

Methadone Treatment

Magellan Behavioral Health of Pennsylvania (Magellan) Performance Standards

Performance Standards are intended to give guidance for contracted services as part of the PA HealthChoices program, with a goal to promote the utilization and progress toward providing best practices performances, to increase the quality of services and to improve outcomes for members.

Current Version Information

Substantive changes in most recent update:

- No substantive changes in current version

Use of Performance Standards

Disclaimer: These Performance Standards should not be interpreted as regulations, but instead add to the foundation provided by current licensing guidelines and regulations. It is a Magellan Behavioral Health of Pennsylvania, Inc. (Magellan) expectation that providers apply these Performance Standards when developing internal quality and compliance monitoring activities. Magellan will use this document as a guide when conducting quality and compliance reviews; but also share with providers as needed to communicate expectations and best practices. Entities providing services as part of the HealthChoices program must first be enrolled in the Pennsylvania Medical Assistance program as the appropriate provider type and specialty. Providers must comply with all applicable Pennsylvania laws, including Title 28 Chapters 704 & 715; Title 55 Chapter 1101 General Provision and Chapter 1223; as well as all associated MA Bulletins, The Department of Drug and Alcohol Programs (DDAP) licensing requirements and any contractual agreements made with Magellan Behavioral Health of Pennsylvania, Inc. in order to be eligible for payment for services.

Please routinely visit the link below and look for the “Compliance Alerts” accordion to stay up to date on Compliance Alerts:

<https://www.magellanoftpa.com/for-providers/>

Level of Care Description

Methadone maintenance treatment is the prescribed use of methadone, administered over a prolonged period of time, for someone who is addicted to opioids such as heroin, where detoxification has been unsuccessful and/or admittance to a substance abuse treatment facility requires complete abstinence. Methadone may be used as a detoxification medication or as a treatment medication in an outpatient clinic setting. Pennsylvania regulations refer to Methadone maintenance treatment as Narcotics Treatment Programs.

Scope of Services

Methadone treatment, while sometimes used for the treatment of chronic pain, is primarily used for the maintenance treatment of an individual with an opioid use disorder. It is considered a Medication Assisted Treatment (MAT) for opioid disorder, however, it is the only MAT that is regulated as its own

Level of Care (LOC). Pennsylvania regulations requires that a participant be at least 18 years of age in order to be prescribed Methadone.

A federal and state regulated Methadone Treatment center is open for daily dosing, often between the hours of 5:00 a.m. until 12:00 noon. Take-home doses are available if an individual meets the program's criteria for take-home dosing, and usually only after a certain amount of successful treatment time in the program.

Member capacity is determined by the state and is dependent upon factors such as safety, internal member flow patterns, and size of the facility, waiting area, restrooms, dispensing area and nursing windows, staff size and composition, and finally, location and hours of operation.

Service Description

Each Methadone treatment facility is required to have a designated medical director who, as a qualified physician, has three years documented experience providing services to persons using alcohol and/or other drugs, including at least one year of experience treating opioid use disorder with a narcotic drug, or is certified in addiction medicine by the American Society of Addiction Medicine, or is certified in addiction psychiatry by the American Board of Psychiatry and Neurology.

In addition, a nurse must be employed full time as the individual authorized by law to dispense a controlled substance. The program must employ full time counselors on a 35:1 client/counselor ratio. Assistant counselors who are eligible for a counseling caseload may be included in the full-time counselor count.

A narcotic treatment program shall comply with the following staffing ratios as established in Chapter 704 (relating to staffing requirements for drug and alcohol treatment activities.):

(1) *General requirements.* A narcotic treatment program shall comply with the patient/staff and patient/counselor ratios in subparagraphs (i)—(vi) during primary care hours. These ratios refer to the total number of patients being treated, including patients with diagnoses other than drug and alcohol addiction served in other facets of the project. Family units may be counted as one patient.

(i) *Inpatient nonhospital detoxification (residential detoxification).*

A. There shall be one full-time equivalent (FTE) primary care staff person available for every seven patients during primary care hours.

