Community Mental Health Partnership of Southeast Michigan/PIHP	*Policy* **Medication Assisted Treatment – Methadone**
Department: SUD Services	**Regional Operations Committee Review Date** **06/27/2022**
Implementation Date **08/28/2022**	**Oversight Policy Board Approval Date** **07/28/2022**

I. PURPOSE

To have a uniform policy and procedure for all CMHPSM funded individuals requesting Methadone as their Medication for Opioid Use Disorder (MOUD) as a pharmacological support in Opioid Treatment Programs (OTPs) that meets required MDHHS Enrollment Criteria for Methadone Maintenance and Detoxification Programs.

II. REVISION HISTORY

DATE	MODIFICATION
March 2012	
July 2016	Update language, replaces Methadone policy
June 2021	Update language
December 2021	Update language/add suggestions
07/28/2022	Updated language, renamed from Medication Assisted Treatment

III. APPLICATION

This policy applies to any individual requesting Medication Assisted Treatment (MAT) to include Methadone as a pharmacological support; Opioid Treatment Program (OTP) Providers; and Utilization Review Staff.

IV. DEFINITIONS

Community Mental Health Partnership of Southeast Michigan (CMHPSM): The Regional Entity that serves as the PIHP for Lenawee, Livingston, Monroe and Washtenaw for mental health, developmental disabilities, and substance use disorder services.

Community Mental Health Services Program (CMHSP): A program operated under chapter 2 of the Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

Regional Entity: The entity established under section 204b of the Michigan Mental Health Code to provide specialty services and supports.

CRCT Information Management System**:** The CMHPSM's web-based information management system for interfacing with providers; Access and Utilization Management, Finance and medical records.

Medical Director/Designee: The Medical Director/Designee of the CMHPSM may designate a consulting physician with additional expertise to assist with concurrent review determinations in questionable Methadone cases

Medicaid Medical Necessity Requirement: The Medicaid Provider Manual lists the medical necessity requirements that shall be used to determine the need for Methadone as an adjunct treatment and recovery service. The Medicaid- covered substance use disorder benefit for Methadone services includes the provision and administration of Methadone, nursing services, physician encounters, physical examinations, lab tests (including initial blood work, toxicology screening, and pregnancy tests) and physician-ordered TB skin tests. The medical necessity requirements and services also apply to all non-Medicaid covered individuals.

Medication Assisted Treatment (MAT)/Medications for Opioid Use Disorder (MOUD): These terms refer to medications used to treat Opioid Use Disorder (OUD). They are most commonly referred to as MAT, MOUD is a newer term being used to replace MAT in cases when OUD is the primary diagnosis. Naltrexone can also be used to for treatment of Alcohol Use Disorder (AUD).

Methadone: Methadone Use in Medication-Assisted Treatment and Recovery: Methadone is an opioid medication used in the treatment and recovery of opioid dependence to prevent withdrawal symptoms and opioid cravings, while blocking the euphoric effects of opioid drugs. In doing so, Methadone stabilizes the individual so that other components of the treatment and recovery experience, such as treatment and case management, are maximized in order to enable the individual to reacquire life skills and maintain recovery. Methadone is not a medication for the treatment and recovery from non-opioid drugs.

MAPS Report: Michigan Automated Prescription System- under the Michigan Licensing and Regulatory Affairs, the MAPS system monitors all schedule 2-5 medications prescribed and dispensed in the state in order to identify and prevent diversion at the prescriber, pharmacy and patient levels.

Opioid Treatment Program: Opioid Treatment Programs (OTPs) are certified by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). An OTP using Methadone for the treatment of opioid dependency must be:

1) Licensed by the state as a Methadone provider,
2) Accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA) or the Joint Commission on Accreditation of Healthcare Organizations (JCAHO),
3) Certified by the SAMHSA as an OTP and
4) Registered by the Drug Enforcement Administration (DEA).
5) Approved by State Opioid Treatment Authority (SOTA)
6) Must comply with the following codes, regulations and manuals:

- ***Methadone Treatment and Other Chemotherapy****,* Michigan Administrative Code, Rule 324, 14401-325, 14423.
- ***Certification of Opioid Treatment Programs***, U.S. Code of Federal Regulations, 42 CFR Part 8
- ***Michigan Medicaid Provider Manual***

Methadone treatment is well established as an effective and safe approach to controlling Opioid Use Disorder (OUD). Properly prescribed Methadone is not intoxicating or sedating,

and its effects do not interfere with ordinary activities such as driving a car. The medication is taken orally, and it suppresses narcotic withdrawal for 24 to 36 hours.

