Community Mental Health Partnership of Southeast Michigan/PIHP	*Policy* **Medication Assisted Treatment**
Department: Clinical Services **Author:** Marci Scalera	**Local Policy Numbers (if used)**
Regional Operations Committee Approval Date 9/14/2016	**Implementation Date 10/1/2016**

I. PURPOSE

To have a uniform policy and procedure for all CMHPSM clients requesting Opioid Replacement Therapy (ORT) or Methadone 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	REV. NO.	MODIFICATION
March 2012		
July 2016	1	Update language, replaces Methadone policy

III. APPLICATION

This policy applies to any client requesting medication assisted treatment to include Methadone, Suboxone/Subutex or Vivitrol as a pharmacological support; Opioid Treatment Program (OTP) Providers; ROSC Core Providers and Utilization Review Staff.

IV. DEFINITIONS

ASAM PATIENT PLACEMENT CRITERIA 2-R

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. Counseling 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. The acupuncture detoxification five-point protocol is suggested as a means of assisting the individual with symptom management of anxiety and restorative sleep.

E-2 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 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.

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 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.

Methadone treatment is well established as an effective and safe approach to controlling opioid addiction. 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.

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.

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) 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***

PAIN MANAGEMENT WITH OPIOID THERAPY

Should an individual's primary care physician (or other healthcare provider) prescribe opioid therapy for pain management, pseudo-addiction should also be ruled out. Tolerance and physical dependence are normal consequences of sustained use of opioid analgesics and are not synonymous with addiction. However, it is noted that individuals receiving methadone as treatment for an opioid addiction may need pain medication in conjunction with their addiction treatment. Opioid analgesics as prescribed for pain by the individuals PCP can be used; they are not a reason to detox the individual to a drug-free state. The methadone used in treating the opioid addiction does not replace the need for the pain medication. On-going coordination between the OTP physician and the prescribing practitioner is required. The following references should be consulted to assist in determining when substance abuse treatment is appropriate: "Responsible Opioid Prescribing: a Michigan Physician's Guide" by Scott M. Fishman, MD" and the "Michigan Guidelines for the Use of Controlled Substances for the Treatment of Pain". Additionally, the guidelines can be found at http://www.michigan.gov/MDHHS/0,1607,7-132-27417_27648_29876_29878-91812--,00.html.

IV. POLICY

All clients requesting Methadone Treatment for Opioid Dependence 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 Opioid Replacement Therapy (ORT) be completed within a two-year timeframe, with a titration protocol attempted during that time.

V. EXHIBITS

None

A. REFERENCES

a. ASAM American Society of Addition Medicine "Patient Placement Criteria for the Treatment of Substance-Related Disorders" 2nd Edition – Revised ASAM PPC-2-R (2005)
b. The ASAM Criteria, 3rd Edition – "Treatment Criteria for Addictive, Substance-Related and Co-Occurring Conditions"
c. Michigan Department of Health and Human Services Request for Hearing Form
d. Michigan Department of Health and Human Services, Medicaid Provider Manual, "Section 2 – Program Requirements" and "Section 12 – Substance Abuse Services" Updated 1/01/2012
e. Michigan Department of Health and Human Services, Office of Drug Control Policy, "Enrollment Criteria for Methadone Maintenance and Detoxification Program." Revised October 1, 2011
f. State of Michigan Substance Abuse Contract
g. CMHPSM Grievance and Appeals Policy
h. MEDICATION ASSISTED TREATMENT GUIDELINES for OPIOID USE DISORDERS; State of Michigan, Department of Health and Human Services (2014)
i. ATTACHMENT A: CMHPSM/Client/Provider Agreement
j. ATTACHMENT B: CMHPSM Concurrent Review Form
k. ATTACHMENT C: CMHPSM Notice of Denial or Change of Services for Non-Medicaid Recipients

l. ATTACHMENT D: CMHPSM Client Information Release Authorization
m. ATTACHMENT E: CMHPSM Methadone Continuing Care Evaluation

B. 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, ROSC providers can also offer case management services, treatment for co-occurring disorders, early intervention and peer recovery and recovery support services. Acupuncture detoxification may be used in all levels of care. These additional service options can be provided to opioid dependent individuals 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).

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. Although there are no prescribers of medical marijuana in Michigan, individuals are authorized by a physician to use marijuana per Michigan law. 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 regards to program admission and exceptions for dosing.

If an individual is unwilling to provide prescription or 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 client.

COORDINATION OF CARE

All MMT clients prescribed Schedule I through V substances (including marijuana, opiates, 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 clients 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 client's current dosage as this may impact dosing of other medications. Clients 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 opioid addiction, regardless of age or length of opioid dependency, 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 opioid dependent individuals 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 opiate 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 (see Attachment A). 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 (see Attachment A). 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 (see MDHHS: ***Treatment Policy #8: Substance Abuse Case Management Requirements***). 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 counseling services must occur at least every four months by the OTP physician during the first two years of service. An assessment of the ability to pay for services and a determination for Medicaid coverage must be conducted at that time, as well. If it is determined by the OTP physician that the individual requires methadone treatment beyond the first two years, the justification for the medical necessity of the need for methadone only needs to occur annually. However, financial review and eligibility for Medicaid is required to continue at a minimum of every six months.

