

SUBJECT Methadone Maintenance and Detoxification Services		CHAPTER 05	SECTION 03	SUBJECT 08
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I. APPLICATION:

- PIHP Board
 CMH Providers
 SUD Providers
 PIHP Staff
 CMH Subcontractors

II. POLICY STATEMENT:

It shall be the policy of Region 10 PIHP that methadone maintenance and detoxification services will only be provided to individuals in Opioid Treatment Programs (OTPs) that are certified by the Substance Abuse and Mental Health Services Administration (SAMHSA). Methadone services shall be provided in a manner that is consistent with the parameters set forth in the Michigan Public Health Code (Act 368 of 1978) and the Administrative Rules promulgated relative to that code. The goals of Methadone Maintenance Treatment (MMT) are to promote the individual’s recovery and facilitate meaningful positive outcomes across significant life domains, as well as to reduce the risk for and/or spread of infectious disease.

III. DEFINITIONS:

A. Opiates: Opiates function as central nervous system depressants, which slow down the responses of the central nervous system – including the brain – to external stimuli. Users report intense feelings of euphoria and/or relaxation. For this reason, opiates are often used to escape from difficult emotional or physical pain. The methods of administration include swallowing, chewing, snorting, and intravenous (IV) injection. Depending on which opiate has been consumed, the user may feel sedated, speak strangely, exhibit decreased ability to reason, slowed breathing, and impaired reflexes.

Some opiates – like Vicodin and OxyContin – are prescribed by physicians for the treatment of legitimate pain associated with such chronic conditions as cancer. Other opiates – like heroin – are illegal substances. But even prescription opiates can be abused if the user does not take them exactly as prescribed. As tolerance develops, opiate users must take greater doses more often to recreate the same high that they experienced during their first usage.

Withdrawal symptoms can begin as soon as a few hours after the most recent use. Withdrawal can be unpleasant and potentially dangerous so, in most cases, it is recommended that the detoxification process be monitored by medical professionals.

B. Methadone: Methadone is a rigorously well-tested synthetic narcotic medication that is safe and efficacious for treatment of narcotic withdrawal and dependence. Methadone is a medication that produces three major effects:

- Prevention of withdrawal symptoms

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- Prevention of opioid cravings, and
- Blocking of the euphoric effects of opioid drugs.

Methadone is designed to address these physiological problems as an adjunct to counseling and/or other substance abuse treatment.

- C. Opioid Treatment Programs (OTPs): Programs certified by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to provide rehabilitation and medical support for persons addicted to opioid drugs. An OTP using methadone for the treatment of opioid dependency must be:
- Licensed by the state as a methadone provider,
 - Accredited by CARF, the Council on Accreditation (COA), or the Joint Commission on Accreditation of Healthcare Organizations (JCAHO),
 - Certified by SAMHSA as an OTP, and
 - Licensed by the Drug Enforcement Administration (DEA).

IV. STANDARDS:

- A. Region 10 will authorize Methadone Maintenance Treatment (MMT) for individuals with opioid dependence only as an adjunct to ongoing substance abuse counseling and/or other substance abuse treatment.
- B. Decisions to admit an individual for MMT must be based upon medical necessity criteria that include all six dimensions of the ASAM placement criteria and the individual must carry an initial diagnosis of opioid use disorder of at least one-year duration based upon the most current DSM criteria.
- C. An individual under 18 years of age is required to have had at least two (2) documented unsuccessful attempts at short-term detoxification and/or drug free treatment within a twelve month period to be eligible for maintenance treatment with the exception of pregnant women for which detoxification is not recommended. No individual under 18 years of age may be admitted to MMT unless a parent, legal guardian, or responsible adult designated by the State Methadone Authority consent in writing to such treatment [42 CFR Subpart 8.12(e)(2)].
- D. Individuals will be admitted for MMT only after it has been determined by a staff physician that the individual meets the requirement for admission specified in the Public Health Code Administrative Rules (R 325.14409).
- E. Individuals will be admitted for methadone detoxification treatment only after it has been determined by a staff physician that the individual meets the requirements for admission specified in the Public Health Code Administrative Rules (R 325.14410).
- F. Due to the high level of safety and risk issues associated with MMT combined with other pharmacological therapies:

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- Region 10 requires that individuals sign consent to release information to all other prescribing physicians in order to maximize coordination of care and minimize risk for adverse outcomes related to use of methadone concurrent with other medications.
 - Region 10 requires that all OTPs access the Michigan Automated Prescription System (MAPS) for data relative to the individual admitted for methadone treatment and document follow up related to coordination of care related to alternate prescriptions documented in MAPS. OTPs are required to access MAPS prior to initial prescription of methadone and within a week prior to each subsequent request for continuation of MMT.
- G. Programs authorized to dispense and administer methadone shall do so only after reviewing the results of a completed physical examination that meets the criteria specified in the Public Health Code Administrative Rules (R 325.14412), a medical history that meets criteria specified in the Public Health Code Administrative Rules (R 325.14413), and a personal history that meets criteria specified in the Public Health Code Administrative Rules (R 325.14414). A prior physical examination that is completed by a physician may be utilized if it meets the criteria specified in R 325.14412 and it is dated not more than 90 days prior to the current admission date.
- H. Opioid Treatment Programs are substance abuse treatment programs; they are not pain clinics nor should OTPs treat pain. Methadone used solely for the pain control, and not for treatment of addiction to opioid drugs, is managed by the individual's primary care physician (PCP) or Managed Care Organization (MCO). This does not preclude the treatment by an OTP of an individual who needs substance abuse treatment for opioid dependency who is also a pain patient.
- I. Upon admission for MMT, beneficiaries must be informed that all of the following are required:
- Daily attendance at the clinic is necessary for dosing (with the possible exception of Sundays and holidays);
 - Attendance at counseling sessions is mandatory;
 - Toxicology testing is conducted.
- In accordance with the criteria specified in R 325.144406, urinalysis shall be performed for clients in maintenance treatment at least once a week for opiates, methadone, barbiturates, amphetamines, cocaine, and other drugs as appropriate. Urine shall be collected randomly in a manner which minimizes falsifications of the samples. If the patient has maintained drug-free urines for a period of six (6) months, and for as long as the patient maintains drug-free urines, urinalysis may be performed on a monthly basis for opiates, methadone, barbiturates, amphetamines, cocaine, and other drugs as appropriate. Positive urine for drugs other than methadone or legally prescribed drugs shall require resumption of a weekly schedule of urinalysis.
- J. OTPs must document their request that the individual provide a complete list of all prescribed medications at the time of admission. Copies of the prescription labels or receipts must be kept in the individual case record.

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- K. The OTP must explain to the individual the importance of disclosing the names, for the purpose of coordination of care, of all prescribing physicians, treating physicians, dentists, and any other health care providers over the past year. OTPs must make a good faith effort to obtain the releases necessary to coordinate care with all healthcare providers and document an individual's refusal to provide those releases in the case record. OTPs must also advise individuals to include methadone when providing a list of their medications to other healthcare providers. Lack of willingness to allow for coordination of care between healthcare providers must be taken into consideration when determining the individual's eligibility for off-site dosing as well as for continuing to receive methadone services.
- L. In accordance with the criteria specified in the Public Health Code Administrative Rules (R 325.14418 (2), MMT shall be discontinued within two (2) years after such treatment has begun unless, based on the recorded clinical judgment of the staff physician, justification is provided to continue maintenance beyond the two (2) year limitation.

Compliance with dosing requirements or attendance at counseling sessions alone is not sufficient to continue enrollment in MMT, reviews to determine continued eligibility for OTP services must occur at least every four months and treatment shall not exceed two (2) years unless all of the following criteria are met:

- Applicable ASAM criteria are met,
- 2 years of continuous compliant treatment.
- The individual provides evidence of willingness to participate in substance abuse counseling and/or other forms of substance abuse treatment – including treatment for co-occurring mental health conditions.
- There is evidence of progress towards recovery and towards discontinuation of MMT (progress towards recovery is not a specific rationale to discontinue treatment, when progress is evident, the likelihood of maintained/increased success with a reduction or elimination of MMT support must always be considered),
- MMT is still considered medically necessary relative to the individual's substance dependence diagnosis,
- The individual has signed the releases necessary for coordination of care with other healthcare providers, and
- The OTP physician is recommending continued MMT, and
- There is a current listing and documented review of all medications prescribed and the prescribing physician.
- 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 indicated alcohol use problem.
- Stable living conditions in an environment free of substance use.
- Stable and legal source of income.
- Involvement in positive activities (e.g. employment, school, volunteer work).
- No criminal or legal involvement for at least 3 years and no current parole or probation status.
- Adequate social support system and absence of significant un-stabilized co-occurring disorders.

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- M. All substances of abuse, including alcohol, must be included in the treatment plan for an individual receiving methadone services.
- N. Pregnant women, regardless of age, length of opioid dependence, or who have a documented history of opioid addiction and are likely to return to opioid addiction, may be admitted to an OTP provided the pregnancy is certified by the OTP physician, and the physician determines the treatment to be justified – for pregnant women, evidence of current physiological dependence is not necessary. Pregnant women who have opioid dependence must be referred for prenatal care and other services and supports as may be necessary.
- O. OTPs must contain informed consent from pregnant women, or any women admitted to methadone treatment who may become pregnant stating that they will not knowingly put themselves and their fetus in jeopardy by voluntarily leaving the OTP against medical advice. For women under 18 years of age, a parent, legal guardian, or responsible adult designated by the State Methadone Authority must consent in writing. This signed consent is in addition to the general consent that is required for all individuals receiving methadone services.
- P. Because methadone and opiate withdrawal are not recommended during pregnancy, the OTP shall not discharge pregnant women without making documented attempts to facilitate referral for continued substance abuse treatment with another provider as well as documented attempts for referral to assure or maintain prenatal care.
- Q. For individuals who are struggling to meet the objectives in their individual treatment plans, OTP medical and clinical staff must review, with the individual, the course of treatment and make necessary adjustments.
- R. Beneficiaries must be terminated from methadone services when at least one of the following criteria is met:
1. Treatment is completed. Completion of treatment is determined when the individual has fully or substantially achieved the goals listed in the treatment plan and when ASAM Patient Placement Criteria for Methadone are no longer met. The methadone treatment discharge date is defined as the date the individual completes detoxification.
 2. There is clinical non-compliance. Clinical non-compliance is defined as when an individual fails to comply with the treatment plan, despite attempts to address non-compliance. Justification for a clinical non-compliance discharge must be documented in the case record. Rationale for such discharge include, but is not limited to the following:
 - Treatment goals have not been met within two (2) years of commencement of services (unless criteria in standard K are met).
 - Repeated use of one or more other drugs and/or alcohol that is prohibited in the individual's treatment plan. OTPs must perform toxicology tests for methadone metabolites, cannabinoids, and benzodiazepines in addition to those substances required by the Administrative Rules of Substance Abuse Services Programs in Michigan (R 325.14406). Individuals whose toxicology