B. There shall be a narcotic treatment physician on-call at all times.

(ii) *Inpatient hospital detoxification.* There shall be one FTE primary care staff person available for every five patients during primary care hours.

(iii) *Inpatient nonhospital treatment and rehabilitation (residential treatment and rehabilitation).* A narcotic treatment program serving adult patients shall have one FTE counselor for every eight patients.

(iv) *Inpatient hospital treatment and rehabilitation (general, psychiatric or specialty hospital).* A narcotic treatment program serving adult patients shall have one FTE counselor for every five patients.

(v) *Partial hospitalization.* A partial hospitalization narcotic treatment program shall have a minimum of one FTE counselor who provides direct counseling services to every ten patients.

(vi) *Outpatient. The counseling caseload for one FTE counselor in an outpatient narcotic treatment program may not exceed 35 active patients.*

Service Exclusions

None

Referral Process

All referrals may be made directly to the Methadone provider for their assessment of the member to ensure appropriateness of this level of care. Each clinic is expected to provide an exact time and date of intake/assessment appointment for each member.

Admission Process

Each individual must be screened prior to admission, verifying the individual's identity, that the individual is 18 years of age, their drug use history and their current drug use. The physician must make a face-to-face determination of whether the individual is currently physiologically dependent upon a narcotic and has been dependent for at least one year prior to admission. The treatment program shall explain to each member their treatment options; pharmacology of methadone; Levacetylmethadol (LAAM) and other agents, including signs and symptoms of overdose and when to seek emergency assistance; detoxification rights; grievance procedures; and clinic charges, including the fee agreement signed by the member. A personal history shall be secured from the member within the first week of admission. The personal history shall be part of the member record. Prior to administration of an agent, a Narcotic Treatment Program shall screen each individual to determine eligibility for admission. All clients are required to sign a treatment agreement at the time of admission.

Treatment or Service Plan

A Methadone treatment program must provide individualized psychotherapy services and meet one of the following requirements:

- Provide each member an average of 2.5 hours of psychotherapy per month during the member's first two years, one hour of which shall be individual psychotherapy. Additional psychotherapy shall be provided as dictated by ongoing assessment of the member.
- Provide each member at least one hour per month of group or individual psychotherapy during the third and fourth year of treatment. Additional psychotherapy shall be provided as dictated by ongoing assessment of the member.
- After four years of treatment, a narcotic treatment program shall provide each member with at least one hour of group or individual psychotherapy every two months. Additional psychotherapy shall be provided as dictated by ongoing assessment of the member.

Methadone treatment programs must use a member identification system for the purpose of verifying the correct identity of a member prior to administration of an agent. The program must maintain a photograph of each member that includes the member's name and birth date, to be updated every three years. An initial drug-screening urinalysis for each prospective member must be taken at admission and a random urinalysis at least monthly thereafter.

Expectations of Service Delivery

An individual treatment and rehabilitation plan shall be developed with a client. This plan shall include, but not be limited to, written documentation of:

- Realistic short and long-term goals for treatment as mutually formulated by both staff and member.
- Type and frequency of treatment and rehabilitation services.
- Proposed type of support service.

The narcotic treatment physician or the patient's counselor shall review, reevaluate, modify, and update each patient's treatment plan at least every 60 days. The project shall assure that counseling services are provided according to the individual treatment and rehabilitation plan.

Counseling shall be provided to a client on a regular and scheduled basis.

Documentation

The documentation in the individual's behavioral health record allows mental health professionals to evaluate and plan for treatment, monitor health care over time, and facilitate communication and continuity of care among healthcare professionals involved in the individual's care. It ensures accurate and timely claims review and payment, promotes appropriate utilization review and quality of care evaluations, and can be used for research and education. The following elements are important to follow and align with the minimum Pennsylvania Medical Assistance documentation requirements:

- The record must be legible throughout.
- The record must identify the member on each page.
- Entries must be signed and dated by the responsible licensed provider. Care rendered by ancillary personnel must be counter-signed by responsible licensed provider.
- Alterations of the record must be signed and dated.
- The record must contain a preliminary working diagnosis, as well as final diagnosis, and the elements of a history and physical examination upon which the diagnosis is based.
- Treatments, as well as treatment plan, must be entered in the record. Drugs prescribed as part of treatment, including quantities and dosages, must be entered in the record. If a prescription is telephoned to pharmacist, the prescriber's records require a notation to this effect.
- The record must indicate the progress at each session, change in diagnosis, change in treatment and response to treatment.

