Information and FAQ’s for SUD residential programs

Information and FAQ’s for SUD inpatient and withdrawal management behavioral health agencies, related to the coordination of care with OTP clients taking dispensed or administered methadone and/or buprenorphine products.

Overview

Fully Integrated Managed Care (FIMC) Contract—1115 IMD Exclusion Waiver Milestone #3 Draft Language.

**Requirement**

SUD Inpatient and withdrawal management facilities to offer MAT on-site or facilitate access off-site.

* The Contractor must require that residential and inpatient treatment agencies develop policies and procedures to offer MAT on-site or facilitate access off-site on July 1, 2019. Any new policies or procedures must take effect on or before January 1, 2020.
* The Contractor must only subcontract with licensed SUD behavioral health treatment agencies that have policies and procedures in place to ensure Enrollees who are prescribed any of the Federal Drug Administration (FDA) approved medications to treat all substance use disorders will not be denied services.
* The Contractor must assure there is enough network capacity that Enrollees with an SUD receiving or desiring medication to treat SUD are able to have it prescribed while engaged in any level of ASAM SUD treatment.
* The Contractor may not subcontract with licensed SUD behavioral health treatment agencies that have policies and procedures in place that mandate titration or limit the total acceptable daily dose or length of time on medication prior to admission, of any prescribed FDA approved medications to treat any substance use disorder as a condition of Enrollees receiving treatment or continuing to receive behavioral health treatment. Decisions concerning medication adjustment are based on medical necessity and in coordination with the prescribing provider.
* The Contractor must subcontract with licensed inpatient SUD behavioral health treatment agencies that have policies and procedures allowing Enrollees to seek FDA-approved medication for any substance use disorder at any point in their course of treatment and ensuring the agency will provide or facilitate the induction of any prescribed FDA approved medications for any SUD.

This may be done by

* Having an appropriately credentialed prescriber on-site or available through telemedicine who is able to prescribe FDA approved medications for SUD; or
* Facilitating off-site transportation of Enrollees to medical or behavioral health treatment agencies that offer medications for SUD.
* The Contractor may only subcontract with licensed inpatient SUD behavioral health treatment agencies that have policies and procedures ensuring they will provide or facilitate the continuation of any prescribed FDA approved medications at the client’s current dose for any substance use disorder. Decisions concerning medication adjustment must be based on medical necessity and in concert with the prescribing provider.

This may be done by

* Facilitating off-site transportation of Enrollees to medical or behavioral health treatment agencies that offer medications for substance use disorder; or
* Allowing Enrollees currently on medications for substance use disorders to continue to take their medications as prescribed and provide a safe storage space for said medication during their course of treatment.

Based on the language above, the following scenarios must be allowed to occur

1. A client that is currently receiving methadone or buprenorphine products from an Opioid Treatment Program (OTP) must be allowed to take their patient owned medication onsite when they are admitted to an RTF providing inpatient SUD or withdrawal management services.
2. A client that is currently receiving methadone or buprenorphine products from an OTP must be able to have coordination of care regarding transportation to an OTP offsite for medically necessary medication adjustments and/or medically necessary continued dosing needs.
3. A behavioral health agency may also potentially have policy and procedures in place for designated SUD inpatient or withdrawal management behavioral health agency staff members to physically pick up a clients dispensed methadone or buprenorphine products from an OTP on behalf of a client through a legally recognized chain of custody agreement between the client, OTP and the receiving behavioral health agency. Additionally, an SUD inpatient or withdrawal management behavioral health agency may potentially enter into an agreement with an OTP for OTP staff to come onsite to provide a client with their medication.
4. A client that would like to begin treatment with methadone or buprenorphine products from an OTP off site, must be given this opportunity and be able to have coordination of care regarding transportation to an OTP offsite for medically necessary induction

Frequently asked questions for SUD residential programs

1. **Does the new legislation REQUIRE a substance use disorder (SUD) inpatient and withdrawal management behavioral health agencies to accept methadone specifically? Will all RTFs be required to accept methadone starting 01/01/2020?**

* Yes. The contract language requires that all RTFs providing SUD inpatient and/or withdrawal management services to offer on-site or facilitate access off-site to any of the Federal Drug Administration (FDA) approved medications to treat all substance use disorders. This includes methadone.

**2. Is there a certain amount of methadone or buprenorphine we can ask clients to titrate to?**

* No. An RTF providing inpatient SUD and/or withdrawal management services may not require any individual to titrate the amount of their dispensed methadone or buprenorphine products from an OTP or other facility as a requirement for admission, continuation or successful completion of treatment.
* Any clinical documentation noting medication titration must reference medically necessary criteria for titration of a treatment of a medication, and documented coordination with the individuals’ OTP medical director or buprenorphine prescriber on this decision.

1. **Are there any considerations we need to be aware of? For example will clients on methadone of buprenorphine present differently than other patients on the treatment milieu?**

* No. If a client is on a clinically appropriate amount of methadone or buprenorphine, and they are medically stabilized, then a client will have their withdrawal and craving symptomology controlled, and will not exhibit any signs of impairment.
* If a client is presenting with physical symptomology that is concerning to RTF staff then a client should have clinical documentation in the clients treatment record that care coordination is occurring between the individuals OTP medical director and the RTF facility staff. Clients need to be treated in a manner similar to how care coordination would occur for any other type of medical complication a client may incur while in a facility.