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 counseling services.

All substances of abuse, 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 the initiation of compliance contracts, extra counseling sessions, 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. The funding authority may, at its discretion, require its approval of initial and/or continuing treatment and recovery plans.

For individuals who are struggling to meet the objectives in his/her 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 counseling sessions, incorporating specialized group sessions, using compliance contracts, initiating case management services, providing adjunctive acupuncture treatment, and referring the individual for screening to another LOC.

Medical Maintenance Phase of Treatment:

As individuals progress through recovery, there may be a time when the maximum therapeutic benefit of counseling 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:

- 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 counseling services. In addition, individuals may be terminated from services if there is clinical and/or behavioral non-

compliance. If an individual is terminated, the OTP must attempt to make a referral for another LOC assessment 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.

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 facilitate compliance. Administrative discontinuation relates to non-compliance 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, would be considered non-compliance. OTPs must perform toxicology tests for methadone metabolites, opioids, cannabinoids, benzodiazepines, cocaine, amphetamines, and barbiturates (***Administrative Rules of Substance Abuse Services Programs in Michigan***, R 325.14406). Individuals whose toxicology results do not indicate the presence of methadone metabolites must be considered noncompliant, 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:

- Repeated failure[1] to submit to toxicology sampling as requested.
- Repeated failure[1] to attend scheduled individual and/or group counseling sessions, or other clinical activities such as psychiatric or psychological appointments.
- Failure to manage 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.
- Repeated failure[1] to follow through on other treatment and recovery plan related referrals.

[1] ***Repeated failure should be considered on an individual basis and only after the OTP has taken steps to assist individuals to comply with activities.***

- 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 refer individuals who are being administratively discharged to the local access management system for evaluation for another level of care. Justification for noncompliance termination must be documented in the individual's chart.

ATTACHMENT A

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN

Methadone Treatment Program
CMHPSM/Client/Provider Agreement

I, _____agree this day _____,
To the following conditions in order to receive and/or continue receiving the CMHPSM-funded methadone treatment benefit:

1. I agree to reduce my use of all illegal and non-prescribed drugs to the point of abstinence from all illegal and non-prescribed drugs.

2. I agree to reduce my alcohol intake to the point of abstinence from all alcohol.

3. I understand that methadone is used for the treatment of addiction to opioid drugs and not for pain management.

4. **I agree to attend the methadone clinic for dosing on a daily basis including Sundays and Holidays if criteria for take home medications are not met.**

5. I agree to participate with my provider to develop an individualized treatment/recovery plan, which may include group and individual treatment sessions. Once this plan is developed, I agree to comply with the goals and objectives of the treatment plan.

6. I agree to follow all treatment program rules and policies. If I do not, I may be placed on probation and/or be detoxed from the methadone clinic.

7. **I understand that I am required to give the names, addresses and phone numbers of all my prescribing practitioners over the past year, including my doctors, dentists and all other health care providers.** I also understand I am to sign Authorizations to Release Information with my medical, dental and pharmacy providers in order to better coordinate my treatment. I am aware that if I refuse to meet these expectations, it could negatively impact my success with treatment, **and may be grounds for refusal of admission**.

8. I agree to produce a valid prescription or current medication bottle (s) with doctor's name on the label for any controlled substances I take (especially pain medications and medications for anxiety). I understand I may be expected to authorize communication between my primary clinic and my methadone clinic in order to coordinate the best care for me.

9. I understand I may be asked to change my prescribed medications as part of my treatment plan for recovery.

10. I understand I am to submit **monthly** random **toxicology testing**. I agree to submit to all urine drug screens, with the understanding that not doing so is the same as a positive screen. I understand specimens that have been tampered with will be considered a positive screen.

11. I understand if I test positive for a controlled substance that I have not previously provided a valid prescription for, I agree to present a valid prescription or current medication bottle (s) with the doctor's name on the label for the controlled substance.

12. I understand that I can place myself at risk of discharge for the following reasons:

    a. Treatment goals not met within two (2) years
    b. Repeated or continued use of one or more other drugs/alcohol prohibited on the client's treatment plan, or drug screens negative for methadone metabolites

c. Failure to attend individual and/or group counseling sessions or **other clinical activities such as psychiatric or psychological** appointments
d. Repeated failure to follow through on other referrals in the treatment plan
e. Failure to manage medial conditions or concerns, including adherence to physician treatment and recommendations
f. Failure to submit to drug testing as requested
g. Failure to provide documentation of prescribed medications

13. I understand that if I continue to put myself at risk of discharge, I will be offered detoxification from methadone and my treatment will be terminated.

14. I understand that I am expected to taper off methadone by the end of two years or to have become rehabilitated to the point where I am able to assume payment for my treatment.

15. I agree to follow my treatment plan in order to get the most out of my time in treatment. I understand I may be offered a program of detoxification, stabilization and drug-free services for ongoing substance abuse treatment if I am discharged from the methadone clinic.