V. POLICY

All individuals requesting Methadone Treatment for Opioid Use Disorder are evaluated under state and federal guidelines and must meet ASAM and medical necessity criteria for initial and continuing care. It is the expectation that the course of Medication for Opioid Use Disorder (MOUD) be completed when medically necessary. A titration protocol may be attempted which would be driven by the individualized treatment plan. Some individuals with substance use disorder may have an extended need for Methadone or other MOUD.

BACKGROUND

Methadone Use in Medication-Assisted Treatment and Recovery

Methadone is an opioid medication used in the treatment and recovery of Opioid Use Disorder (OUD) to prevent withdrawal symptoms and opioid cravings, while blocking the euphoric effects of opioid drugs. In doing so, Methadone stabilizes the individual so that other components of the treatment and recovery experience, such as counseling and case management, are maximized in order to enable the individual to reacquire life skills and recovery. Methadone is not a medication for the treatment and recovery from non-opioid drugs.

The Medicaid Provider Manual lists the medical necessity requirements that shall be used to determine the need for Methadone as an adjunct treatment and recovery service. The Medicaid-covered substance use disorder benefit for Methadone services includes the provision and administration of Methadone, nursing services, physician encounters, physical examinations, lab tests (including initial blood work, toxicology screening, and pregnancy tests) and physician-ordered tuberculosis (TB) skin tests. The medical necessity requirements and services also apply to all non-Medicaid covered individuals.

Consistent with good public health efforts among high-risk populations, and after consultation with the local health department, an OTP may offer Hepatitis A and B, as well as other adult immunizations and communicable disease testing recommended by the health department, or they should refer the individual to an appropriate health care provider. Smoking cessation classes or referrals to local community resources may also be made available.

Consistent with good public health efforts among high-risk populations, and after consultation with the local health department, an OTP may offer Hepatitis A and B, as well as other adult immunizations recommended Medicaid Managed Specialty Supports and Services Program FY20 Attachment PII.B.A by the health department, or they should refer the individual to an appropriate health care provider. Smoking cessation classes or referrals to local community resources may also be made available.

The American Society of Addiction Medicine (ASAM) Level of Care (LOC 2-R) indicated for individuals receiving Methadone is usually outpatient. The severity of the opioid dependency and the medical need for Methadone should not be diminished because Medication Assisted Treatment has been classified as outpatient. Treatment services should be conducted by the OTP that is providing the Methadone whenever possible and appropriate. When the ASAM LOC is not outpatient or when a specialized service is needed, separate service locations for Methadone dosing and other substance use

disorder services are acceptable, as long as coordinated care is present and documented in the individual's record.

If Methadone is to be self-administered off site of the OTP, off-site dosing must be in compliance with the current Michigan Department of Health and Human Services (MDHHS**)** ***Treatment Policy #4: Off- Site Dosing Requirements for Medication-Assisted Treatment*****.** This includes Sunday and holiday doses for those individuals not deemed to be responsible for managing take-home doses.

All six dimensions of the ASAM patient placement criteria must be addressed:

1. Acute intoxication and/or withdrawal potential.
2. Biomedical conditions and complications.
3. Emotional/behavioral conditions and complications (e.g., psychiatric conditions, psychological or emotional/behavioral complications of known or unknown origin, poor impulse control, changes in mental status, or transient neuropsychiatric complications).
4. Treatment acceptance/resistance.
5. Relapse/continued use potential.
6. Recovery/living environment.

