Substance Use Disorder Services Policy and Clinical Assumptions Grid

All Providers must adhere to state licensing requirements for their respective level(s) of care. As set forth in the Connecticut Medical Assistance Program (CMAP) provider enrollment agreement, providers must comply with all applicable federal and state statutes, regulations, and other requirements.

Qualified practitioners must operate within their scope of practice as applicable under state law, ensuring appropriate licensure and supervision as applicable. Qualified practitioners whose credentials exceed the minimum expectations outlined in this document may provide the services identified so long as they continue to operate within their scope of practice as applicable under state law.

Outpatient Levels of Care

	Opioid Treatment Services: Opioid Treatment Programs (ASAM 1 — OTPs)
Brief Service Description	An outpatient (Level 1) setting is the context in which opioid agonist medications are most commonly offered. Individuals receiving treatment in higher levels of care can be referred to, or otherwise be concurrently enrolled in, OTP services and can receive medications for addiction treatment (MAT) while receiving psychosocial services in the level of addiction care most appropriate given the individual's severity of illness and their assets and resiliencies.

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	Opioid Treatment Services: Opioid Treatment Programs (ASAM 1 — OTPs)
	OTPs are federally regulated programs that include direct administration of daily medication (opioid agonists: methadone or buprenorphine-based medications) as well as a highly structured psychosocial program that addresses major lifestyle, attitudinal, and behavioral issues that could undermine recovery-oriented goals. The participant does not have a prescription for the methadone or buprenorphine-based medication but receives daily medication from the OTP, including provision of any "take-home" supplies. OTPs must conform to the Federal opioid treatment standards set forth under 42 C.F.R. 8.12 in order to provide methadone or buprenorphine-based medications for opioid maintenance and withdrawal management. These regulations require that OTPs provide medical, counseling, toxicology screens, and other services to individuals admitted to treatment. To offer all Food and Drug Administration (FDA) approved treatment options for OUD, including buprenorphine-based medications, OTPs need to modify their registration with the Drug Enforcement Administration to add Schedule III narcotics to their registration certificates or seek licensure and enrollment as an Outpatient Clinic. Any OTP services that are rendered by a mobile OTP unit approved and licensed by the applicable state agencies shall adhere to all standards contained herein.
Ages Served	Age 16 and older
Admission Criteria	1. **Acute intoxication and/or withdrawal potential:** Physically addicted to opioids. 2. **Biomedical conditions and complications:** Meets biomedical criteria for OUD and requires outpatient medical monitoring and skilled care. Alternatively, the individual has a concurrent biomedical problems, illness or pregnancy that can be treated on outpatient basis with minimal daily medical monitoring. 3. **Emotional, behavioral, or cognitive conditions and complications:** None or stable or receiving concurrent mental health monitoring, medication and/or treatment. 4. **Readiness to change:** The individual requires structured therapeutic and pharmacotherapy program to promote treatment progress and recovery. Alternatively, the individual attributes their problems to persons or external events rather than to the substance-related disorder. They are unable to make behavioral changes in the absence of clinically directed and repeated structured motivational interventions. However, the individual's low interest in recovery does not render treatment ineffective. 5. **Relapse, continued use, or continued problem potential:** High risk of relapse or continued use without opioid pharmacotherapy, close outpatient monitoring and structured support. Alternatively, the individual is pregnant and requires continued opioid pharmacotherapy to avert repeated episodes of withdrawal by the fetus and ensure its continued health. 6. **Recovery environment:** Environment is sufficiently supportive that outpatient treatment is feasible, or the individual does not have an adequate, primary, or social support system but has demonstrated motivation and willingness to obtain such a support system. The individual's support system may require professional intervention to improve the individual's likelihood of treatment success. Alternatively, the individual has experienced traumatic events in their recovery environment or has manifested the effect of emotional, behavioral or cognitive problems in the environment, but these are manageable on an outpatient basis.

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	OTPs are expected to provide induction access within one business day to individuals seeking treatment given the high level of overdose risk. This includes all Federal and State regulatory components for admission to methadone maintenance (biopsychosocial assessment, treatment planning, face to face assessment by a medical provider, physical, lab work, guest dosing, including but limiting to etc.). The OTP should consider any/all alternatives to meet this requirement, including, but not limited to, utilizing all resources within the agency, the use of mid-level practitioners, and allowing physicals/intakes to take place at multiple locations. This guidance applies to all new admissions as well as individuals transferring from another OTP.
Provider Qualifications/ Staffing	Level 1 (opioid treatment services) outpatient services are provided by an array of licensed and unlicensed practitioners operating within their scope of practice. ***OTPs*** OTPs must conform to the Federal opioid treatment standards set forth under 42 C.F.R. 8.12. OTPs are allowed to develop staffing models with these regulations in mind and must have an adequate number of physicians, nurses, counselors, and other staff for the LOC provided and the number of individuals enrolled in the program. Services are delivered by a team of personnel trained in the treatment of OUD, which includes, at a minimum, physicians, nurses, licensed or certified addiction counselors, and mental health therapists who provide patient-centered and recovery-oriented individualized treatment, case management, and health education (including education about HIV, tuberculosis, hepatitis C, and sexually transmitted diseases). The team can include social workers, professional counselors, and licensed psychologists, as needed. Team members must be knowledgeable in the assessment, interpretation, and treatment of the biopsychosocial dimensions of alcohol or other substance use disorders. They receive supervision appropriate to their level of training and experience. Programs should determine staffing patterns by taking into account the characteristics and needs of particular patient populations. Likewise, patient-to-staff ratios should be sufficient to ensure that individuals have reasonable and prompt access to counselors and receive counseling services at the required levels of frequency and intensity. OTPs must have: • A designated medical director available onsite or for consultation at all times the facility is open. The medical director shall assume responsibility for administering all medical services performed by the OTP. In addition, the medical director shall be responsible for ensuring that the OTP complies with all applicable Federal, State, and local laws and regulations. • At least one registered nurse, currently licensed in the State of Connecticut, on site during medication administration hours. Such a nurse shall have experience or training in providing services for substance dependent persons. Additional nursing staff

