-authorization, the Individualized treatment plan, unless completed on CareNet and matches the treatment plan in clients' files. At each subsequent re-authorization, updates to the treatment plan are to be made on the CareNet system. If there are any changes to the treatment plan, the updated treatment plan is to be faxed to CCC with those changes at time of the next reauthorization, with updates to the new treatment plan made on the CareNet system at time of subsequent re-authorizations.
- 11.7. CCC will review all submitted documentation and make a determination for continuation of services. CCC will notify the program of its decision by responding on the request for re-authorization form on the CareNet system. If the provider disagrees with CCC decision, the provider may appeal. At any time, the client may utilize the Recipient Rights process.
- 11.8. Supportive-Care Phase of MAT (Clients manage other life problems).

Treatment Issue	Strategies To Address Issue	Indications For Transition To Next Phase
Alcohol and Drug Use	Monitor use Increase frequency of drug screening	Discontinued drug use and no problems with alcohol use
Medical and mental health concerns	Monitor compliance with medical/psychiatric regimens Maintain communication with patients' health care and mental	Stability

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Treatment Issue	Strategies To Address Issue	Indications For Transition To Next Phase
	health care providers	
Vocational and educational needs	Monitor vocational status and progress toward educational goals Assist in addressing workplace problems	Stable source of income
Family Issues	Monitor family stability and relationships Refer for family therapy as needed	Stability
Legal problems	Monitor ongoing legal issues Provide needed support	Resolution
Treatment Issue	Strategies To Address Issue	Indications For Transition To Office-based Opioid Treatment (OBOT) or Tapering or Continuing-Care Phase
Alcohol and Drug Use	Monitor use Perform drug testing	Continuous stability for 2 years
Medical and mental health concerns	Monitor compliance Maintain communication	Stability
Vocational and educational needs	Monitor progress Remain available to address workplace problems	Stability
Family Issues	Monitor family stability Refer to family therapy as needed	Stability
Legal problems	Monitor ongoing legal issues Provide support as needed	Stability

- 11.9. Re-authorization request completed on the CareNet system to include DSM-IVTM diagnosis, ASAM patient placement criteria and in the comments section, current dosing level.
- 11.10. All medical and clinical information will be used to determine appropriateness for re-authorization and may be reviewed by the Mid-South Medical Director.
- 11.11. When the re-authorization for continuation of treatment coincides with the Justification of Continuation of Care process, either the two-year review or annual thereafter, the provider will need to enter the minimum necessary information on the CareNet system, making reference that CCC refer to the written submitted documentation for the more specific information.

12. TWO-YEAR REVIEW FOR CONTINUATION OF SERVICES & FUNDING

The two (2) year review is to determine continuation of funding of methadone dosing.

- 12.1. CCC will evaluate each client who is due for review to approve or deny the program's request for continuation of dosing and treatment funding within two years after such treatment has begun. Clients are due for their two-year justification review four (4) months prior to the two (2) year anniversary date (20 months post admission). Programs must not rely on CCC to inform when OMT clients are due for their two-year review, as this is the programs' responsibility.

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- 12.2. The following is to occur at the time of the two-year review:
- 12.2.1. Request re-authorization on the CareNet system as usual
 - 12.2.2. Enter the following information on the CareNet system:
 - 12.2.2.1. CPT Code
 - 12.2.2.2. Modality
 - 12.2.2.3. Units Requested
 - 12.2.2.4. Frequency of Contact per Month
 - 12.2.2.5. Request Begin Date
 - 12.2.2.6. Request Expiration Date
 - 12.2.2.7. In bottom comment box, provide any updated progress or current status information, including current dosing level, not included in the Justification for Continuation of Care form (T100).
 - 12.2.2.8. Also in the bottom comment box, type a note to please refer to the Justification for Continuation of Care form for Axis and ASAM criteria.
 - 12.2.2.9. Fax or submit electronically, the following to CCC at the same time step 12.2 above is completed:
 - 12.2.2.9.1. Treatment Plans may be requested. Treatment plans on the CareNet system are to match the treatment plan in clients' files.
 - 12.2.2.9.2. Urine Drug Screen Summary does not include individual urine drug screen results.
 - 12.2.2.9.3. If urine is positive and client has a prescription, please identify what is prescribed
 - 12.2.2.9.4. Justification for Continuation of Care Form ^(T100)
 - 12.2.2.9.5. All CareNet pages completed
 - 12.2.2.9.6. Form provides DSM-IVTM diagnosis determining medical necessity
 - 12.2.2.9.7. Form provides ASAM patient placement criteria
 - 12.2.2.9.8. Form provides updated progress or status information written in the Status of Treatment Plan section found on page 3
 - 12.2.2.9.9. Treatment plan goals and objectives may be identified as 1.a.,2.a, 2.b, etc.
 - 12.2.2.9.10. Form is signed by therapist and physician on page 4
 - 12.2.2.9.11. Update release, if necessary
- 12.3. CCC will review all submitted documentation and make a determination for continuation of services. CCC will notify the program of its decision by responding on the request for re-authorization form on the CareNet system. If the provider disagrees with CCC decision, the provider may appeal by using the Mid-South Formal Appeals Procedure. At any time, the client may utilize the Recipient Rights process.