16. **I understand that my treatment may be terminated for engaging in behavior that jeopardizes the safety and wellbeing of the therapeutic environment, staff, and/or any other individual receiving treatment, including but not limited to the following violations:**

a. Possession of a weapon on clinic property
b. Assaultive behavior against staff and/or other clients
c. Verbal or physical threats against staff and/or other clients; may include emails or other special media, such as Facebook.
d. Diversion of controlled substances, including methadone
e. Diversion and/or adulteration of drug screen samples
f. Possession of controlled substance with intent to use/sell on methadone clinic property
g. Sexual harassment of staff and/or other clients
h. Loitering on clinic property or within one (1) block radius of clinic

I have read this agreement, have had it explained to me, and I understand it. I agree to comply with this CMHPSM/Client/Client Agreement.

Client signature and date

CMHPSM staff signature and date

From: Methadone Treatment Provider
To: CMHPSM

_____ has read and had the CMHPSM OTP Client Agreement explained to him/her and has agreed to meet the terms of this agreement by signing this document.

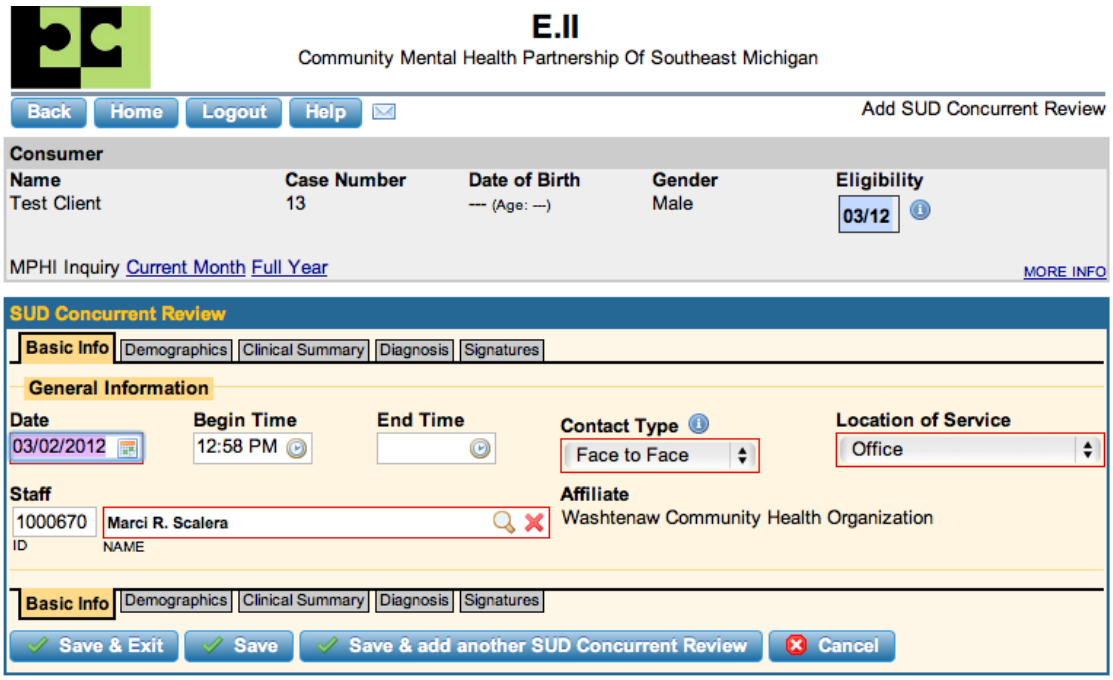
Please sign and date this document to ensure that you are aware that the client has agreed.

Clinician's signature and date

Please fax the clinician signed copy back to the CMHPSM or designated Access Department and place the signed original in the client's file. Thank you

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
LIVINGSTON – WASHTENAW SUBSTANCE ABUSE COORDINATING AGENCY

Concurrent Review Form



E.II

Community Mental Health Partnership Of Southeast Michigan

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Consumer

Name	Case Number	Date of Birth	Gender	Eligibility
Test Client	13	--- (Age: ---)	Male	03/12

MPHI Inquiry Current Month Full Year MORE INFO

SUD Concurrent Review

Basic Info | **Demographics** | Clinical Summary | Diagnosis | Signatures

Status Information

Demographics effective as of 02/29/2012

As of Date
03/02/2012

General Demographics

Corrections Related Status: Paroled from prison
Employment Status: Unemployed
Education: College graduate
Residential Living Arrangement: Private Residence w/ family
Number of Beds: Select a value
Wraparound Service: No
Parental Status: Yes
Primary Language Spoken: ENGLISH

Race/Ethnicity Information

Race 1: White
Race 2: Select a race
Race 3: Select a race
Hispanic: Not Hispanic or Latino