In using these dimensions, the strengths and supports, or recovery capital of the individual will be a major factor in assisting with the design of the individualized treatment and recovery plan.

CASE MANAGEMENT WITH ORT:

In many situations, case management or care coordination services may be needed by individuals to further support the recovery process. These services can link the individual to other recovery supports within the community such as medical care, mental health services, educational or vocational assistance, housing, food, parenting, legal assistance, and self-help groups. Documentation of such referrals and follow up must be in the treatment plan(s) and progress notes within the individual's chart. If it is determined that case management or care coordination is not appropriate for the individual, the rationale must be documented in the individual's chart.

PROCEDURES

ADMISSION CRITERIA

Decisions to admit an individual for Methadone maintenance must be based on medical necessity criteria, satisfy the LOC determination using the six dimensions of the ASAM Patient Placement Criteria, and have an initial diagnostic impression of opioid dependency for at least one year based on current DSM criteria. It is important to note that each individual, as a whole, must be considered when determining LOC, as Methadone maintenance therapy may not be the best answer for every individual. For exceptions, see "Special Circumstances for Pregnant Women and Adolescents" on page six (6). Consistent with the LOC determination, individuals requesting Methadone must be presented with all appropriate options for substance use disorder treatment, such as:

- Medical Detoxification
- Sub-acute Detoxification
- Residential Care
- Buprenorphine/naloxone
- Non-Medication Assisted Outpatient

In addition to these levels of care, providers can also offer case management services, treatment for co-occurring disorders, early intervention and peer recovery and recovery support services. These additional service options can be provided to individuals with Opioid Use Disorder (OUD) who do not meet the criteria for adjunct Methadone treatment. Individuals should be encouraged to participate in treatment early in their addiction before Methadone is necessary.

Admission procedures require a physical examination. This examination must include a medical assessment to confirm the current DSM diagnosis of opioid dependency of at least one year, as was identified during the screening process. The physician may refer the individual for further medical assessment as indicated.

Individuals must be informed that all of the following are required:

1. Daily attendance at the clinic is necessary for dosing, including Sundays and holidays if criteria for take home medication are not met.
2. Compliance with the individualized treatment and recovery plan, which includes referrals and follow-up as needed.
3. Monthly random toxicology testing.
4. Coordination of care with all prescribing practitioners (physicians, dentists, and any other health care provider) over the past year.

It is the responsibility of the OTP, as part of the informed consent process, to ensure that individuals are aware of the benefits and hazards of Methadone treatment. It is also the OTP's responsibility to obtain consent to contact other OTPs within 200 miles to monitor for enrollments in other programs (42 CFR §2.34). Decisions on services should be determined in collaboration with the individual, the program physician, the individual's primary counselor and the clinical supervisor.

OTPs must request that individuals provide a complete list of all prescribed medications. Legally prescribed medication, including controlled substances, must not be considered as illicit substances when the OTP has documentation that it was prescribed for the individual. 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 chart or kept in a "prescribed medication log" that must be easily accessible for review.

Michigan law allows for individuals with the appropriate physician approval and documentation to use medical marijuana. For enrolled individuals, there must be a copy of the MDHHS registration card for medical marijuana issued in the individual's name in the chart or the "prescribed medication log." Following these steps will help to ensure that an individual who is using medical marijuana per Michigan law will not be discriminated against in regard to program admission and exceptions for dosing. Individuals utilizing Block Grant who have a medical marijuana card specifically for treating a mental health or substance use disorder must include a treatment plan goal to end such use. Medical marijuana cards for physical health issues are allowable for those utilizing Block Grant.

If an individual is unwilling to provide medical marijuana information, the OTP must include a statement to this effect, signed by the individual, in the chart. These individuals will not be eligible for off-site dosing, including Sunday and holiday doses. OTPs must advise individuals to include Methadone when providing a list of medications to their healthcare providers. The OTP physician may elect not to admit the individual for Methadone

treatment if the coordination of care with health care providers and/or prescribing physicians is not agreed to by the individual.