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13. **MEDICAL MAINTENANCE PHASE OF MAT:**

Clients continue on Methadone to remain stable. (ODCP Treatment Technical Advisory #06, 2007, p 2, 3 of 4)

Some clients may move directly to Stage 5 Tapering Phase. The following criteria are to be used to determine a client's eligibility for this phase: Absence of significant unstabilized co-occurring disorders.

- 13.1. Absence of significant unstabilized co-occurring disorders.
- 13.2. Abstinence from illicit drugs and from abuse of prescription drugs for a period of at least six (6) months prior to entry into this phase.
- 13.3. No alcohol use problem.
- 13.4. Ability to maintain stability in their current living environment.
- 13.5. Stable and legal source of income, if appropriate.
- 13.6. Involvement in productive activities as defined in their individual plan of service, e.g., employment, schooling, volunteering.
- 13.7. No criminal or legal involvement for one year prior to this phase and no parole or probation status.
- 13.8. Adequate social support system, including self-help groups.

14. **POST TWO (2) YEAR REVIEW ANNUAL REVIEW FOR CONTINUATION OF SERVICE & FUNDING**

The annual review is to determine continuation of funding of methadone dosing for those clients who have been funded beyond two (2) years.

- 14.1. CCC will evaluate each client due for review to approve or deny the program's request for continuation of dosing and treatment funding annually after the authorization for continuation at two (2) years is approved. Such requests for continuation must be submitted four (4) months prior to the anniversary date of admission and after the two (2) year review. 14.2. The following is to occur at the time of the annual review:
- 14.2. Request re-authorization on the CareNet system as usual. Enter the following information on the CareNet system:
 - 14.2.1. CPT Code
 - 14.2.2. Modality
 - 14.2.3. Unites Requested
 - 14.2.4. Frequency of Contact per Month
 - 14.2.5. Request Begin Date
 - 14.2.6. Request Expiration Date
 - 14.2.7. In bottom comment box, provide any updated progress or current status information, including current dosing level, not included in the Justification for Continuation of Care form (T100)
 - 14.2.8. Also in the bottom comment box, type a note to please refer to the Justification for Continuation of Care form for Axis and ASAM criteria
- 14.3. Fax or submit electronically the following to CCC at the same time step 14.2 above is completed:
 - 14.3.1. Treatment Plans may be requested.
 - 14.3.2. Urine Drug Screen Summary, unless completed on the CareNet system.

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- 14.3.3.If urine is positive and client has a prescription, please identify what is prescribed
- 14.3.4.Justification for Continuation of Care Form ^(Attachment A)
- 14.3.5.All CareNet pages completed
- 14.3.6.Form provides DSM-IVTM diagnosis determining medical necessity
- 14.3.7.Form provides ASAM patient placement criteria
- 14.3.8.Form provides updated progress or status information written in the Status of Treatment Plan section found on page 3
- 14.3.9. Treatment plan goals and objectives may be identified as 1.a., 2.a, 2.b, etc.
- 14.3.10.Form is signed by therapist and physician on page 4
- 14.3.11.Updated releases, if necessary
- 14.4. CCC will review all submitted documentation and make a determination for continuation of services. CCC will notify the program of its decision by responding on the request for reauthorization form on the CareNet system
- 14.5. If the provider disagrees with CCC decision, the provider may appeal. At any time, the client may utilize the Recipient Rights process.