Financial Demographics

Total Annual Income: $15000
Number of Dependents: 2
Minimum Wage: N/A

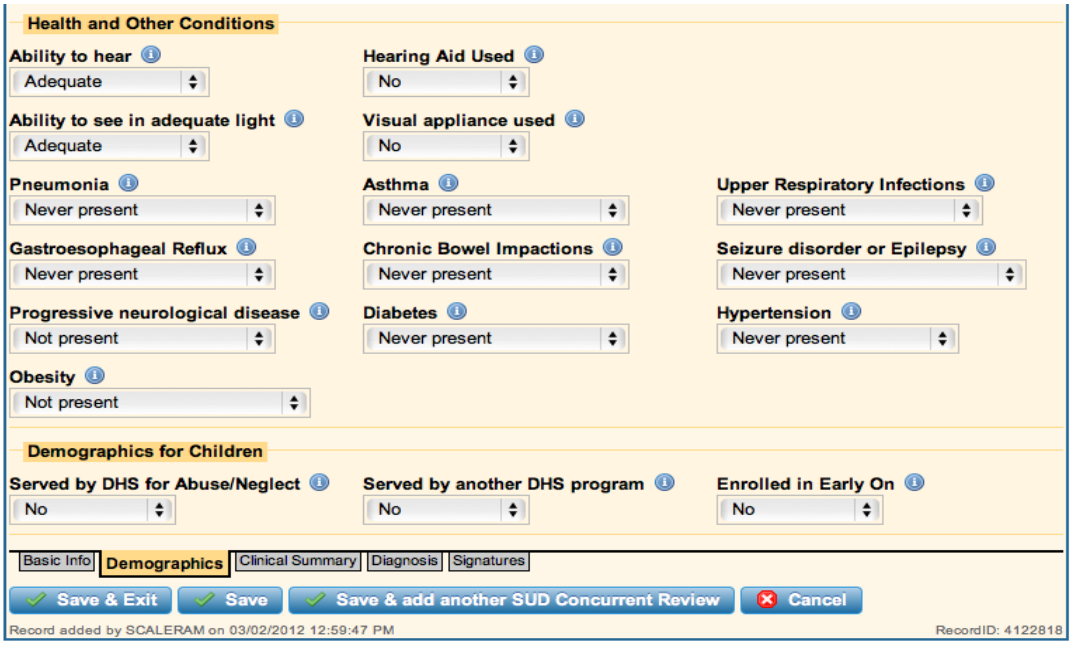
Disability Designation

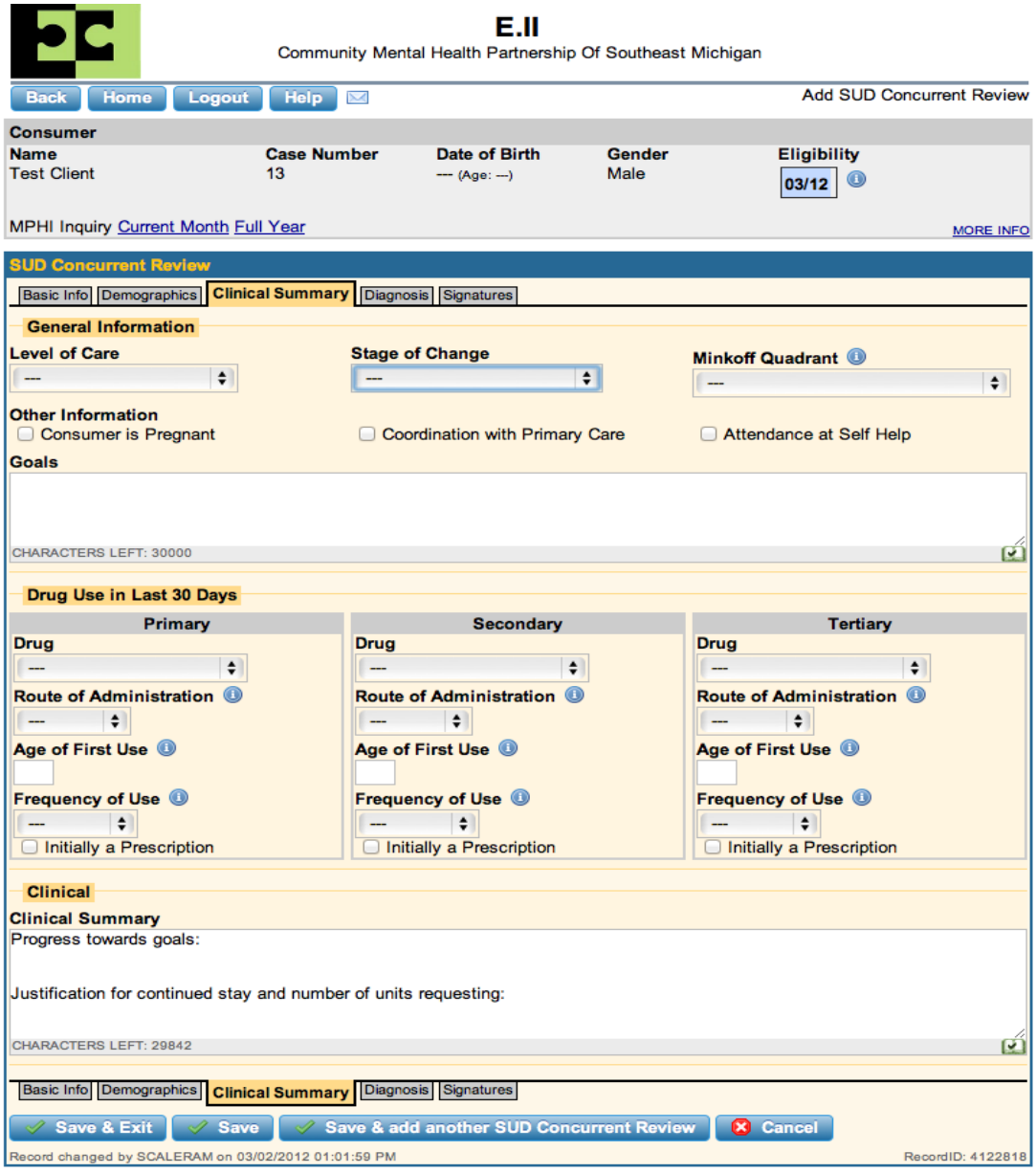
Developmental Disability: No
Mental Illness/SED: Yes
Substance Use Disorder: Use within past year