Consistent with good public health efforts among high-risk populations, and after consultation with the local health department, an OTP may offer Hepatitis A and B, as well as other adult immunizations recommended by the health department, or they should refer the individual to an appropriate health care provider. Smoking cessation classes or referrals to local community resources may also be made available.

COORDINATION OF CARE

All MMT individuals prescribed Schedule I through V substances (including marijuana, Opioids, benzodiazepines and sedatives) must agree to coordination of care between the Methadone provider and the prescriber of the controlled substance. This is for the safety and protection of the individuals as well as the 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 individual's current dosage as this may impact dosing of other medications. Individuals who don't comply with Coordination of Care will not be eligible for off-site or take-home dosing, including Sundays and holidays.

Off-site dosing, including Sundays and holidays, is not allowed without coordination of care (or documentation of 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. This coordination must be documented in either the nurse's or the doctor's notes. The documentation must be individualized, identifying the individual, the diagnosis, and the length of time the individual is expected to be on the medication. A MAPS report must be completed at admission. 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.

If respiratory depressants are prescribed for any medical condition, including a dental or podiatry condition, the prescribing practitioners should be encouraged to prescribe a medication which is the least likely to cause danger to the individual when used with Methadone. Individuals who have coordinated care with prescribing practitioners, and are receiving medical care or mental health services, will be allowed dosing off site, if all other criteria are met. If the OTP is closed for dosing on Sundays or holidays, arrangements shall be made to dose the individual at another OTP if the individual is not deemed responsible for off-site dosing.

SPECIAL CIRCUMSTANCE FOR PREGNANT WOMEN AND ADOLESCENTS

Pregnant women

Pregnant women requesting treatment are considered a priority for admission and must be screened and referred for services within 24 hours. Pregnant individuals who have a documented history of OUD, regardless of age or length of time, may be admitted to an OTP provided the pregnancy is certified by the OTP physician, and treatment is found to be justified. For pregnant individuals, evidence of current physiological dependence is not necessary. Pregnant individuals with OUD must be referred for prenatal care and other pregnancy-related services and supports, as necessary.

OTPs must obtain informed consent from pregnant women and all women admitted to Methadone treatment that may become pregnant, stating that they will not knowingly put themselves and their fetus in jeopardy by leaving the OTP against medical advice. Because Methadone and Opioid withdrawal are not recommended during pregnancy, due to the increased risk to the fetus, the OTP shall not discharge pregnant women without making documented attempts to facilitate a referral for continued treatment with another provider.

Pregnant adolescents
For an individual under 18 years of age, a parent, legal guardian, or responsible adult designated by the State Opioid Treatment Authority, must provide consent for treatment in writing. A copy of this signed, informed consent statement must be placed in the individual's medical record. This signed consent is in addition to the general consent that is signed by all individuals receiving Methadone, and must be filed in the medical record.

Non-Pregnant adolescents
An individual under 18 years of age is required to have had at least two documented unsuccessful attempts at short-term detoxification and/or drug-free treatment within a 12-month period to be eligible for maintenance treatment. No individual under 18 years of age may be admitted to maintenance treatment unless a parent, legal guardian, or responsible adult designated by the state opioid treatment authority consents, in writing, to such treatment. A copy of this signed informed consent statement must be placed in the individual's medical record. This signed consent is in addition to the general consent that is signed by all individuals receiving Methadone, and must be filed in their medical record. [See 42CFR Subpart 8.12 (e) (2)]

Treatment and Continued Recovery Using Methadone
Individual needs and rate of progress vary from person-to-person and, as such, treatment and recovery must be individualized and treatment and recovery plans must be based on the needs and goals of the individual (see MDHHS: ***Treatment Policy #06: Individualized Treatment Planning***). Referrals for medical care, mental health issues, vocational and educational needs, spiritual guidance, and housing are required, as needed, based on the information gathered as part of the assessment and other documentation completed by the individual. The use of case managers, care coordinators, and recovery coaches is recommended for individuals whenever possible. Increasing the individual's recovery capital through these supports, will assist the recovery process and help the individual to become stable and more productive within the community.