15. **DENIED REQUEST FOR AUTHORIZATION**

- 15.1. If, at any time during methadone dosing and SUD treatment, authorization for continuation is denied, the client must be notified. CCC will notify both the provider and the client of the status of any authorizations.
- 15.2. Notification of Denial of Service information is either provided to the client through the treating therapist (if the client is still in therapy) or sent in the mail. If the provider and/or the client disagree with the decision made by CCC, there are several options for additional review.
- 15.3. If the provider does not agree with CCC, an appeal to the decision may be made.
- 15.4. The Notification of Denial of Services sent to the client will provide information on how to file a Recipient Rights complaint in accordance with the grievance process specified in the Administrative Rules for Substance Abuse Programs in Michigan, Part 3, Client Rights, Section R 325.14303.
- 15.5. If the client is a Medicaid or Adult Benefit Waiver (ABW) recipient, the Notice of Denial will include information on how to request an Administrative Hearing.

16. **SPECIAL CIRCUMSTANCES**

The Michigan Department of Community Health has made several exceptions to the enrollment criteria:

16.1. Pregnant Clients:

- 16.1.1. Pregnant women requesting or seeking treatment are considered urgent requests and must be screened and referred within 24 hours. Pregnant clients, regardless of age, length of opioid dependency, or who have a documented history of opioid addiction and are likely to return to opioid addiction, may be admitted to an MAT program provided the pregnancy is certified by the MAT physician; and he/she finds treatment to be justified. For pregnant clients, evidence of current physiological dependence is not necessary. Pregnant opioid dependent beneficiaries must be referred for prenatal care and other services and supports as may be necessary.

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16.1.2. A pregnant woman cannot be discharged from a methadone provider for non-compliance. If the client does not comply with her medical treatment plan while pregnant, documentation of such non-compliance is required in the client file. The provider has the option of asking the client to sign a statement stating she is not complying with her pre-natal medical treatment plan.

16.2. Transfer Clients (Procedure for Transfer of MAT Clients):

16.2.1. Transfer clients who have had a biopsychosocial assessment authorized by CCC within six (6) months and are transferring from one methadone provider to another, do not require a face-to-face assessment. Telephone assessment updates will be performed to expedite transfers. Methadone providers will coordinate continuum of care to avoid interruption of services.

16.2.2. Clients who do not fall within the above parameters will require a face-to-face assessment.

16.2.3. Clients transferring from out-of-region will need a face-to-face assessment and if necessary, placed on the wait list.

16.2.4. Appropriate releases will need to be signed. Transferring clients are under the same requirements for necessary releases as all other methadone clients.

16.3. Guest Dosing Clients:

16.3.1. Mid-South does not need to be informed by methadone providers regarding guest dosing clients. All arrangements are made between the two methadone providers in regard to the client's needs. However, if Mid-South funds are to be used and it is anticipated the guest dosing will be more than thirty (30) consecutive days, immediate submission for authorization is required, including the review of general counseling and urine drug screen summary.

16.3.2. Guest dosing is not to be used to circumvent the CCC wait list management. If a client is relocating to the region, please follow the transfer guidelines.

16.3.3. Exception Request Waiver: Methadone providers who submit an Exception Request Waiver to the State Methadone Authority for a permanent waiver to state and federal guidelines are to send a copy of the approved waiver to the Mid-South Quality Assurance/Care Coordination Center Manager for monitoring purposes.

17. TAPERING PHASE OF MAT (Withdrawal from MAT)

17.1. Clients taper from methadone dosing for a variety of reasons, such as:

17.1.1. Reached all goals and objectives of treatment plan and is appropriate for tapering and beginning drug-free life-style.

17.1.2. Clinical non-compliance

17.1.3. Behavioral non-compliance

17.1.4. See Section 22: Client Discharge for further discussion.

17.1.5. Tapering Phase of MAT (Clients reduce and eliminate methadone)

Treatment Issue	Strategies To Address Issue	Indications For Transition To OBOT or Tapering or Continuing-Care Phase
Alcohol and Drug Use	Monitor use Increase drug testing	Relapse or concern about relapse to opioid use