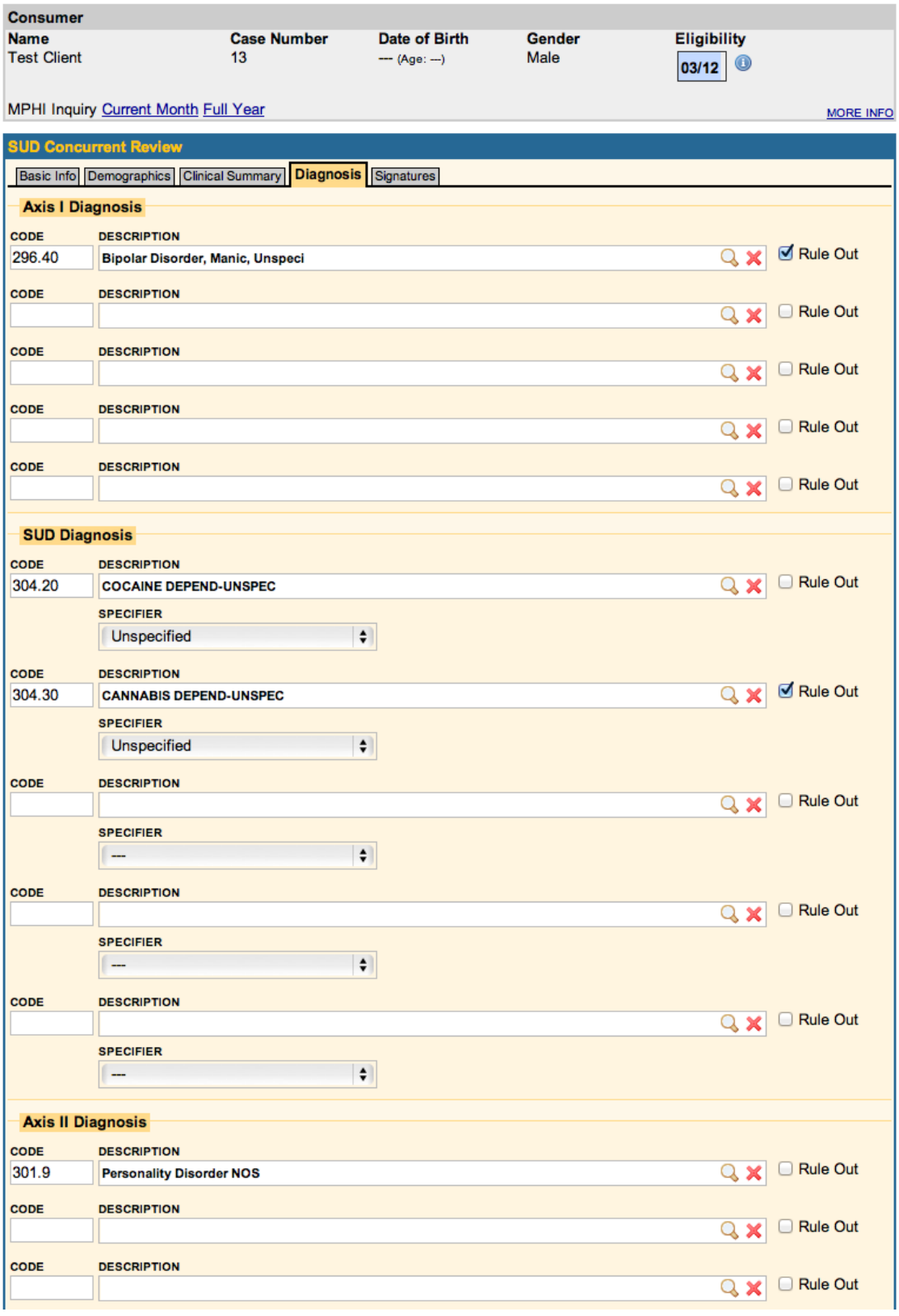
Proxy Measures for Persons with Developmental Disabilities