- The record must contain the results, including interpretations, of diagnostic tests and reports of consultations.
- The disposition of the case must be entered in the record.
- The record must contain documentation of the medical necessity of a rendered, ordered or prescribed service.
- The documentation of treatment or progress notes for all services, at a minimum, must include:
 - The specific services rendered.
 - The date the service was provided
 - The name(s) of the individual(s) who rendered the services.
 - The place where the services were rendered.
 - The relationship of the services to the treatment plan – specifically, any goals, objectives and interventions.
 - Progress at each session, any change in diagnosis, changes in treatment and response to treatment.
 - The actual clock hours that services were rendered.

Patient file records, information and documentation shall be legible, accurate, complete, written in English, and maintained on standardized forms or electronically. If a Narcotic Treatment Program keeps patient information in more than one file or location, it is the responsibility of the Narcotic Treatment Program to provide the entire member record to authorized persons conducting Narcotic Treatment Program approval activities at the Narcotic Treatment Program, upon request.

Care Coordination

Methadone Treatment Providers are expected to maintain written referral agreements with providers offering higher levels of care, including withdrawal management. When making a referral to a higher level of care, the Methadone Provider must include a release of information and a letter stating that they will re-admit the member to their Methadone Clinic upon completion of the higher level of care.

DDAP has outlined standards and guidelines for individuals on Methadone Maintenance that are already enrolled in Narcotic Treatment Programs for at least 6 months who are referred to detox or residential treatment. Prior to implementing treatment for individuals on Methadone maintained in residential rehabilitation, the staff members of both facilities must undergo training on these protocols including a general overview of Methadone Maintenance treatment.

The full guidelines are outlined in a DDAP-issued [Protocol](#). An overview of the requirements is outlined below:

- Training will be provided by staff of the NTP staff.
- The primary counselor at the NTP will have the individual sign all necessary consent to release information forms to allow for review and coordination of treatment with the residential facility.

- The primary counselor will then schedule a case review with the NTP's clinical team. The individual who is being considered for residential rehabilitation is expected to attend this meeting. The clinical director or designee of the residential facility will be invited to participate in the clinical team review. A "case conference" note will be completed by the primary counselor and will summarize the review of the clinical team.
- If the individual meets ASAM criteria and is deemed appropriate by the clinical team for inpatient detoxification or rehabilitation, then a copy of the "case conference" note, the psychosocial summary, the ASAM summary, and a "transfer summary" will be provided to the clinical director or designated staff member of the residential facility.
- On the day the individual is scheduled for admission to the residential facility, they will present at the NTP to be medicated. The individual will be given the key or the combination to the lock box used to store the methadone at the residential facility. The NTP nursing staff shall retain one key or record the combination in a locked, secure area. The individual will then travel to the residential facility or be transported there by program staff of either the NTP or residential facility.
- No more than seven doses of methadone will be dispensed in bottles with prescription labels and placed in a lock box by the NTP nurse and witnessed by either the patient or a second NTP staff person.
- After the methadone has been placed in the lock box, the director or designee will arrange for the transportation of the lock box containing the methadone to the residential facility. Only the medical staff, nurses, or director of the NTP may transport the methadone. Along with the lock box containing the methadone, there will be a medication verification form.
- The NTP assumes all responsibility for the transportation of the methadone to and from the residential facility.
- Upon arrival at the residential facility, the NTP staff member will be escorted to the area where the lock box will be stored in a locked container designated solely for the storage of the methadone. The box will be opened by the patient in the presence of the NTP staff person and the residential staff. The number of methadone doses will be verified by the NTP staff, residential staff, and the patient. All will sign a medication record verifying the number of doses contained in the lock box.
- When a new supply of methadone is delivered to the residential facility, a member of the residential facility staff will escort the NTP staff member to the storage area. The NTP staff member will give the new supply of methadone to the individual in the presence of the residential staff. The patient, NTP staff, and residential staff, will verify the inventory in the box and all sign a receipt for the medication. The NTP staff member will then be given the empty bottles and the medication verification log which will be returned to the NTP.
- The NTP's Medical Director/physician has sole responsibility for the determination of methadone dose and schedule. Any questions or issues that the residential facility staff may have regarding the individual's methadone dose must be addressed directly with the NTP's Medical Director/physician.
- Individuals will be required to submit at least one drug screen per month. The NTP has the sole responsibility for this. If an individual is in the residential facility for three weeks, the NTP will make arrangements to obtain the urine sample; or, if the NTP has an approved exception, an