Compliance with dosing requirements or attendance at counseling sessions alone is not sufficient to continue enrollment. Reviews to determine continued eligibility for Methadone dosing and treatment services must occur at least every 90 days by the OTP physician and other clinical staff. An assessment of the ability to pay for services and a determination for CMHPSM coverage must be conducted at that time, as well.

An individual may continue with services if all of the following criteria are present:
a. Applicable ASAM criteria are met.
b. The individual provides evidence of willingness to participate in treatment.
c. There is evidence of progress.
d. There is documentation of medical necessity.
e. The need for continuation of services is documented in writing by the OTP physician.

Individuals, who continue to have a medical need for Methadone, as documented in their medical record by the OTP physician, are not considered discharged from services; nor are individuals who have been tapered from Methadone, but still need treatment services.

All substances of ab/use, including alcohol, must be addressed in the treatment and recovery plan. Treatment and recovery plans and progress notes are expected to reflect the clinical status of the individual along with progress, or lack of progress in treatment. In addition, items such as extra treatment services, or specialized groups provided, and off-site dosing privileges that have been initiated, rescinded, or reduced should also be reflected in progress notes. Referrals and follow-up to those referrals must be documented.

For individuals 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 make adjustments to the services being provided. Examples of such adjustments may be changing the Methadone dosage, including split dosing, increasing the length or number of treatment sessions, incorporating specialized group sessions, initiating case management services, providing adjunctive acupuncture treatment, and recommending to a more appropriate LOC.

Medical Maintenance Phase of Treatment:
As individuals progress through recovery, there may be a time when the maximum therapeutic benefit of treatment has been achieved. At this point, it may be appropriate for the individual to enter the medical maintenance (Methadone only) phase of treatment and recovery if it has been determined that ongoing use of the medication is medically necessary and appropriate for the individual. To assist the OTP in making this decision, ***TIP 43: Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs*** offers the following criteria to consider when making the decision to move to medical maintenance these decisions to be made on an individualized basis:

- Two years of continuous treatment.
- Abstinence from illicit drugs and from abuse of prescription drugs for the period indicated by federal and state regulations (at least two years for a full 30-day maintenance dosage).
- No alcohol use problem.
- Stable living conditions in an environment free of substance use.
- Stable and legal source of income.
- Involvement in productive activities (e.g., employment, school, volunteer work).
- No criminal or legal involvement for at least three years and no current parole or probation status.
- Adequate social support system, self help or 12 step attendance and absence of significant un-stabilized co-occurring disorders.

Discontinuation of Services:
Individuals must discontinue treatment with Methadone when treatment is completed with respect to both the medical necessity for the medication and for treatment services according to their treatment plan. In addition, individuals may be terminated from services and referred elsewhere if they are not benefiting from services at the OTP. If an individual is terminated, the OTP must attempt to make a referral for a more appropriate LOC or for placing the individual at another OTP, and must make an effort to ensure that the individual follows through with the referral. These efforts must be documented in the medical record. The OTP must follow the procedures of the funding authority in coordinating these referrals. Any action to terminate treatment of a Medicaid recipient requires a notice of “action” be

given to the individual. The individual has a right to appeal this decision and services must continue and dosage levels maintained while the appeal is in process.

Discontinuation of Service Forms:
Notice of Adverse Benefit Determination
Request for Internal Appeal Form (Medicaid)
Request for Local Appeal Form (Non-Medicaid)

The following are reasons for discontinuation/termination:

1. Completion of Treatment – The decision to discharge an individual must be made by the OTP's physician with input from clinical staff and the individual. 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 when the individual no longer needs Methadone as a medication. As part of this process, a reduction of the dosage to a medication-free state (tapering) should be implemented within safe and appropriate medical standards.