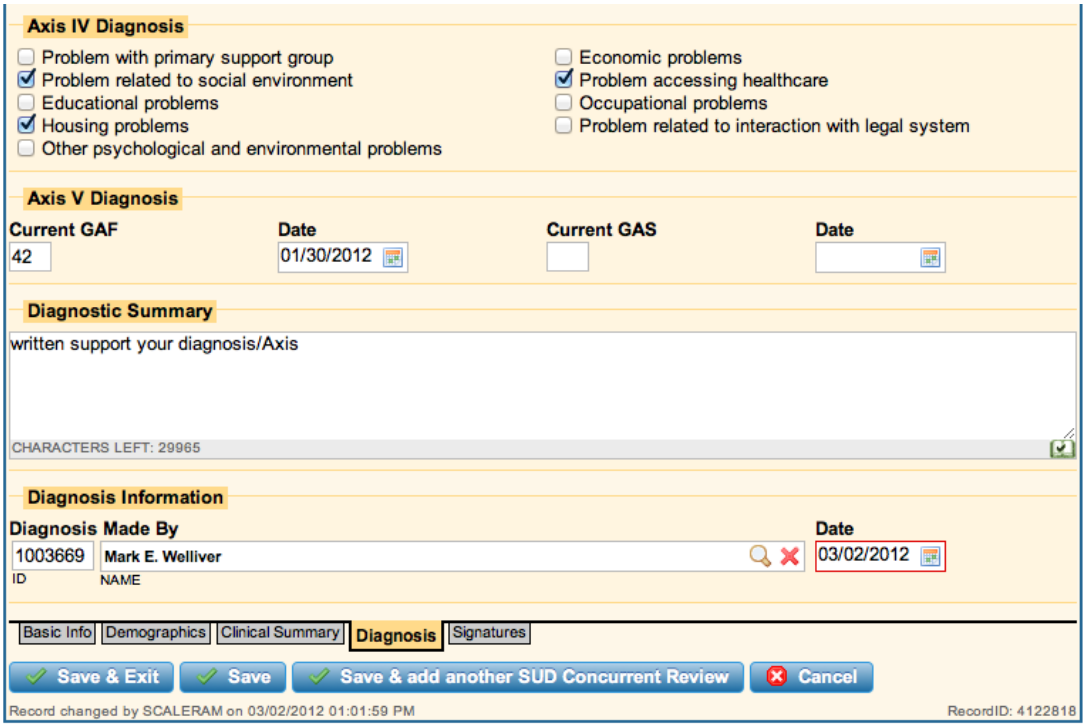
Predominant Communication Style: ---
Nature of Support System: ---
Status of Existing Support System: ---
Mobility Assistance: ---
Medication Administration: ---
Personal Assistance: ---
Household Assistance: ---
Community Assistance: ---
Vision Status: ---
Hearing Status: ---
Other Status: ---
Challenging Behaviors: ---

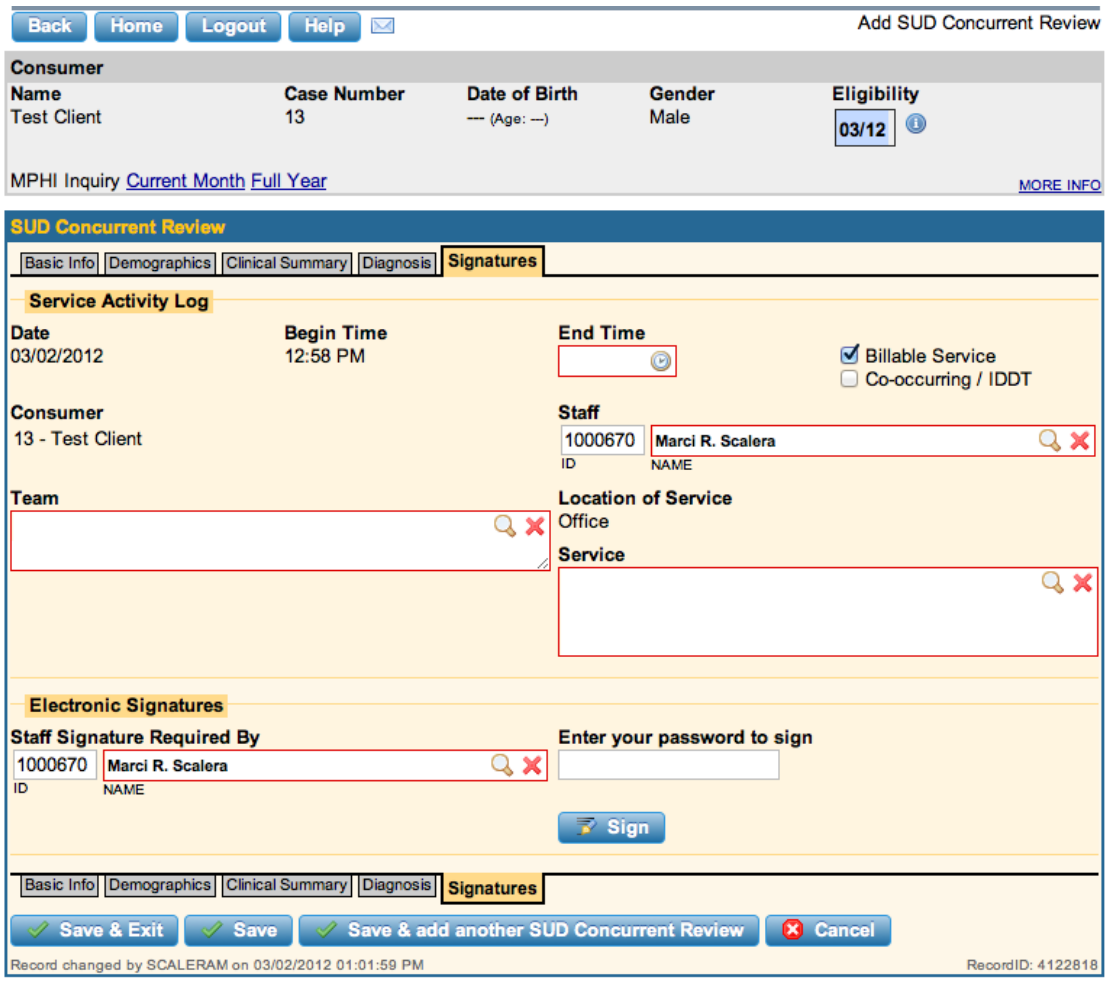
Predominant Communication Style: English language
Ability to Make Self Understood: Always Understood
Support with Mobility: Independent
Mode of Nutritional Intake: Normal
Support with Personal Care: Independent
Relationships: Extensive involvement
Status of Family/Friend Support System: Not at risk
Support for Accommodating Challenging Behaviors: No support needed
Presence of a Behavior Plan: No Behavior Plan


