



# Magellan Compliance Notebook

Magellan Behavioral Health of Pennsylvania, Inc. (Magellan) strives to be proactive and use education as a preventative tool to help ensure our members receive the highest quality of care through you, the provider. The Compliance Department at Magellan is committed to sending monthly e-mails to targeted providers regarding a Compliance-related subject.

*This e-mail communication is specific to your HealthChoices (Pennsylvania Medicaid) Contract with Magellan.*

This month, Magellan would like to provide important clarification and guidance for Substance Use Disorder (SUD) Providers regarding member access to Medication Assisted Treatment (MAT), especially Methadone Maintenance Treatment (MMT) while in residential programming. Magellan previously shared many of these parameters in July 2021; however, is redistributing the guidelines due to some non-compliance.

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Per The Department of Drug and Alcohol Programs (DDAP) Case Management and Clinical Manual, **providers receiving state or federal funds are not allowed to restrict admissions based upon medication use**. Contracted providers that restrict admission based upon medication use may not receive those funds to treat any individual or provide any type of prevention, intervention, treatment, or treatment related service. Whether or not an individual should taper from MAT is a decision that must be made between the prescriber and the patient. If an individual and their prescriber make the decision to taper off MAT, the facility is still allowed to receive federal or state funds. However, if the facility forces a person from MAT to admit or continue treatment, they would be violating this requirement.

SUD residential providers must establish and maintain relationships with Narcotic Treatment Programs (NTP). On December 18, 2019, DDAP issued a licensing reminder to outline the procedures used in recognizing and providing treatment for individuals maintained on methadone at a NTP and in need of concurrent residential treatment for addiction to non-opioid substances. In July 2020, DDAP issued a FAQ for Service Alignment in 3.0 Levels of Care which addressed how a residential facility providing the 3.5 level of care could accept clients on methadone. Please note that this guidance was intended for situations where an individual is already at a residential facility and wants to begin methadone or the situation does not allow for the NTP/OTP to deliver medications to the residential/treatment provider consistent with DDAP and CSAT regulation and guidelines.

Please review the below standards and guidelines that DDAP has outlined for individuals that are already enrolled in NTP services that are referred to detox or residential treatment by the NTP staff. For a copy of the full Protocol, please follow this [link](#).

**Member Eligibility Criteria:**

- Meets the American Society for Addiction Medicine (ASAM) Criteria 3.7 WM or 4 WM medically monitored or medically managed inpatient detox or 3.5 or 4 medically monitored or medically managed short-term residential level of care.
- Enrolled in a NTP for a minimum of six months.
- Addiction to alcohol or a non-opioid drug which has not responded to traditional outpatient counseling.
- Approved by the NTP's clinical team for referral to a residential detoxification and/or rehabilitation program.
- Stabilized on methadone.

**Training:**

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. Training will be provided by staff of the NTP and include the following:

1. Regulatory requirements in the use of methadone.
  - a. Federal (CSAT and DEA) requirements and regulations.
  - b. State narcotic treatment requirements and regulations.
2. Clinical needs of NTP patients for residential rehabilitation services.
  - a. Methadone myths and facts.
  - b. Anticipated NTP patient profiles.
  - c. Signs and symptoms indicating when the NTP medical staff need to be consulted.
3. Protocol requirements for the use of methadone in rehabilitation facilities.

The residential facility, at a minimum, will train both clinical and medical staff who will have any role in providing treatment.

**Highlights of NTP responsibilities:**

- 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\(r11a1gkpytc4t2hewoao40sf\)\)/default.aspx](https://otp-extranet.samhsa.gov/request/(S(r11a1gkpytc4t2hewoao40sf))/default.aspx). The NTP will provide a copy of the approved exception to the residential facility.

#### **Highlights of Residential facility responsibilities:**

- The clinical director of the residential facility will review the case documentation with the clinical and administrative staff in order to make a decision regarding the admission and level of care of the methadone-maintained patient who has been referred.
- Upon approval of the admission, the clinical director of the residential facility will contact the clinical director of the NTP to arrange the date and time of admission for the patient.
- The residential facility shall designate one staff person (residential staff) per day to be responsible for the methadone. If the facility employs nursing staff, one nurse shall assume this responsibility. If no nurses are employed, then a staff member shall be designated for medication management.
- The residential facility is responsible for funding authorization.
- The designated residential staff will be given the lock box containing no more than seven doses of methadone. The box will be opened by the patient in the presence of the NTP staff person and the residential staff. The NTP staff, residential staff and the patient will sign a medication record verifying the number of doses contained in the lock box.
- The residential staff will open the designated locked file/cabinet and the lock box will be placed in it and the file/cabinet will be relocked.
- Each morning, before 10 AM, while in residential treatment, the patient will go to the medication area to receive his/her medication. The designated residential staff and the patient will sign the medication verification form and then the residential staff will unlock the file/cabinet which contains the lock box. The patient will then unlock the lock box and take one bottle of methadone from the box. The patient will consume the dose in the presence and direct observation of the designated residential staff.
- On the day the patient consumes the sixth dose of methadone, the residential staff will contact the medical staff at the NTP to arrange for the pick-up of the empty bottles and the delivery of no more than seven doses of methadone for the patient on the seventh day.

- 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 individual, 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. If an individual leaves the residential facility against medical advice (AMA), a member of the residential staff will immediately contact the Director of Nursing or Director at the NTP to arrange for the pick-up of any unused methadone and the lock box.
- Members in this program are to be mainstreamed. They are not to be segregated into a distinct track. This treatment model is an integrated treatment model.
- If NA or AA attendance is part of the rehabilitation program, meetings open to the concept of methadone maintenance must be selected.
- 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.
- Individuals in the Rehabilitation phase of treatment will participate in all scheduled functions along with their peers in the residential program. Such functions are listed below (individuals do not receive separate treatment from the NTP while in a residential program):
  - Community meetings.
  - Daily lectures Monday through Friday.
  - Recreational activities.
  - Appropriate AA/NA meetings.
  - Therapeutic family programs.
  - Individual counseling sessions as needed with a minimum of one per week.
  - Group therapy as scheduled.

**Coordination of Care between treatment providers:**

- 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. Please reference the updated ASAM FAQ (pages 28-29) [here](#).**

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.

**DID YOU KNOW that Magellan has a Substance Use Disorder Resource page on our website? The link to the page is [here](#) and you can find information related to ASAM Alignment, MAT, Discharge Planning and other Resources!**

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At Magellan, we will continue to educate our providers with updated MA Bulletins, regulations and other pertinent information in order to ensure Compliance. Although providers are ultimately responsible for knowing and complying with all applicable regulations, we proactively engage providers on an ongoing basis to make sure they are aware of compliance related requirements and expectations. Medicaid Program Integrity is truly a collaborative

effort between our providers, county customers, Magellan, Bureau of Program Integrity (BPI) and other oversight agencies. The monthly e-mail blast topics are generated from audit results and trends; however, are also sent in response to recent Magellan policy updates; newly released or relevant MA Bulletins and Policy Clarifications; or Regulation changes. The intention is to afford our providers with as many resources as possible to combat FWA and reduce overpayments.

Thank you for your ongoing hard work and dedication to our members!

**Magellan of Pennsylvania's Compliance Team**

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