oral fluid swab if the NTP physician determines that is appropriate. The NTP shall use the approved laboratory for testing the sample. The NTP shall provide the residential facility with a copy of the results if the individual is in residential treatment during the time the results are received.

- Treatment at the NTP is not required while the client is in 3.5. DDAP has confirmed that a waiver is NOT required specific to mandated therapy hours when a member is receiving MMT from an Outpatient NTP while in a residential program. The residential program will provide the therapy and the NTP does not need to provide additional therapy.
- An exception/ waiver is required specific to the transportation of MMT. The NTP must request an exception for off-site dosing on the SAMHSA/CSAT website: [https://otp-extranet.samhsa.gov/request/\(S\(n5pvzrrag0slizz5ie2b0dg4\)\)/default.aspx](https://otp-extranet.samhsa.gov/request/(S(n5pvzrrag0slizz5ie2b0dg4))/default.aspx). The NTP will provide a copy of the approved exception to the residential facility.
- The NTP clinical director or the individual's counselor must participate in the clinical evaluations/reviews at the residential facility. It is preferred that participation be in person unless transportation and distance preclude this. In that case, the NTP staff member may participate via conference call.
- The residential clinical director or assigned residential staff must maintain individual and group progress notes, treatment plans, and the treatment plan updates. Copies of this documentation will be placed in the patient's chart at the NTP.
- Discharge planning and the development of aftercare plans must be coordinated with the NTP either in the staff meetings at the residential facility or by telephone while the individual is still in residential treatment. At the time of discharge, the individual will be informed that he/she is to resume treatment at the NTP the following day. The NTP is to be notified of the discharge prior to the actual date. Confirmation of this notification must be documented and placed in the chart. The NTP is responsible for providing treatment services post- discharge. The rehabilitation facility is not to refer the individual to another level of care. Any aftercare referrals other than a direct return to outpatient methadone maintenance will be the responsibility of the NTP. However, the residential facility may make recommendations for referral as part of the discharge plan.
- Upon discharge from the residential facility, copies of progress notes, record of services, treatment plan and updates, discharge summary, final aftercare plan and recommended level of care according to ASAM criteria must be forwarded to the NTP and placed in the individual's chart.
- If treatment exceeds 30 days, then progress notes, record of services, and treatment plan and updates must be forwarded to the NTP monthly.
- The NTP does not need to provide a letter to the residential provider stating that they will allow the individual to return to their care because they are considered to be in the care of the NTP while in residential treatment.

DDAP has outlined other situations where a member is at a residential facility and wants to begin methadone or the situation does not allow for the above procedures. A residential provider that accepts individuals on methadone could do this a couple of different ways:

- A residential provider could opt to transport an individual to the NTP/OTP, if within a reasonable distance.

- A residential/treatment patient can use take home medication provided by the NTP the client is enrolled in.
- The client could guest dose at another NTP while enrolled in a residential/treatment facility. The client would remain enrolled in the NTP and the residential treatment program.
- The residential provider could also have a licensed NTP/OTP on the same campus which would allow easy access to care between types of service or care.

