

Opioid Replacement Therapy

Providers contracted for this level of care or service are expected to comply with all requirements of these service-specific performance specifications.

Opioid Replacement Therapy consists of medically monitored administration of methadone, buprenorphine, or other U.S. Food and Drug Administration (FDA)-approved medications, in conformance with FDA regulations, to individuals who are opiate-addicted. This service, which combines medical and pharmacological interventions with counseling, educational, and vocational services, is provided on a short-term (detoxification) or long-term (maintenance) basis, depending on the clinical needs of the individual.

Opioid Replacement Therapy is provided under a documented and defined set of policies and procedures, including admission, continued stay, and discharge criteria stipulated by Massachusetts state regulations and the federal regulations of FDA 21 CFR Part 291 and FDA 42 CFR Ch. 1 Part 8.

Components of Service

1. The program complies with all applicable federal, state, and local laws, regulations, licensure, and approved national standards (FDA 21 CFR Chapter 1-Federal Narcotic Regulations and FDA 42 CFR Ch. 1 Part 8; 105 CMR 164.300).
2. The scope of required service components provided in this level of care includes, but is not limited to, the following:
 - a. Aftercare planning and coordination
 - b. Bio-psychosocial evaluation
 - c. Case and family consultation
 - d. Development and/or updating of crisis prevention plans and/or relapse prevention plans, as applicable
 - e. Development of behavioral treatment/recovery plans
 - f. Discharge planning/case management
 - g. Individual, group, and/or family counseling, as indicated
 - h. Initial substance use disorder assessment and treatment services
 - i. Medical history and physical examination
 - j. Methadone and buprenorphine dosing, as indicated
 - k. Physician services
 - l. Psychiatric consultation (directly or by referral)
 - m. Psycho-education including substance use disorders, relapse prevention, and communicable diseases
 - n. Urine and/or serum drug screening, as indicated in the Member's treatment/recovery plan (directly or by referral)

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3. If a Member experiencing a behavioral health crisis contacts the provider during business hours or outside business hours, the provider, based on his/her assessment of the Member's needs and under the guidance of his/her supervisor, may: 1) refer the Member to his/her outpatient provider; 2) refer the Member to an Adult Mobile Crisis Intervention provider for emergency behavioral health crisis assessment, intervention, and stabilization; and/or 3) implement other interventions to support the Member and enable him/her to remain in the community, when clinically appropriate, e.g., highlight elements of the Member's crisis prevention and/or safety plan, encourage implementation of the plan, offer constructive, step-by-step strategies which the Member may apply, and/or follow-up and assess the safety of the Member and other involved parties, as applicable.
4. The program arranges coverage for medical emergencies as required by state and federal regulations.
5. The program ensures that each Member receives a program orientation at the initiation of services. The orientation includes, at a minimum, information regarding:
 - a. the treatment process;
 - b. an explanation of the Member's right to file complaints or grievances concerning his/her treatment and a copy of the complaint and grievance procedure;
 - c. program services, including hours of operation and fee structure;
 - d. confidentiality, informed consent, and non-discrimination provisions; rights, responsibilities and program rules; and
 - e. telephone numbers(s) and information relative to access to the community-based services of Adult Mobile Crisis Intervention providers.
6. The program ensures documented policies and procedures relating to all components of its service. The program ensures all staff are trained on its policies and procedures, including intake and discharge criteria and best practice approaches.
7. The program is responsible for updating its available capacity, one time per week on the Massachusetts Behavioral Health Access website (www.MABHAccess.com). The program is also responsible for keeping all administrative and contact information up to date on the website. The program is also responsible for training staff on the use of the website to locate other services for Members, particularly in planning aftercare services.

Staffing Requirements

1. The provider complies with the staffing requirements of the applicable licensing body, the staffing requirements in the Senior Whole Health service-specific performance specifications, and the credentialing criteria outlined in the Senior Whole Health Provider Manual as referenced at www.SWHMA.com.
2. Opioid Replacement Therapy programs ensure utilization of a multi-disciplinary staff, which includes a medical director (a physician who demonstrates addiction treatment experience) and a minimum of two of the following licensed/certified clinicians (one of whom is nursing staff and one of whom is independently licensed as one of the following):
 - a. Psychologist (PhD, PsyD)