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Treatment Issue	Strategies To Address Issue	Indications For Transition To OBOT or Tapering or Continuing-Care Phase
	Increase counseling support	Positive drug test for an illicit substance
Medical and mental health concerns	Monitor compliance Maintain communication with health care providers Continued education	Unstable health issues
Vocational and educational needs	Monitor progress Be available to address work-place problems	Instability Loss of employment
Family Issues	Monitor family stability Refer to family therapy as needed	Instability Death or loss of loved one Unstable housing
Legal problems	Monitor ongoing legal issues Provide support as needed	New criminal involvement

18. **CONTINUING CARE PHASE:** (Follows successful tapering)

Clients in this phase may continue with medical follow up, meet with the methadone counselor every 1 to 3 months (as determined by clients' needs), and be actively involved with recovery groups. Due to potential for relapse, treatment counseling may need to be ongoing but less intensive.

19. **OFF-SITE DOSING** (ODCP Policy #4 -Revised / Off-Site Dosing of Opioid Treatment Medication-Methadone, 2005)

- 19.1. Methadone for off-site dosing may only be given to a client who, in the reasonable clinical judgment of the program physician, is responsible in the handling of opioid substitution medication. Before reducing the frequency of on-site dosing, the rationale for this decision must be recorded in the client's file by a program physician or a designated staff. If a designated staff member records the rationale for the decision, a program physician must review, countersign, and date the client's record ^(R 325.14416 Part 416[1] and 42 CFR Part 8.12[1] [3]).
- 19.2. Clients are to submit proof of eligibility for off-site dosing at time of their request. This off-site dosing schedule is to be reviewed every sixty (60) days while the client receives doses for off-site use.
- 19.3. The program physician utilizes the following information to determine the client's responsibility to handle opioid medication off site:
- 19.4. Background and history of the client: the client is employed, actively seeking employment as evidenced by a sign-off sheet from potential employers; disabled and unable to work as evidenced by a Social Security Income or Social Security Income Disability or Workmen's Compensation checks; and the client has appropriately handled off-site dosing in the past such as on Sundays and holidays or other off-site situations.
- 19.5. General and specific characteristics of the client (employability, disability, ability to handle off-site dosing in the past, etc.).
- 19.6. General and specific characteristics of the client and the community in which the client resides (working towards goals, assurance that third parties do not have access to the methadone).

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- 19.7. Absence of current and/or recent abuse (within 90 days) of drugs, including alcohol on the basis of toxicology screen(s) which must include opioids, methadone metabolites, amphetamines, cocaine, cannabinoids, and benzodiazepines. Other drugs, as indicated in the Administrative Rules must be included unless a waiver has been granted.
- 19.8. Alcohol testing must be conducted by a breathalyzer or other standard testing means if alcohol is suspected at the time of dosing.
- 19.9. Any evidence of alcohol abuse in the client's chart within the past 90 days will be considered a positive for alcohol, as will any legal charges related to alcohol consumption. (Clients who appear to be under the influence of any drug or alcohol will not be dosed until safe to do so. Clients should not be allowed to drive under these conditions.)
- 19.10. The need to verify toxicology tests or more frequent toxicology tests must be components of the clinic rules. Legally prescribed drugs, including controlled substances, must both be considered as illicit substances, provided the MAT program has verification the drug(s) were prescribed for the client. Such documentation must be included in the client's chart. Prescription documentation for all prescribed medication must be updated at least every 60 days until discontinued.
- 19.11. Prescription medication documentation must be updated in the client's chart at the first opportunity when the client is prescribed a medication or a medication is renewed.
- 19.12. A copy of the prescription label, a printout from the pharmacy, or the information recorded in the chart from viewing the patient's prescription bottle shall constitute documentation.
- 19.13. All medications are to be considered within the context of coordinating care with other prescribing healthcare providers, and the safety considerations of granting off-site dosing privileges.
- 19.14. Regularity of clinic attendance.
- 19.15. Absence of serious behavioral problems in the clinic.
- 19.16. Stability of the client's home environment and social relationships.
- 19.17. Absence of recent known criminal activity.
- 19.18. Length of time in opioid substance abuse treatment with methadone as an adjunct.
- 19.19. Assurance that methadone can be safely stored off site, particularly with respect to prevention of accidental ingestion by children.
- 19.20. The rehabilitative benefit to the client derived from decreasing the frequency of clinic attendance outweighs the potential risks of diversion.