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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 drugs) were detected. Weekly toxicology screening is required for all non-compliant individuals. OTPs must test for alcohol if 1) it is prohibited under the individual's treatment plan; or 2) if the beneficiary appears to be using alcohol to a degree that would make dosing unsafe.

- Failure to attend scheduled individual and/or group counseling sessions, or other clinical activities such as psychiatric appointments.
 - Other non-compliance with the treatment plan, such as failure to follow through on treatment plan related referrals.
 - Failure to comply with necessary medical care for a condition diagnosed by a licensed physician (failure to use medications as prescribed by a physician, failure to keep physician appointments, failure to follow up on referrals for testing for a possible medical condition, etc.) that results in danger to self or others or is interfering with the clinical process.
 - Failure to submit to toxicology sampling as requested.
3. There is behavioral non-compliance. The commission of acts by the individual that jeopardize the safety and well-being of other individuals in treatment or of staff, or actions that negatively impact the therapeutic environment, is not acceptable and can result in immediate discharge from the OTP. Such acts include, but are not limited to:
- Possession of a weapon on OTP property,
 - Assaultive behavior against staff and/or other individuals in treatment,
 - Threats (verbal or physical) against staff and/or other individuals in treatment
 - Diversion of controlled substances, including methadone,
 - Diversion and/or adulteration of toxicology samples,
 - Possession of a controlled substance with intent use and/or sell on OTP property.
 - Sexual harassment of staff and/or other individuals in treatment, and
 - Loitering on OTP property or within one block radius of the clinic

NOTE: any action involving a Medicaid beneficiary requires notice as indicated in the Medicaid Managed Specialty Supports and Services Contract.

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

T. Clinical Compliance – when assessing clinical compliance, the following criteria will guide decision making on whether compliance is sufficient for continuation of MMT:

- Absence of non-prescribed opiates in toxicology screens after stabilization on methadone;

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- If other opiates are prescribed for pain management, documented evidence that there has been clear coordination of care and that both prescribing physicians are in agreement regarding the safety and appropriateness of the pharmacological regimen;
- If alternate drug use is evident via urinalysis, there is a progressive decline in the levels of use and a plan in place that indicates a movement towards abstinence;
- The individual treatment plan addresses all assessed substances of abuse and/or dependence;
- There is regular active participation in treatment activities that relate to recovery from substance abuse/dependence that goes beyond the involvement in MMT;
- There is an absence of illegal activities;
- There is a valid consent for release of information to permit necessary coordination of care.

U. Withdrawal from methadone – when withdrawal from methadone is indicated due to denial of authorization for continuation due to criteria listed in Standards R and T, the withdrawal must be completed within sixty (60) days of denial.

V. PROCEDURES:

Access Center

1. Completes telephonic screening with individual interested in methadone services.
2. Schedules individuals who are interested and potentially eligible for methadone services for a face-to-face appointment with an Access Center methadone services screening clinician.

Methadone Services Screener

3. Meets with individual requesting methadone services to more comprehensively assess for clinical eligibility, more fully explain the commitment necessary to enter into methadone services and the ongoing requirements to stay in treatment as indicated in this policy, and to assess level of motivation and the capacity for participation of the individual given the aforementioned requirements.
4. Refers individuals who appear to be clinically eligible, practically able, and appropriately motivated for methadone services to an OTP for admission assessment.

OTP

5. Provides assessment and treatment services within the guidelines specified in the Michigan Public Health Code (Act 368 of 1978), the Administrative Rules of Substance Abuse Services Programs in Michigan, the Michigan Department of Health and Human Services' Drug Control Policy Treatment Policy 05, and this policy.

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6. Reviews the continued appropriateness for methadone services treatment based upon the criteria specified in Standards K and Q at least every four months.
7. Documents the appropriateness for continued methadone services where applicable criteria are met.
8. Informs OTP and individual in care when criteria for continuation of methadone services are not sufficiently met to allow for methadone slow withdrawal or detoxification process to be initiated.

VI. REFERENCES:

Michigan Public Health Code (Act 368 of 1978)
 Administrative Rules of Substance Abuse Services Programs in Michigan
 Michigan Department of Health and Human Services Substance Abuse and Addiction Services Treatment Policy