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- b. Psychiatric nurse mental health clinical specialist (PNMHCS)
- c. Licensed independent clinical social worker (LICSW)
- d. Licensed clinical social worker (LCSW)
- e. Registered nurse (RN)
- f. Licensed practical nurse (LPN)
- g. Licensed mental health counselor (LMHC)
- h. Licensed marriage and family therapist (LMFT)
- i. Certified rehabilitation counselor (CRC)
- j. Licensed alcohol and drug counselor (LADC)
- k. Licensed alcohol and drug abuse counselor (LADAC)
- l. Registered pharmacist
- m. Additional staffing, including allied health professionals or paraprofessional staff
3. The provider ensures that staff training topics include but are not limited to:
 - a. psychiatric conditions;
 - b. HIV/AIDS/Hepatitis C; and
 - c. local and statewide recovery-oriented peer support and/or self-help supports and services.

Process Specifications

Assessment, Treatment/Recovery Planning, and Documentation

1. An intake appointment is scheduled within one (1) business day of the referral, or of a Member's request for services.
2. Upon admission, each Member is assigned to a counselor who assumes primary responsibility for assessment, treatment, and discharge planning. This assignment considers the preferences and clinical needs of the Member.
3. Upon admission and prior to dosing, a bio-psychosocial evaluation, an initial treatment/recovery plan, and an initial discharge plan are completed by the assigned counselor.
4. The provider ensures that a physical examination which conforms to the principles established by the American Society of Addiction Medicine (ASAM) is completed for all Members within 24 hours of admission. If the examination is conducted by a qualified healthcare professional who is not a physician, the results are reviewed by the nursing supervisor prior to implementation.
5. The multi-disciplinary treatment team, in collaboration with the Member, meets to review the biopsychosocial evaluation, initial treatment/recovery plan, and initial discharge plan, inclusive of an extensive alcohol and drug history, within 48 hours of admission.
6. The multi-disciplinary treatment team, in collaboration with the Member, reviews the treatment/recovery plan and discharge plan at the following intervals:
 - a. Within 30 days
 - b. Quarterly thereafter
 - c. After any 24-hour behavioral health inpatient admission that necessitates a change in the treatment/recovery plan

- d. When major clinical changes occur
- 7. The initial dose of an opioid agonist treatment medication is ordered by a physician, not exceeding the federal dosage guidelines for the specified opioid.
- 8. Under the supervision of a physician, methadone and buprenorphine are administered by a nurse or registered pharmacist after he or she has been appropriately oriented and trained by the program.
- 9. Drug screening/testing is done upon admission, as clinically indicated, and on a random basis according to the Member's treatment/recovery plan and state and federal regulations. Positive screens for substances other than methadone or prescribed pharmacology medications result in adjustments to the Member's treatment/recovery plan.
- 10. All activities are documented in the Member's health record.

Discharge Planning and Documentation

The provider engages the Member in developing and implementing a discharge and aftercare plan when the Member meets the discharge criteria established in his/her treatment/recovery plan, and the discharge plan is evaluated on the basis of ASAM dimensional discharge criteria. The provider provides the Member with a copy of the plan upon his/her discharge, and documents these activities in the Member's health record.

Service, Community, and Collateral Linkages

- 1. With Member consent, if a Member is referred to another treatment setting, the provider collaborates in the transfer, referral, and/or discharge planning process to ensure continuity of care.
- 2. The staff members are familiar with all the following levels of care/services, and are able and willing to accept referrals from, and refer to, these levels of care/services when clinically indicated. The provider maintains written Affiliation Agreements with local providers of these levels of care that refer a high volume of Members to their programs, and/or to which the program refers a high volume of Members. Such agreements include the referral process, as well as transition, aftercare, and discharge processes.
 - a. Level 4 Detoxification Services
 - b. Acute Treatment Services (ATS) for Substance Use Disorders Level 3.7
 - c. Clinical Support Services (CSS) for Substance Use Disorders Level 3.5
 - d. Outpatient Services for mental health and substance use disorders
 - e. Structured Outpatient Addiction Programs (SOAP)
 - f. Transitional Support Services (TSS) for Substance Use Disorders
 - g. Regional court clinics
 - h. Residential support services (halfway house)
 - i. Transitional supportive housing
 - j. Sober housing
 - k. Psychiatry and psychopharmacology

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1. Shelter programs
3. With Member consent, the provider collaborates with the Member's PCP and/or PCT, and develops the behavioral health section of the Member's Individual Plan of Care.