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	may be LPNs. As indicated in the State's Standards, qualified practitioners whose credentials exceed the minimum expectations outlined may provide the services identified so long as they continue to operate within their scope of practice as applicable under state law. • A physician (or NP/PA), currently licensed in the State of Connecticut and who is eligible to be certified by the American Board of Psychiatry and Neurology to provide psychiatric diagnosis or treatment when necessary; or, a psychologist, currently licensed in the State of Connecticut, to provide psychological evaluation and treatment when necessary. The physician (NP/PA) shall be available during medication dispensing and clinic operating hours, either in person or by telephone. • A pharmacist, currently licensed in the State of Connecticut, who shall be responsible for the supervision of the pharmaceutical services. • A designated individual or individuals to provide clinical supervision. Qualified practitioners must operate within their scope of practice as applicable under state law, ensuring appropriate licensure and supervision as applicable. In OTPs, necessary support systems include: • Linkage with or access to psychological, medical, and psychiatric consultation. • Access to emergency medical and psychiatric care through affiliations with more intensive levels of care. • Access to evaluation and ongoing primary medical care. • Ability to conduct or arrange for appropriate laboratory and toxicology tests. • Availability of physicians to evaluate, order, and monitor use of methadone or buprenorphine, and of pharmacists and nurses to dispense and administer methadone or buprenorphine.
Interventions	• A comprehensive medical history, physical examination, and laboratory tests, provided or obtained in accordance with federal regulations. The tests must be done prior to the time of admission and reviewed by a physician (or NP/PA) as soon as possible, but no later than 14 days after admission [42 CFR 8.12(f)]. • An individual biopsychosocial assessment. • An appropriate regimen of methadone or buprenorphine (as required by CSAT regulation), at a dose established by a physician or their appropriately licensed supervisee at the time of admission and monitored carefully until the individual is stable and an adequate dose has been established. The dose then is reviewed as indicated by the individual's course of treatment. • Continuing evaluation and referral for care of any serious biomedical problems. • An individualized treatment plan, including problem formulation and articulation of short-term, measurable treatment goals and activities designed to achieve those goals. The plan is developed in collaboration with the individual and reflects the individual's personal goals for recovery. • Treatment plan reviews are conducted every 90 calendar days after the initial 30-day review for the first year and at least every 180 calendar days thereafter.

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	• Detailed ASAM six dimensions assessment every 6 months, update treatment plan to reflect identified changes in accordance with assessment. • Regular monitoring of chemical levels in urine specimens collected from clients, including a written agreement maintained with a licensed laboratory for the purpose of performing the required urine screenings.
Treatment Services	An OTP utilizing methadone or buprenorphine formulations is an organized, ambulatory, addiction treatment service for individuals with an opioid use disorder (OUD). The OTP treatment focus will generally include ongoing treatment as well as time-limited withdrawal management services. The nature of the services provided, including dose, level of care, length of service, and frequency of visits, is determined by the physician (or NP/PA) and based on the individual's goals and clinical needs. Federally mandated program components include regularly scheduled psychosocial treatment sessions, random urine drug tests, and scheduled medication visits within a program structure. Personnel trained in the treatment of OUD, which includes, licensed or certified addiction counselors, and mental health therapists shall provide services at the intensity and for the duration required to meet each patient's needs as referenced in the individualized treatment plan. At a minimum of one monthly clinical contact shall be provided to each individual. Therapies offered in an OTP include: • Individualized, patient-centered assessment and treatment. • Assessing, ordering, administering, reassessing, and regulating medication and dose levels appropriate to the individual; supervising withdrawal management from opioid analgesics, including methadone or buprenorphine; overseeing and facilitating access to appropriate treatment. Medication for other physical and mental health disorders is provided as needed either on-site or through collaboration with other providers. Since no regulations are attached to the prescribing of the non-controlled substance naltrexone, this medication is offered to individuals in many other clinical settings. • Lab-monitored drug testing, to be done a minimum of 8 times a year. The results of toxicological tests are an essential component in making decisions regarding take-home medication privileges; however, treatment decisions should not be based solely on toxicology screening results. OTPs often perform onsite point of collection (POC) tests using sensitive and automated immunoassay (IA) technologies that screen urine or oral fluid samples for a relatively narrow range of drug classes (e.g. amphetamines, barbiturates, benzodiazepines, opioids) and a limited number of specific drugs. POC tests such as IAs have a place in clinical decision making, but are not by themselves adequate to satisfy the regulatory requirements for drug use testing services. • A range of cognitive, behavioral, and other SUD-focused therapies, reflecting a variety of treatment approaches, provided to the individual on an individual, group or family basis.