2. Administrative Discontinuation – The OTP must work with the individual to explore and implement methods to follow the individualized treatment plan. Administrative discontinuation relates to inability to follow through with treatment and recovery recommendations, and/or engaging in activities or behaviors that impact the safety of the OTP environment or other individuals who are receiving treatment. The repeated or continued use of illicit opioids and non-opioid drugs, including alcohol, should be addressed in treatment plan goals. OTPs must perform toxicology tests for Methadone metabolites, buprenorphine, buprenorphine metabolites, opioids, cannabinoids, benzodiazepines, cocaine, amphetamines, and barbiturates (***Administrative Rules of Substance Abuse Services Programs in Michigan***, R 325.1383). Individuals whose toxicology results do not indicate the presence of Methadone metabolites must be considered, with the same actions taken as if illicit drugs (including non-prescribed medication) were detected.

OTPs must test for alcohol use if: 1) prohibited under their individualized treatment and recovery plan; or 2) the individual appears to be using alcohol to a degree that would make dosing unsafe. The following actions are also considered to be non-compliant:

- Refusal to provide to toxicology sampling as requested.
- Refusal to follow individualized treatment plan including treatment services or other recommended services.
- Lack of managing medical concerns/conditions, including adherence to physician treatment and recovery services and prescription medications that may interfere with the effectiveness of Methadone and may present a physical risk to the individual.
- Lack of follow through on other treatment and recovery plan related referrals. [1] ***Administrative discharge should be considered on an individual basis and only after the OTP has taken steps to assist individuals in following treatment plans.***

The commission of acts by the individual that jeopardize the safety and well-being of staff and/or other individuals, or negatively impact the therapeutic environment, is not acceptable and can result in immediate discharge. Such acts include, but are not limited to the following:

- Possession of a weapon on OTP property.
- Assaultive behavior against staff and/or other individuals.

- Threats (verbal or physical) against staff and/or other individuals.
- Diversion of controlled substances, including Methadone.
- Diversion and/or adulteration of toxicology samples.
- Possession of a controlled substance with intent to use and/or sell on agency property or within a one block radius of the clinic.
- Sexual harassment of staff and/or other individuals.
- Loitering on the clinic property or within a one-block radius of the clinic.

Administrative discontinuation of services can be carried out by two methods:
1) Immediate Termination – This involves the discontinuation of services at the time of one of the above safety related incidents or at the time an incident is brought to the attention of the OTP.

2) Enhanced Tapering Discontinuation – This involves an accelerated decrease of the Methadone dose (usually by 10 mg 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.

It may be necessary for the OTP to recommend those being administratively discharged to another level of care using the concurrent review. Justification for termination must be documented in the individual's chart.

Clarification of Substance-Dependence Treatment and Recovery with Methadone in Individuals with Prior or Existing Pain Issues
All persons assessed for a substance use disorder must be assessed using the ASAM patient placement criteria and the current Diagnostic and Statistical Manual of Mental Disorders (DSM). In the case of Opioid Use Disorder (OUD), pseudo-addiction must also be ruled out. Tolerance and physical dependence are normal consequences of sustained use of opioid analgesics and are not synonymous with an OUD. In some cases, primary care and other doctors may misunderstand the scope of the OTP and refer individuals to the OTP for pain control. The "Michigan Guidelines for the Use of Controlled Substances for the Treatment of Pain," should be consulted to assist in determining when substance use disorder treatment is appropriate, as well as the publication, Responsible Opioid Prescribing: A Michigan Physician's Guide by Scott M. Fishman, MD. This publication was distributed to all controlled substance prescribers in Michigan by the Michigan Department of Health & Medicaid Managed Specialty Supports and Services Program FY20 Attachment PII.B.A Human Services, Bureau of Health Professions, in September of 2009. OTPs are not pain clinics, and cannot address the underlying medical condition causing the pain. The OTP and CA are encouraged to work with the local medical community to minimize inappropriate referrals to OTPs for pain.

