

Bulletin Number: MSA 12-11

Distribution: Prepaid Inpatient Health Plans

Issued: March 30, 2012

Subject: Revisions to Mental Health/Substance Abuse Chapter

Effective: May 1, 2012

Programs Affected: Medicaid

This bulletin describes changes to the Medicaid Provider Manual, Mental Health/Substance Abuse Chapter, Section 12, specifically related to approved pharmacological supports. These changes reflect the addition of the Michigan Department of Community Health (MDCH) enrollment criteria to the chapter. MDCH is now including all of the necessary criteria in this section so that it is consistent with how other substance use disorder services are described.

The following sections are new and reflect information previously referenced in the MDCH Bureau of Substance Abuse and Addiction Services policy:

TREATMENT-APPROVED PHARMACOLOGICAL SUPPORTS

A. Eligibility Criteria

Medical necessity requirements will be used to determine the need for methadone as an adjunct treatment and recovery service. All of the following six dimensions of the American Society of Addiction Medicine (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, and
6. Recovery/living environment.

B. Admission Criteria

Decisions to admit an individual for methadone maintenance must be based on medical necessity criteria, satisfy the Level of Care (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 Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria.

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.

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; or
- Non-Medication Assisted Outpatient.

C. Special Circumstances for Admissions

There are special circumstances for the admission of pregnant women, pregnant adolescents 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 Opioid Treatment Program (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 will 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)]

D. Medical Maintenance Phase

When the maximum therapeutic benefit of counseling has been achieved it may be appropriate for the individual to enter the medical maintenance (methadone only) phase of treatment and recovery; that is if it has been determined that ongoing use of the medication is medically necessary and appropriate for the individual. The following criteria should be considered 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 and absence of significant unstabilized co-occurring disorders.

E. Discontinuation Criteria

- Individuals must discontinue treatment with methadone when treatment is completed with respect to both the medical necessity for the medication and for counseling services.
- 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;
 - The OTP must make an effort to ensure that the individual follows through with the referral;
 - These efforts must be documented in the medical record; and
 - 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 OTPs 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; and
- 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. Reasons for non-compliance include:
 - The repeated or continued use of illicit opioids and non-opioid drugs, including alcohol; and
 - Individuals whose toxicology results do not indicate the presence of methadone metabolites must be considered non-compliant, with the same actions taken as if illicit drugs (including non-prescribed medication) were detected.

In both of the aforementioned circumstances the OTP needs to perform a toxicology test for methadone metabolites, opioids, cannabinoids, benzodiazepines, cocaine, amphetamines, and barbiturates (*Administrative Rules of Substance Abuse Services Programs in Michigan*, R 325.14406).

OTPs must test for alcohol use if:

- It is prohibited under their individualized treatment and recovery plan; or
- 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 to submit to toxicology sampling as requested.
- Repeated failure 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 to follow through on other treatment and recovery plan related referrals. (*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, are 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 non-compliance termination must be documented in the individual's chart.

Manual Maintenance

Retain this bulletin until it has been incorporated into the Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved



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