Health and Other Conditions
Ability to hear
Adequate
Hearing Aid Used
No
Ability to see in adequate light
Adequate
Visual appliance used
No
Pneumonia
Never present
Asthma
Never present
Upper Respiratory Infections
Never present
Gastroesophageal Reflux
Never present
Chronic Bowel Impactions
Never present
Seizure disorder or Epilepsy
Never present
Progressive neurological disease
Not present
Diabetes
Never present
Hypertension
Never present
Obesity
Not present
Demographics for Children
Served by DHS for Abuse/Neglect
No
Served by another DHS program
No
Enrolled in Early On
No
Basic Info
Demographics
Clinical Summary
Diagnosis
Signatures
Save & Exit
Save
Save & add another SUD Concurrent Review
Cancel
Record added by SCALERAM on 03/02/2012 12:59:47 PM
RecordID: 4122818


E.II
Community Mental Health Partnership Of Southeast Michigan
Back
Home
Logout
Help
Add SUD Concurrent Review
Consumer
Name
Test Client
Case Number
13
Date of Birth
--- (Age: ---)
Gender
Male
Eligibility
03/12
MPHI Inquiry Current Month Full Year
MORE INFO
SUD Concurrent Review
Basic Info
Demographics
Clinical Summary
Diagnosis
Signatures
General Information
Level of Care
Stage of Change
Minkoff Quadrant
Other Information
Consumer is Pregnant
Coordination with Primary Care
Attendance at Self Help
Goals
CHARACTERS LEFT: 30000
Drug Use in Last 30 Days
Primary
Secondary
Tertiary
Drug
Route of Administration
Age of First Use
Frequency of Use
Initially a Prescription
Clinical
Clinical Summary
Progress towards goals:
Justification for continued stay and number of units requesting:
CHARACTERS LEFT: 29842
Save & Exit
Save
Save & add another SUD Concurrent Review
Cancel
Record changed by SCALERAM on 03/02/2012 01:01:59 PM
RecordID: 4122818


Consumer
Name
Test Client
Case Number
13
Date of Birth
--- (Age: ---)
Gender
Male
Eligibility
03/12
MPHI Inquiry Current Month Full Year
MORE INFO
SUD Concurrent Review
Basic Info
Demographics
Clinical Summary
Diagnosis
Signatures
Axis I Diagnosis
CODE
DESCRIPTION
296.40
Bipolar Disorder, Manic, Unspeci
Rule Out
SUD Diagnosis
304.20
COCAINE DEPEND-UNSPEC
SPECIFIER
Unspecified
304.30
CANNABIS DEPEND-UNSPEC
Axis II Diagnosis
301.9
Personality Disorder NOS


Axis IV Diagnosis
Problem with primary support group
Problem related to social environment
Educational problems
Housing problems
Other psychological and environmental problems
Economic problems
Problem accessing healthcare
Occupational problems
Problem related to interaction with legal system
Axis V Diagnosis
Current GAF
42
Date
01/30/2012
Current GAS
Date
Diagnostic Summary
written support your diagnosis/Axis
CHARACTERS LEFT: 29965
Diagnosis Information
Diagnosis Made By
1003669
ID
Mark E. Welliver
NAME
Date
03/02/2012
Basic Info
Demographics
Clinical Summary
Diagnosis
Signatures
Save & Exit
Save
Save & add another SUD Concurrent Review
Cancel
Record changed by SCALERAM on 03/02/2012 01:01:59 PM
RecordID: 4122818