Discharge Planning and Transition

A Methadone treatment program shall develop and implement policies and procedures regarding involuntary terminations. Involuntary terminations shall be initiated only when all other efforts to retain the member in the program have failed. A Methadone treatment program may involuntarily terminate a member from the treatment program if it deems that the termination would be in the best interests of the health or safety of the member and others, or the program finds any of the following conditions to exist:

- The member has committed or threatened to commit acts of physical violence in or around the narcotic treatment program premises.
- The member possessed a controlled substance without a prescription or sold or distributed a controlled substance, in or around the narcotic treatment program premises.
- The member has been absent from the treatment program for three consecutive days or longer without cause.
- The member has failed to follow treatment plan objectives.
- The member repeatedly produces a positive urine drug screen for illicit drugs.
- The member presents medical issues that places them at health risk.

A member terminated involuntarily, except a member who commits or threatens to commit acts of physical violence, shall be afforded the opportunity to receive detoxification for at least seven days. The detoxification may take place at the facility, or the member may be referred to another methadone treatment program or hospital licensed and approved by the Department for detoxification.

Outcomes

Methadone Treatment providers should have policies and procedures in place to evaluate outcomes for the program. Some of the indicators that could be considered include:

- Member satisfaction
- Utilization of higher levels of care
- Community tenure
- Follow up after discharge from higher levels of care

- Member engagement in services

Complaint Process

Magellan provides a formal mechanism for all members to express a complaint related to care or service, to have any complaints investigated and resolved, and to receive a timely and professional response to their complaint in compliance with the HealthChoices Program Standards and Requirements Appendix H. This Complaint process is managed by Magellan's Quality Improvement Team. Complaint information is integrated as a key indicator for informing patient safety, credentialing, quality improvement activities, and analyzed for trending and opportunities throughout the network.

When a member files a complaint directly with Magellan, Magellan partners with the provider to address the concern. A member's decision to file a complaint with Magellan should not compromise their care or services. Providers are expected to adhere to their Facility and Program Participation Agreement with Magellan regarding cooperation with appeal and grievance procedures (Section 2.2.1). The identified provider will receive an acknowledgement letter summarizing the complaint items and requesting documentation to be submitted for the review. The response and documentation should be faxed to 888-656-2380 on or before the deadline listed in the letter. Additional information and follow up activities might be requested.

Magellan uses information gained from member complaints to identify areas where opportunity for improvement may exist. Magellan may request corrective action of a provider in response to supported complaints and identified trends in complaints. If Magellan identifies a supported (substantiated) complaint involving an agency, Magellan staff will collaborate with providers to develop a Complaint Resolution Plan to address the concern. Please review the Provider Communication shared with network providers [here](#) about this important and collaborative process.

Grievance Process

Magellan and the Pennsylvania HealthChoices Program Standards and Requirements defines a grievance as a request by a member, the member's representative, or health care provider (with written consent of the member), to have Magellan or a utilization review entity reconsider a decision concerning the medical necessity and appropriateness of a covered service.

Magellan reviews requests from providers for behavioral health services to ensure that approved services are medically necessary and appropriate.

If a level-of-care request is not authorized at the level, frequency or duration as requested, Magellan members are entitled to grieve a medical necessity denial. At the time of a denial, Magellan informs members of this right and how to proceed. Each medical necessity grievance is handled in a timely

manner consistent with the clinical urgency of the situation and in compliance with the HealthChoices Program Standards and Requirements Appendix H.

If a level-of-care request is not authorized at the level, frequency or duration requested, it is the expectation that the behavioral health provider will meet with the member, and the member's family if appropriate, to discuss treatment changes and options. This discussion will include, but not be limited to, a review of the services that are authorized, a review and revision of the treatment plan based on authorized services, a referral to additional and/or an alternative provider if indicated, other options available to the member, and a review of member grievance rights and procedures as outlined in the denial letter, should the member choose to grieve the non-authorization decision.