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	• Case management, including medical monitoring and coordination of on- and off-site treatment services, provided as needed. Case managers also assure the provision of, or referral to, educational and vocational counseling, treatment of psychiatric illness, childcare, parenting skills development, primary health care, and other adjunct services, as needed. • Psychoeducation, including HIV/AIDS education, and other health education services. Treatment with methadone or buprenorphine is designed to address the individual's need to achieve changes in their level of function, including elimination of the use of any drugs that could compromise recovery. To accomplish such change, the individualized treatment plan will address major lifestyle, attitudinal, and behavioral issues that have the potential to undermine the individual's recovery-oriented goals and inhibit their ability to cope with major life tasks. Based on the individual's multidimensional assessment and their recovery goals, these therapies may also need to address co-occurring issues (mental disorders, infectious diseases, and other co-occurring illnesses). Some individuals may require psychotropic medications to achieve full recovery. Other individuals may have a co-occurring chronic pain condition requiring integration of pain management services with indicated addiction management services. Integrated concurrent care for the individual's various conditions is recommended where possible, in lieu of sequential care. When co-occurring expertise is not available within the OTP, MAT can still be provided with appropriate collaborations across different settings and at many levels of care.
Direct Care Staff to Client Ratio	• Clinical group size should not exceed 12 individuals per counselor, regardless of payer. • Psychoeducational groups limited to 25 individuals, regardless of payer.
Documentation	• Documentation standards for OTPs include individualized progress notes in each individual's record for every service. Such notes clearly reflect implementation of the treatment plan and the individual's response to therapeutic interventions for all disorders treated, as well as subsequent amendments to the plan. Credentials of the completing practitioner must be documented on the treatment plan. • Treatment plans are developed in coordination with the individual and their primary counselor and are signed by the individual indicating agreement with the plan's goals and objectives. Credentials of the completing practitioner must be documented on the treatment plan. Plans must be reviewed and signed by an independently licensed behavioral health practitioner/clinical supervisor. • Discharge summary which has been written within 15 working days of the individual leaving the program. This summary shall: – Address original reason for referral. – Indicate the individual's progress towards the established plan. – Describe the type, frequency and duration of treatment or services.

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	– Specify reason(s) for discharge o Indicate the individual's participation in discharge planning. – Includes information regarding release(s) of information obtained and aftercare services referred to. – Staff completing the discharge summary shall be an independently licensed or associate licensed behavioral health practitioner or a graduate-level intern. – Credentials of the completing practitioner must be documented on the discharge summary. – The discharge summary must be reviewed and signed by an independently licensed behavioral health practitioner/clinical supervisor. • Because of special recordkeeping requirements for OTPs, records also should include documentation of each dose of methadone or buprenorphine administered. All medication orders must be created and executed by a physician or approved midlevel practitioners with an active mid-level exemption from SAMSHA *** this is subject to change with proposed changes to the Fed Regulations. All medication order(s) should comply with all regulatory standards. • Opioid Treatment Services, to provide the patient with oral or monthly-injectable naltrexone, must meet comparable standards for patient evaluation, management, and monitoring processes. Documentation for prescribing of opioid antagonist medications follows the identical documentation requirements as any other Level 1 substance use and co-occurring disorders care.
Supervisor Qualifications	Supervisors must be independently licensed professionals working within the scope of their license and with a minimum of three years of experience in SUDs/co-occurring treatment.
Supervision Requirements	Supervisors conduct and document clinical supervision a minimum of: • Two hours per month for independently licensed clinical staff. Group supervision may be utilized once per month. • One hour per week for associate licensed and unlicensed staff. Group supervision may be utilized twice per month. • Certified peers with lived experience receive clinical supervision 1 hour weekly, of which group supervision may be utilized once a month. • Certified peers may receive supervision from the Clinical Supervisor, an independently licensed or associate licensed behavioral health practitioner with at least 2 years of full-time work experience in SUD services or a Certified Peer with at least 2 years of full-time experience in providing peer support services. • Twice a month for 30 minutes per month for licensed practical nurse staff. Group supervision may be utilized twice per month, however individual supervision should be utilized as appropriate.
Target Length of Stay	The duration of treatment varies with the severity of the individual's illness and their response to treatment and desire to continue treatment. For some individuals, treatment will be indefinite, even lifelong.