1. **In regards to methadone specifically, we are trying to better understand the protocols and policies, where are requirements found in the WAC?**

* [DOH RTF WAC 246-337-105](https://apps.leg.wa.gov/WAC/default.aspx?cite=246-337-105) “Medication management” language contains all state rules around the topic of keeping a medication for the treatment of opioid use disorder within an inpatient or withdrawal management facility. This WAC also discusses different rules for different scenarios of how medications can be maintained.
* For more in depth technical assistance on this topic, please contact your behavioral health agencies licensing body at Washington State DOH.

1. **If a client is coming from an OTP, and is struggling with ongoing substance use, should we send them to a withdrawal management facility first if the client needs to stay on their medication?**

* If a client is struggling with ongoing opioid use while taking either methadone or buprenorphine then their dose of medication for the treatment of opioid use disorder likely needs an adjustment.
* A client would not need withdrawal management services for ongoing opioid use only prior to entering residential/inpatient treatment. As is true with people who take medications for high blood pressure or diabetes, whose blood pressure or glucose are not at target, a dose adjustment is needed. In this instance, care coordination between the treating facility and the clients prescribing provider is indicated and a best practice.
* If a client who is being treated with methadone or buprenorphine is struggling with ongoing use of a substance other than opioids, and requires inpatient treatment, they should be managed like any other patient on a chronic medication. If they need withdrawal management services for their other substance prior to inpatient care, they should be referred for those services with the expectation that they continue their opioid agonist or partial agonist therapy through withdrawal management and inpatient treatment stays.
* If at any time a client reports symptoms of opioid craving or exhibits signs of opioid withdrawal, or intoxication from opioids, care coordination with their prescribing provider for a dose evaluation should occur.

1. **Will an OTP client come to an RTF with the medication “carries” for their whole treatment stay dispensed at once?**

* This is one option that is available currently under state and federal rules, if it is a medically appropriate decision to make for a methadone client.
* Under federal and state law, an OTP can initiate an exception process to allow for up to 31 days of take home medications to be dispensed to a client, prior to the client attending a controlled environment such as an RTF.
* This is the most common way to get a client who is medically stable dispensed methadone or buprenorphine from an OTP, to take their medication with them to an RTF.

1. **Are there specific protocols around observing their dosing and what the patient must do to demonstrate compliance?**

* All medication administration policies and procedures for residential treatment facilities must meet the requirements in WAC 246-337-105.
* There are no other federal and/or state regulations or guidelines at this time that have specific requirements for how to observe dosing or what the resident must do to demonstrate compliance.
* It would be appropriate to adopt any observed dosing protocols that a behavioral health agency may currently have for any other controlled medication self-administration.

1. **What happens if the patient aborts treatment? Do they leave with their carries? What if they walk off? How do you deal with the methadone or buprenorphine left behind?**

* Clients at SUD inpatient or withdrawal management facilities may be allowed to take their “carries” of medication with them.
* Some SUD inpatient and withdrawal management facilities in Washington State that currently allow methadone and buprenorphine onsite have a policy and procedure which allows a client to take their patient owned medication with them.

1. **What other pitfalls might you have already discovered that we need to be mindful of?**

* You may want to reach out to any one of our state’s Pregnant & Parenting Women (PPW) programs. All of these facilities should have current policy and procedures around accepting dispensed methadone and buprenorphine products from an OTP.

1. **Are there any technical assistance support/monies available around topics such as policy and procedures, expanding security for medication storage and/or possible increased transportation costs?**

* HCA and DOH staff would be willing to set up telephone calls and onsite technical assistance visits to discuss your agencies policy and procedure inquiries to implement these changes.
* There is no financial support available from HCA or DOH to expand security of medication storage at an RTF.
* All Medicaid clients are eligible to utilize benefits for Non-emergency medical transportation to facilitate their transport to medically necessary treatment appointments, this would include transportation to an OTP for medication dosing/medication adjustment appointments.
* For more information on this topic, please review the following webpage for information on HCA’s [non-emergency medical transportation services.](https://www.hca.wa.gov/health-care-services-supports/apple-health-medicaid-coverage/transportation-services-non-emergency#requesting-transportation-assistance)

1. **What if a client has not reached a “therapeutic dose” of their buprenorphine product or methadone, do we will still need to take them?**

* Yes. An inpatient or withdrawal management SUD facility must accept a client regardless of where the client is at in the timeline of their induction period to a medication for the treatment of opioid use disorder.
* If a client is presenting with physical symptomology that is indicative of continued withdrawal symptomology, or over medication, then ongoing care coordination should be occurring between the individual’s medical staff and their recovery support services team.
* Clients need to be treated in a manner similar to how care coordination would occur for any other type of medical complication a client may experience.

To be determined

* Forthcoming will be DOH feedback regarding how an SUD inpatient and/or withdrawal management facility may appropriately destroy controlled substances left onsite if a client leaves treatment unexpectedly.
* Forthcoming will be feedback from the Washington State Opioid Treatment Authority, regarding coordination for possible alternative accommodations and/or assistance with potential authorization of exceptional non-emergency medical transportation when an OTP is not geographically located near the inpatient.
* Forthcoming will be DOH feedback regarding if an SUD inpatient and withdrawal management facility in Washington State which allows methadone and buprenorphine onsite can have a policy and procedure which requires a client to sign an informed consent for treatment noting that a client acknowledges if they abort treatment before treatment completion, they will not be able to take their medication with them?

For more information contact

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