20. **OFF-SITE CRITERIA FOR LENGTH OF TIME IN TREATMENT:**

- 20.1. Less than 90 days in treatment=1 dose plus Sunday dose
- 20.2. 90 to 180 days in treatment=2 doses plus the Sunday dose
- 20.3. 180 – 270 days in treatment=3 doses plus the Sunday dose
- 20.4. 2790 – 360 days in treatment=6 doses (includes the Sunday dose)

21. **LABELING:** Medication for off-site administration must be labeled as follows:

- 21.1. Name of the medication.
- 21.2. MAT's name, address, and phone number.
- 21.3. Client's name or code number.
- 21.4. Medical director's name

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- 21.5. Directions for use.
- 21.6. Date to be used.
- 21.7. A cautionary statement that the medication should be kept out of the reach of children.

22. CLIENT DISCHARGE

- 22.1. According to the Michigan Department of Community Health, a client is eligible for discharge when his/her diagnosis demonstrates the following:
 - 22.1.1. Remission of opiate addiction without the need for methadone, or
 - 22.1.2. Continued opiate addiction requiring another level of care.
 - 22.1.3. The decision to discharge shall be made by a duly licensed physician and the clinical staff employed at the licensed methadone program in which the client is enrolled and based on the six (6) dimensions of the ASAM patient placement criteria, and the severity and extent of Opioid addiction disorder
 - 22.1.4. Mid-South is to be informed and agree with the decision to discharge
 - 22.1.5. If a client is being discharged due to requiring another level of care, CCC is to be contacted prior to the final authorization expiration date to facilitate the client's referral and authorization for services.
 - 22.1.6. This information is relayed to the client by his/her therapist (if still in treatment) and via notification letter sent by CCC
 - 22.1.7. Tapering in accordance with a planned discharge should follow all appropriate medical detoxification protocols

23. CLIENT ADMINISTRATIVE DISCHARGE

Mid-South recognizes situations will occur that necessitate the administrative discharge of a client due to failure to comply with a specific agency's program policies and procedures. CCC must be notified of all client administrative discharges. CCC will then inform the Mid-South's Quality Assurance Manager.

The following guidelines are for administrative discharge and tapering MAT services to discharged clients:

- 23.1. **Clinical Non-Compliance:** A client's failure to comply with the provider's specific treatment protocol and/or Master Treatment Plan Criteria, despite attempts to address such non-compliance, can result in an administrative discharge. Such compliance issues are defined as, but not limited to, the following:
 - 23.1.1. Non-attendance at individual and/or group counseling session as scheduled.
 - 23.1.2. Continued behavior interfering with the client's ability to participate in the clinical process (i.e., misuse of medications, missing psychiatric/psychological appointments, missing evaluation referrals, etc.).
 - 23.1.3. Failure to comply with necessary medical care for a condition diagnosed by a licensed physician (i.e., diabetes, cardiovascular disease, hypertension, tuberculosis, hepatitis, ulcers, seizure disorder, etc.) resulting in danger to self or others and/or interfering with the clinical process. Such non-compliance will include not ingesting medications as directed, failure to keep physician appointments, failure to attend prescribed treatment sessions, or referrals for evaluation for a possible medical condition.

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- 23.1.4. Failure to submit to toxicology sampling as requested and directed.
- 23.1.5. Lack of measurable therapeutic progress, despite regular clinical interventions and evaluation, as defined by the individualized treatment plan and/or case file documentation.
- 23.1.6. Continued use/abuse of one or more other substances of abuse, despite regular clinical interventions, as defined in the individualized treatment plan and/or case file documentation.
- 23.2. Behavioral Non-Compliance: The commission of an act by the client that jeopardize the safety and well-being of staff and/or other clients, or negatively impacts the therapeutic environment are not acceptable. Such acts will be defined as, but not limited to the following:
 - 23.1.1. Threats (verbal or physical) against staff and/or other clients
 - 23.1.2. Assaultive behavior against staff and/or other clients
 - 23.1.3. Diversion of medication, including methadone
 - 23.1.4. Diversion and/or adulteration of toxicology samples
 - 23.1.5. Possession of a controlled substance with intent to use and/or sell on agency property
 - 23.1.6. Sexual harassment of staff and/or other clients
 - 23.1.7. Continued chronic use/abuse of other substances while in treatment
 - 23.1.8. Non-authorized persons accompanying client to providers' campus
 - 23.1.9. Tapering for administrative discharges: Tapering should be expedited within safe and appropriate detoxification medical standards. (Withdrawal from MAT.)
- 23.2.CCC must be notified as soon as the provider has made the determination to conduct an administrative discharge of a Mid-South funded client to determine other possible treatment options for the client.