Individuals receiving Methadone as treatment for an OUD may need pain medication in conjunction with this adjunct therapy. The use of non-opioid analgesics and other non-medication therapy is recommended whenever possible. Opioid analgesics as prescribed for pain by the individual's primary care physician (or dentist, podiatrist) can be used; they are not a reason to initiate detoxification to a drug-free state, nor does their use make the individual ineligible for using Methadone for the treatment of OUD. The Methadone used in treating OUD does not replace the need for pain medication. It is recommended that individuals inform their prescribing practitioners that they are on Methadone, as well as any other medications. On-going coordination (or documentation of efforts if prescribing

practitioners do not respond) between the OTP physician and the prescribing practitioner is required for continued services at the OTP and for any off-site dosing including Sunday and holidays.

VI. EXHIBITS

a. Methadone Treatment Program CMHPSM/Individual/Provider Agreement
b. State of Michigan Substance Abuse Contract
c. CMHPSM Grievance and Appeals Policy
d. MEDICATION ASSISTED TREATMENT GUIDELINES for OPIOID USE DISORDERS; State of Michigan, Department of Health and Human Services (2014)
e. ATTACHMENT A: CMHPSM Methadone Continuing Care Evaluation

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Attachment A

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN

Methadone Continuing Care Evaluation

To be completed by treating physician

Date: _____
Individual Name: _____
Clinic Name: _____
DSM IV Diagnosis: _____ Code: _____
HIV Status: _____
Hepatitis Status: _____

To determine whether a patient should continue in Methadone treatment, the program physician in cooperation with the clinical staff must use the following ASAM Patient Placement criteria in evaluating the individual.

1. Acute narcotics dependence and/or potential relapse (check at least one):
_____ Continued Methadone maintenance is required to prevent relapse to illicit narcotic use.
_____ The patient needs ongoing medical monitoring and access to medical management.
_____ Patient continues to have adequate support systems to ensure commitment to continuing Methadone maintenance treatment.

Explain:
_____
_____

2. Biomedical Conditions and Complications (check at least one):
_____ There is a current or chronic illness and Opioid addiction problem that requires medical monitoring and management.
_____ There is a presence of or potential for:
episodic use of drugs other than narcotics; Positive HIV Status or AIDS; Chronic health conditions that could be medically compromised with discontinuation of Methadone maintenance treatment, including but not limited to liver disease or problems with the hepatic decompensation, Pancreatitis, Gastrointestinal, cardiovascular, and other systems disorders, Sexually transmitted diseases, Concurrent psychiatric illness requiring psychotropic medications; Tuberculosis, Hepatitis.
_____ Patient is pregnant and narcotic dependent.

Explain:
_____
_____

3. Emotional/Behavioral Conditions and Complications (check at least one):
_____ Patient's emotional/behavioral functioning may be jeopardized by discontinuation of Methadone maintenance treatment.
_____ Patient demonstrates the ability to benefit from Methadone treatment but may not have achieved significant life changes.
_____ Patient s making progress toward resolution of an emotional/behavioral problem, but has not sufficiently resolved problems to benefit from a transfer from Methadone maintenance to a less intensive level of care.
_____ Patient's emotional/behavioral disorder continues to distract the patient from focusing on treatment goals, however, the patient is responding to treatment, and it is anticipated that with additional intervention the patient will meet treatment objectives.
_____ Patient continues to exhibit risk behaviors endangering self or others but the situation is improving.
_____ Patient is being detained pending transfer to a more intensive treatment service.
_____ Patient has a diagnosed but stable emotional/behavioral or neurological disorder which requires monitoring, management, and/or psychotropic medication due to the patient's history of being distracted from recovery and/or treatment.

Explain:

_____

_____

4. Treatment Acceptance/Resistance (check at least one):

_____ Patient recognizes the severity of the drug problem, however, the patient exhibits little understanding of the detrimental effects of drug use, including alcohol, yet the patient is progressing in treatment.

_____ Patient recognizes the severity of the addiction and exhibits an understanding of his/her relationship with narcotics, however, the patient does not demonstrative behaviors that indicate the patient has assumed responsibility necessary to cope with the situation.

_____ Patient is becoming aware of responsibility for addressing the narcotic addiction, but still requires current level of treatment and psychotherapy to sustain person responsibility in treatment.

_____ Patient has accepted responsibility for addiction and has determined that ongoing Methadone treatment is the best strategy for preventing relapse to narcotics dependence.