Quality Management

Quality care for members and their families is important. Magellan is committed to continuous quality improvement and outcomes management through its company-wide Quality Improvement Program that includes assessment, planning, measurement, and re-assessment of key aspects of care and services. Magellan has collaborated with Counties and providers to develop a Quality Improvement Program that strives to improve the delivery of services to HealthChoices' members.

Magellan's Quality Improvement Program's policies and procedures are structured to support compliance with the accreditation requirements of several organizations, including the National Committee for Quality Assurance (NCQA) and URAC. Assessment of compliance with these requirements is integrated into our quality improvement activities.

Per Magellan's contractual agreement, providers must cooperate and participate with all quality improvement procedures and activities. Providers shall permit access to any and all portions of the medical record that resulted from member's admission or the services provided. Magellan's utilization review program and/or quality improvement program may include on site review of covered services and shall permit Magellan staff on site access.

In support of our Quality Improvement Program, providers are essential quality partners. It is important that providers are familiar with our guidelines and standards and apply them in clinical work with members in order to provide, safe, effective, patient-centered, timely, and equitable care in a culturally sensitive manner. Please refer to the Magellan National Provider Handbook and Provider Handbook Supplement for HealthChoices' Program Providers for additional information and guidelines.

In addition to adhering to state and federal regulations, providers are responsible to:

- Follow policies and procedures outlined in Magellan's Provider Handbook and Provider Handbook Supplement.
- Meet treatment record standards as outlined in the Treatment Record Review Tool found under Audit Tools in the Appendix of Magellan's Provider Handbook.

- Provide treatment records as requested for quality of care issues and adhere to clinical practice guidelines and HEDIS®-related measures.
- Participate as requested in treatment plan reviews, site visits and other quality improvement activities.
- Use evidence-based practices.
- Adhere to principles of member safety.
- Attend or log on to provider training and orientation sessions.
- Participate in the completion of a remediation plan if quality of care concern arises.
- Encourage use of member and clinician outcome tools including use of the PHQ-9 and other standardized tools at intake and established treatment intervals, and to review real-time reports together.
- Incorporate the use of secure technology into their practice to make accessing services more convenient for members, e.g., email communication, electronic appointment scheduling, appointment or prescription refill reminders, electronic referrals to other practitioners or programs, and online access to personal health record information.
- Assist in the investigation and timely response of member complaints.
- Assist in the investigation and timely response of adverse incidents.

Magellan commits to a strong cultural competency program and believes that all people entering the behavioral health care system must receive equitable and effective that respects individual member preferences, needs and values, and is sensitive to residual stigma and discrimination. Magellan encourages providers to maintain practices deeply rooted in cultural competence and prioritize health equity and inclusion. These practices include focusing on continual training and education to support staff. Cultural Competence and Diversity, Equity, and Inclusion (DEI) resources are available on www.Magellanoftpa.com to help develop provider cultural competency programs.

There are instances where Members may benefit from oral interpretation, translation services, and materials/communication approaches in non-English languages or alternative formats. Providers are encouraged to maintain staff training to support Members with language assistance needs and ensure that their team is prepared to respond to provide the best possible treatment outcomes. For practitioners, Magellan makes in-person, video or telephonic interpretation services available, as needed. Magellan offers language assistance service educational resources for network providers. These are located on Magellan's website.

Please note: Reporting requirements for Magellan remain consistent and in line with the PA DHS Bulletin, OMHSAS-15-01. A copy of all reportable incidents must be submitted to Magellan's Quality Management Department within 24 hours of an incident or upon notification of an incident. The types of incidents that are reported to Magellan include: Death, Attempted Suicide, Significant Medication Error, Need for Emergency Services, Abuse/Childline Report, Neglect, Injury/Illness, Missing Person, Seclusion, Restraint, Other (<https://www.magellanprovider.com/media/29919/adverseincidentreporting.pdf>).

[Appendix A](#) to the Pennsylvania HealthChoices Supplement to the Magellan National Provider Handbook offers an updated Incident Reporting Form, Provider Instructions and Definitions. Magellan also provides an electronic format for incident reporting for submission to ease provider paper burden.