24. RE-ENTRY AFTER ADMINISTRATIVE DISCHARGE FOR NON-COMPLIANCE

- 24.1. Clients who have received an administrative discharge for non-compliance may receive an authorization for continued substance abuse treatment services, including methadone, within the following parameters:
 - 24.1.1. The client must contact the CCC for a screening and referral to an appropriate MAT program.
 - 24.1.2. Clients will be unable to return to the same MAT treatment provider for up to 12 months.
 - 24.1.3. Clients may also be unable to re-enter methadone treatment for up to 12 months depending on the following:
 - 24.1.3.1. The severity of the issues resulting in the administrative discharge,
 - 24.1.3.2. The client's willingness to comply with treatment and behavioral plans,
 - 24.1.3.3. The willingness of methadone programs to provide the treatment,
 - 24.1.3.4. These clients will be offered a program of detoxification, stabilization, and drug-free services for ongoing substance abuse treatment.
- 24.2. Should CCC determine the client's return to a MAT treatment provider is warranted, CCC will contact the agency to which the client is to be referred. CCC will request that the client sign a compliance contract at the time of intake with the new provider. The program, client and CCC will receive a copy of the compliance contract. This contract will state at a minimum the following:

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- 24.2.1. The client is willing to participate in the appropriate level of care at a frequency sufficient to address his/her addiction issues.
- 24.2.2. The number and frequency of individual and/or group sessions the client will be expected to attend, per clinic policy and client's medical necessity.
- 24.2.3. An agreement to comply with toxicology requirements, per clinic policy.
- 24.2.4. Medication and dosing requirements, per clinic policy and client's medical necessity.
- 24.2.5. A statement of behavioral compliance, outlining the behaviors that are expected and the behaviors that can result in an administrative discharge.
- 24.2.6. A statement that the client has read, understands, and agrees to comply with the program's treatment and behavioral requirements.
- 24.2.7. The compliance contract will be signed by the client and witnessed by designated provider staff. The program, client, and CCC receive a copy of the compliance contract and the original becomes a permanent part of the client's case file.
- 24.2.8. CCC may authorize up to four (4) months methadone dosing and treatment and document the authorization as probationary.

25. MEDICAID NOTIFICATION

- 25.2. All Medicaid and ABW clients will be given written notification of all decisions pertaining to requests for authorization of services. The Written Notice of Hearing Rights of Action and the Notice of Denial of Service procedure is designed to provide adequate notice and inform individuals of actions taken that may affect their care.
- 25.3. For a more detailed explanation of the process, please refer to the Mid-South's Administrative/Fair Hearings Policy, located on Mid-South's website. www.mssac.com.
- 25.4. Additionally, Medicaid clients are not to be charged any additional fees regarding treatment services. (i.e., late/no show fees, lab fees, etc.)
- 25.5. Continuation as Self-Pay clients:
 - 25.5.1. Individuals have the right to continue with methadone dosing as self-pay clients if it has been determined they no longer meet criteria for Mid-South funding, have exhausted all avenues of grievance and appeals, as appropriate, and the provider agrees to continue dosing.
 - 25.5.2. Providers have the option to continue treatment/dosing without Mid-South funding. If the program wishes to continue with the client as a non-Mid-South funded client, the client is to be discharged from the CareNet system within the required timeframes.

References:

Recipient Rights Policy A007
Withdrawal from Methadone Maintenance Treatment
Mid-South Best Practice Guidelines
Administrative Rules for Substance Abuse Service Programs in Michigan
Grievance & Appeal Policy A003
Michigan Automated Prescription System
Notice of Denial of Services
Exception Request Waiver-SAMHSA
Written Notice of Hearing Rights of Action

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			HISTORY	
Section: T002	Subject: Medication - Assisted Treatment for OPIOID Addiction		Replaces:	11/2008
			Last Reviewed:	3/2009
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ODCP Treatment Policy #4-MDCH/ODCP Exception Request
Medicaid Administrative Hearing Policy Q003
Form T100: Justification for Continuation of Care