Explain: _____

_____

5. Relapse Potential (check at least one):

_____ Due to continued relapse attributable to physiological cravings, the patient requires structured outpatient psychotherapy with Methadone to promote continued progress and recovery.

_____ Patient recognized relapse occurs, but has not developed or exhibited coping skills to interrupt, postpone or neutralize gratification, or to change impulse control behavior.

_____ Narcotic symptoms are stabilized, but have not been reduced to support successful functioning without structured outpatient treatment.

_____ Pharmacotherapy (Methadone) has been effective as an adjunct to psychotherapy and as a strategy used to prevent relapse, however, withdrawal from Methadone is likely to lead to recurrence of addiction symptoms and, possibly, relapse.

Explain: _____

_____

6. Recovery Environment (check at least one):

_____ Patient has not integrated and exhibited coping skills sufficient to survive stressful situations in the work environment, or has not developed vocational alternatives.

_____ Patient has not developed coping skills sufficient to successfully deal with a non-supportive family and social support environment or has not developed alternative living support systems.

_____ Patient has not integrated and exhibited the socialization skills essential to establishing a supportive family and social support environment.

_____ Patient has responded to treatment of psychosocial problems affecting patient's social and interpersonal life; however, the patient's ability to cope with psychosocial problems would be limited if the patient is transferred to a less intensive level of treatment.

_____ Patient's social and interpersonal life has not changed or deteriorated, however, the patient needs additional treatment to cope with his/her social and interpersonal life or to take steps to secure an alternative environment.

_____ Emotional and behavioral complications of addiction are present, however, the behavioral complications are manageable in a structured outpatient program. The behaviors include: 1) criminal activity involving illicit drugs, 2) victim of abuse or domestic violence, 3) inability to maintain a stable household, including the provision of food, shelter, supervision of children and health care, or 4) inability to secure or retain employment.

Explain: _____

_____

Has individual been consistent with clean urines? Yes No

If no, explain reason and plan:

_____

_____

Has individual been consistent with attending Individual and/ or Group Therapy sessions? Yes No

If no, explain reason and plan:

_____

_____

Does the individual have any medical conditions that are currently being treated? Yes No

If yes, explain: _____

_____

Individual's Mental Status:

_____

_____

Physician comments (include any individual treatment information that is not covered in this review that must be considered for re-evaluation of medical necessity for continuing Methadone Therapy):

_____

_____

_____ _____ _____

Print Physician Name Signature Date

Attach copy of last 6 months of Urine Drug Screens, Concurrent Review Form and Treatment Plan

INDIVIDUAL: _____ CLINIC: _____ DATE: _____

TO BE COMPLETED BY REVIEWING PHYSICIAN CONSULTANT
Please initial

_____ Individual meets medical necessity for continuation of Methadone Therapy.

_____ Individual does not meet medical necessity for continuation of Methadone Therapy.
Alternative treatment is recommended.
Explain: _____

_____ Individual should be place on probationary status and re-reviewed in _____ months.
Explain: _____

_____ Face to face evaluation is needed with the individual to gather further information. Schedule within _____

_____ Physician to physician review is recommended.

Comments:
_____
_____
_____

_____ _____ _____
Print Physician Name Signature Date

Date of Face to Face Evaluation (if applicable): _____ Time in: _____ Time out: _____

Comments:
_____
_____
_____

_____ _____ _____
Print Physician Name Signature Date

Date of Physician to Physician review: _____ **Provider/individual's physician:** _____

Comments:
_____
_____

_____ _____ _____
Print Physician Name Signature Date

Please initial for final recommendation:

_____ Individual meets medical necessity for continuation of Methadone Therapy.

_____ Individual does not meet medical necessity for continuation of Therapy.
Alternative treatment is recommended.
Explain:
_____
_____

_____ Individual should be place on probationary status and re-reviewed in _____ months.
Explain:
_____
_____

_____ _____ _____
Print Physician Name Signature Date

_____ _____ _____
Utilization Review Agency Date