Back
Home
Logout
Help
Add SUD Concurrent Review
Consumer
Name
Test Client
Case Number
13
Date of Birth
--- (Age: ---)
Gender
Male
Eligibility
03/12
MPHI Inquiry Current Month Full Year
MORE INFO
SUD Concurrent Review
Basic Info
Demographics
Clinical Summary
Diagnosis
Signatures
Service Activity Log
Date
03/02/2012
Begin Time
12:58 PM
End Time
Billable Service
Co-occurring / IDDT
Consumer
13 - Test Client
Staff
1000670
ID
Marci R. Scalera
NAME
Team
Location of Service
Office
Service
Electronic Signatures
Staff Signature Required By
1000670
ID
Marci R. Scalera
NAME
Enter your password to sign
Sign
Basic Info
Demographics
Clinical Summary
Diagnosis
Signatures
Save & Exit
Save
Save & add another SUD Concurrent Review
Cancel
Record changed by SCALERAM on 03/02/2012 01:01:59 PM
RecordID: 4122818

Attachment C

Community Mental Health Partnership of Southeast Michigan

NOTICE OF DENIAL OR CHANGE OF SERVICES FOR NON-MEDICAID RECIPIENTS

_____ _____
(Recipient Name and I.D. #) (Date)

Following a review of the services that you are currently receiving, it has been determined that the following service(s) must be denied or changed as follows:

Service(s)	Action to be Taken	Effective Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you do not agree with this action you may:

- Speak with your worker or his/her supervisor. They will be happy to discuss this with you and try to resolve your concerns. They can also help you access any available conflict resolution mechanisms.

- Ask for a second opinion if your application for services has been denied, or if hospitalization has been denied, by signing, dating and returning the enclosed Request for Second Opinion form to CMHPSM within 30 days.

- Ask for a review by the Local Dispute Resolution Committee by contacting your local Grievance and Appeals Officer or your local Office of Recipient Rights at (734) 544-3000 within 90 days of the date of this Notice. In an emergency situation, an LDRC meeting may be held within 24 hours of receiving the necessary information.

- Once you receive a written decision from the Local Dispute Resolution Committee, if you are not satisfied with the outcome, you may then ask for a review by the Michigan Department of Health and Human Services Alternative Dispute Resolution Process.

If you would like further information or if you want help in pursuing your appeal options, please contact your local Grievance and Appeals Officer, Member Services, or your local Office of Recipient Rights at (734) 544-3000.

You can also contact the Regional Fair Hearings Officer at (734) 544-3000 for help with your appeal.

Attachment D

CLIENT INFORMATION RELEASE AUTHORIZATION

I, _____Date of Birth: _____ am currently receiving Methadone Therapy and hereby authorize, Name of Clinic_____its director or designee, counselor, and/or case manager to release and obtain information contained in my client records under the following conditions:

1. **Name of person(s) or organization to whom disclosure is to be made**:

   COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN

2. **Specific type of information to be disclosed**: The information pertaining to the diagnosis, participation, progress, treatment and prognosis of the above named client during the course of treatment including HIV/AIDS/ARC, psychiatric/mental health and substance abuse information. This includes information via telephone, facsimile or U.S. Mail. **Other:** _____

3. **Purpose and need for the disclosure**: Medical evaluation for continuing Methadone Therapy and coordinating treatment, planning and follow up services:
   Other: _____

4. This consent is subject to revocation at any time except in those circumstances in which the program has taken certain actions on the understanding that the consent will continue unrevoked until the purpose for which the consent was given shall have been accomplished.

5. **Without expressed revocation, this consent expires for the following specified reasons:**

   DATE: _____ EVENT: _____
   CONDITION: _____

   If none is specified, release automatically expires upon the client's discharge from the agency or organization to which the client was referred for treatment, or within 1 year from the date of the client's signature.

   I understand that my records cannot be disclosed without my written permission as stated in the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, unless otherwise provided for in the regulations. According to Reference MCL 333.5131 (5) (s), I acknowledge that my records contain or may contain HIV or AIDS information.

Client To Initial One:
_____ I do not wish to continue Methadone Treatment and request **Detoxification** from Methadone
_____ I wish to continue Methadone Therapy with the **goal of becoming drug free**.
_____ I wish to continue Methadone Treatment and agree to the conditions of treatment.

Client comments:
_____

_____ _____
Client signature (or parent/guardian, if applicable) Date

_____ _____

Physician Signature Date

Attachment E

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN

Methadone Continuing Care Evaluation

To be completed by treating physician

Date: _____
Client 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 client.

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 opiate 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 client been consistent with clean urines? Yes No

If no, explain reason and plan:
_____
_____

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

If no, explain reason and plan:
_____
_____

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

If yes, explain: _____

_____

Client's Mental Status:

_____

_____

Physician comments (include any client 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

CLIENT: _____ CLINIC: _____ DATE: _____

TO BE COMPLETED BY REVIEWING PHYSICIAN CONSULTANT
Please initial

_____ Client meets medical necessity for continuation of Methadone Therapy.

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

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

_____ Face to face evaluation is needed with the client 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/client's physician: _____
Comments:
_____
_____

_____ _____ _____
Print Physician Name Signature Date

Please initial for final recommendation:

_____ Client meets medical necessity for continuation of Methadone Therapy.

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

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

_____ _____ _____
Print Physician Name Signature Date

_____ _____ _____
Utilization Review Agency Date