

MEDICATION ASSISTED TREATMENT

A. The Contractor shall provide medication assisted treatment to individuals age eighteen (18) or older who are medically indigent and who have a substance use disorder for which medication assisted treatment is clinically appropriate. Medically indigent is defined as having no private or public health care coverage that will pay for the services to be provided by the Contractor and no access to, or eligibility for, such coverage. Medication assisted treatment is a chemical maintenance outpatient service for individuals who are dependent upon substances and utilize regularly prescribed department approved medication along with supportive counseling and other necessary support and referral services.

B. Specifically, the Contractor shall:

1. Be certified and licensed by the appropriate federal and state agencies to provide chemical maintenance;
2. Conduct comprehensive medical and bio-psychosocial assessments in order to determine individuals’ physical and environmental appropriateness for medication assisted treatment;
3. Assess each individual applicant for the stage of change or readiness for treatment;
4. Provide counseling to each individual at a minimum of monthly, but more often as the individual’s circumstances warrant, especially during the first ninety (90) days of treatment;
5. Provide person-centered care at the most appropriate intensity. Person-centered care is recovery planning that relies on shared decision making and outcomes defined by the individuals being served so as to ensure the unique needs of each individual are identified and addressed within the agency or through referral to affiliates for a full continuum of recovery and recovery support services, including but not limited to psychiatric services, primary care and vocational counseling;
6. Utilize a harm-reduction model which is defined as attempts to keep individuals in treatment even if complete abstinence is not achieved and which allows for incremental decreases in substance use, when total abstinence has been unachievable;
7. Incorporate as staff, peer specialists or other individuals who have experienced living with an addiction disorder and who are in a stable recovery;
8. Provide age appropriate services and interventions for individuals between eighteen (18) and twenty five (25) years of age;
9. Refrain from having a zero tolerance policy for any specific classification of medication;
10. Ensure Releases of Information shall be signed by all individual being prescribed pain medication, other opiates, benzodiazepines or other classifications of medications as appropriate, and routinely consult with other prescribers to ensure maximum individual safety and minimize medication diversion;
11. Provide services within the context of a phased treatment protocol. Phased treatment is defined as stages of recovery beginning with an initial induction phase, followed by a maintenance phase and culminating with a sustained recovery phase; each phase of treatment will have clearly defined services and frequency of contact;
12. Have a written medication diversion plan in place that assists in the identification and management of inappropriate diversion of take-home medications;
13. Utilize the federally sponsored web-based request system for methadone take-home dose exceptions.

C. The service shall be provided in the following areas, with the capacities, number of individuals served and hours of operation described below:

Location	Capacity	Hours of Operation

D. The Contractor shall provide services which meet the required utilization rate for these services. The utilization rate for medication assisted treatment shall be measured by the number of counseling sessions provided and the number of individuals served as reported to the Department’s information system. Such information shall be verified by the Department. The minimum acceptable utilization rate is 90% as indicated in section C above and 90% of the number of counseling sessions proposed, per the approved funding application.

E. The Contractor shall implement the services described herein to result in the following outcomes on behalf of individuals served. Such outcomes shall be measured in the manner described herein. Outcome results achieved

pursuant to these terms and conditions will be monitored by the Department through data reported by the Contractor to the Department's information systems, in observations through site visits and/or in the required monthly service reports. The Department's outcome indicators for the Contractor's funded services are as follows:

PERFORMANCE OUTCOME MEASURES

Medication Assisted Treatment

OUTCOMES	MEASURES
1. Contractor will meet reporting requirements in a timely manner.	Department required data will be submitted to the Departments' data collection system no later than the 15 th day of each month.
2. Contractor will meet the expected utilization rate or annual projection of individuals to be served for this level of care.	A utilization rate of at least 90% will be achieved.
3. Contractor will meet the expected services or contacts volume for this level of care.	At least 90% of projected services or contacts will be achieved.
4. Individuals will report satisfaction with their services.	At least 80% of respondents to the Department's consumer satisfaction survey will rate services positively in each of the domains of access to services, quality of services, outcomes, participation in treatment planning, respect, recovery and general satisfaction with services.
5. Individuals will be effectively engaged in Medication Assisted Treatment	At least 50% of individuals served will remain in treatment for a minimum of twelve months.
6. Individuals will improve or maintain their overall functioning.	At least 75% of individuals served annually will maintain or increase their level of functioning as measured by the Global Assessment of Functioning Scale (GAF), Modified Global Assessment of Functioning Scale (MGAF).
7. Individuals will improve or maintain their living situation.	At least 90% of individuals served annually will improve or maintain their living situation.
8. Individuals will maintain or improve their employment status.	At least 40% of individuals served annually will maintain or increase their amount of competitive employment.
9. Individuals will improve or maintain their social supports.	At least 60% of individuals served annually will have increased or maintained the number of social supports.
10. Individuals will not be involved in new arrests.	At least 75% of individuals served annually will have had no new arrests.
11. Individuals will reduce or eliminate substance use.	At least 50 % of individuals served annually will have reduced or eliminated substance use.
12. Individuals will successfully complete treatment.	At least 50% of individuals discharged will have substantially completed the objectives identified on their recovery plans.