MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
OFFICE OF DRUG CONTROL POLICY

TREATMENT TECHNICAL ADVISORY # 06

SUBJECT: Counseling Requirement for Clients Receiving Methadone Treatment

ISSUED: August 10, 2007

PURPOSE:

The purpose of this technical advisory is to clarify the substance abuse administrative rule specific to the counseling requirements for clients receiving methadone as part of their substance abuse treatment.

SCOPE:

This technical advisory provides direction to all Opioid Treatment Programs (OTPs) in Michigan that receive public funds and can be utilized by non-funded programs for guidance, as well.

BACKGROUND:

Effective July 5, 2006, The Michigan Department of Community Health Administrative Rules for Substance Abuse Service Programs was revised in several areas for the first time since their inception in 1981. One of the rule changes involved the requirements for counseling services for clients receiving treatment through a methadone program. The new language for counseling requirements is as follows:

> Per R325.14419 (2) (g), if the client's treatment plan identifies a need for counseling services and includes the provision of these services, then signed and dated progress reports by the counselor must be included in the clinical record.

The previous rule language for this section read as follows:

> "Twice monthly progress reports by the counselor, signed and dated."

The change in this rule was meant to emphasize the importance of individualized care for clients receiving medication-assisted treatment in an OTP and that duration and frequency of counseling must be based on medical necessity. The previous language established universal counseling criteria for all clients without consideration of individual needs. As a result, clients could receive counseling services that were not needed or could have been inadequate to meet the needs of the clients based on the interpretation of this rule.

RECOMMENDATIONS:

The following recommendations are being made to assist programs in making the adjustment to this rule change and offer direction on how to provide needed services to clients. These recommendations seek to emphasize individualized treatment and the need for counseling services to be based on medical necessity. Further, these recommendations will also provide guidance for programs on how client recovery can be supported in ways other than individual counseling. The justification for the counseling services must be in the treatment plan with specific goals and objectives indicating why the services are being provided and what is going to be accomplished. The recommendations and guidance are as follows:

1. The amount and duration of counseling for the client should be determined based on medical necessity as well as the individual needs of the client and not on arbitrary criteria such as predetermined time, funding source, philosophy of the program staff, or payment limits. Decisions on counseling should be determined in collaboration with the client, the program physician, the client's primary counselor and the clinical supervisor. This decision-making process should be documented in the clinical record and the treatment plan should reflect the decisions that are made.

2. Counseling services must be included in the treatment plan. The treatment plan and the treatment plan reviews not only serve as tools in guiding treatment, they help in the administrative function of service authorizations. Decisions concerning the duration of stay, intensity of counseling, transfer, discharge, referrals, and authorizations are based on individualized determination of need and on progress toward treatment goals and objectives. The client's need for counseling, in terms of quantity and duration, must be reflected in the treatment plan and the need that is being addressed in the counseling must be identified by a comprehensive biopsychosocial assessment. The Michigan Department of Community Health/Office of Drug Control Policy Treatment Policy #6-Individualized Treatment Planning can be used as a guide to assist with this process.

3. As client needs change throughout treatment, adding counseling services or increasing the frequency of contacts is not always the right answer. Many times support services can be added or modified as necessary to assist the client in meeting his/her goals without having to immediately depend on individual counseling services. These modifications may be the addition of specialized treatment groups or community support services. Attendance at community support groups should be incorporated into the client's treatment plan. This will enhance the formal counseling, if it is being provided, and help the client develop on-going support as they complete counseling. Peer recovery support should also be included when necessary and available. Case management and referrals for medical and dental care, housing, vocational education and employment, resolutions of legal issues, parenting classes, family reunification, etc. should be incorporated into the treatment plan when the client is at an appropriate stage of change and is ready to address these needs. Special needs of clients can be coordinated with another licensed substance abuse treatment provider. These services may include residential care and specialized prenatal care or specialized women's services, depending on the need of the

client. Assisting the client in maintaining recovery goes beyond counseling services and ensuring that all other needs are appropriately met is an important component of success.

4. As a client progresses through treatment, there may be a time when the maximum therapeutic benefit of counseling has been achieved. At this point, the client may be appropriate to enter the methadone only (medical maintenance) phase of treatment if it has been determined that ongoing use of the medication is medically necessary and appropriate for the client. 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:

    a. Absence of a significant, unstable co-occurring disorder.
    b. Abstinence from all illicit drugs and from abuse of prescription drugs for a period of at least six months prior to entry into methadone only status.
    c. No alcohol use problem.
    d. Ability to maintain stability in their current living environment.
    e. Stable and legal source of income.
    f. Involvement in productive activities as defined in their individual plan of service; e.g., employment, school, volunteering.
    g. No new criminal or legal involvement for one year prior to the methadone only phase.
    h. Adequate social support system, including but not limited to, self-help groups and sponsorship.

    These guidelines are not inclusive of all of the areas to be considered when making this decision. It is important to review each client on an individual basis when making this decision and document in the medical record how the decision was made to move to medical maintenance.

5. If a client has received counseling and successfully completed it, the client may receive counseling again as long as it is based on the needs of the client and it is determined to be medically necessary. Being involved in medical maintenance does not preclude the client from again receiving or starting counseling services.

REFERENCES:

American Society of Addiction Medicine. (2001)*Patient Placement Criteria for the Treatment of Substance Abuse Disorders-Second Edition Revised.* Chevy Chase, MD. American Society of Addiction Medicine, Inc.

Center for Substance Abuse Treatment. (1995). *Matching Treatment to Patient Needs in Opioid Substitution Therapy.*Treatment Improvement Protocol (TIP) Series 20. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. www.samhsa.dpt.gov

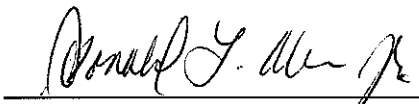
Center for Substance Abuse Treatment. (2005). *Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs.* Treatment Improvement Protocol (TIP) Services 43. Rockville, MD: US. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. www.samhsa.dpt.gov

Certification of Opioid Treatment Programs: US Code of Federal Regulations, Title 2, Part 8.12, Washington, D.C. www.samhsa.dpt.gov

Mee-Lee, D (2007) *Methadone Maintenance and Other Opioid Treatments Can Be Either Pathways to Total Abstinence or a Recovery Path Itself.* Tips and Topics from David Mee-Lee, MD, May 2007 edition. www.dmlmd.com/ezineinfo.html

Mee-Lee, D. (2005) *Making Methadone Treatment More Meaningful: Accountable, Targeted Treatment.* Presented April 20, 2005. Romulus, MI. David Mee-Lee, MD Training.

Methadone Treatment and Other Chemotherapy: Michigan Administrative Rules, Rule R 325.14419(2). State Office of Administrative Hearings and Rules. Lansing, MI. (July 5, 2006). http://www.state.mi.us/orr/emi/admincode.asp?AdminCode=Single&Admin_Num=3251440 1&Dpt=&RngHigh=32599408

APPROVED BY: 

Donald L. Allen, Jr., Director
Office of Drug Control Policy