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Last Approved	N/A	Policy Area	Medical
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Next Review	1 year after approval		

Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD)

POLICY

It is the policy of Detroit Wayne Integrated Health Network (DWIHN) to provide guidance to its providers of Medication Assisted Treatment (MAT) that services be clinically driven and are delivered based on individual need. MAT providers are required to provide counseling, based on medical necessity criteria and in combination with medications used in MAT. ~~For Opioid Use Disorder (OUD), DWIHN supports the use of three FDA approved medications for MAT services which are; Naltrexone, Buprenorphine, and Methadone. Medicaid-covered services and supports must be provided to individuals seeking MAT services, based on medical necessity and eligibility.~~

For Opioid Use Disorder (OUD), DWIHN supports the use of three FDA approved medications for MAT services which are; Naltrexone, Buprenorphine, and Methadone. Medicaid-covered services and supports must be provided to individuals seeking MAT services, based on medical necessity and eligibility.

PURPOSE

The purpose of this policy is to clarify standards on how to provide MAT services based on medical necessity to individuals to reduce drug related harm, address the opioid epidemic. Individuals with substance use disorder can benefit from treatment services in combination with medication for their addiction. For individuals that are addicted to opioids or alcohol, Medication Assisted Treatment (MAT) may be necessary, along with counseling.

APPLICATION

1. The following groups are required to implement and adhere to this policy: ~~DWIHN Board, DWIHN Staff, Contractual Staff, Clinically Responsible Service Provider (CRSP) and their subcontractors, Specialty Providers, Crisis Services Vendors, Credentialing Verification Organization (CVO)~~
    a. DWIHN Board,
    b. DWIHN Staff including the following
        1. DWIHN PIHP Staff

2. DWIHN Community Care Clinic Staff (Direct Care Staff)
3. DWIHN Community Care Clinic Staff (***DWIHN staff operating as a CCBHC)***
4. DWIHN Crisis Care Center Staff
5. DWIHN Mobile Crisis Staff

c. Contractual Staff
d. Clinically Responsible Service Provider (CRSP) and their subcontractors
e. Specialty Providers
f. Crisis Services Vendors
g. Credentialing Verification Organization (CVO)
h. Certified Community Behavioral Health Clinic (CCBHC)
i. Designated Collaborating Organizations (DCO)

2. This policy serves the following populations: ~~Adults, Children, Individuals with Intellectual and/or Developmental Disabilities (I/DD), Serious Mental Illness (SMI), Serious Emotional Disturbance (SED), Substance Use Disorder (SUD), Autism~~
    a. Adults
    b. Children
    c. Individuals with Intellectual and/or Developmental Disabilities (I/DD)
    d. Serious Mental Illness (SMI),
    e. Serious Emotional Disturbance (SED),
    f. Substance Use Disorder (SUD)
    g. Autism
    h. Mild/Moderate levels of care
3. This policy impacts the following **contracts/service lines**: ~~MI-HEALTH LINK, Medicaid, SUD, Opioid Health Homes, Autism, Grants, General Fund~~
    a. Autism
    b. Certified Behavioral Health Clinics
    c. General Fund
    d. Grants
    e. MI-HEALTH LINK
    f. Medicaid
    g. SUD

KEYWORDS

~~**Naltrexone:** Naltrexone is a medication approved by the Food and Drug Administration (FDA) to treat both alcohol use disorder (AUD) and opioid use disorder (OUD). Naltrexone blocks the euphoric and sedative effects of opioids such as heroin, morphine, and codeine. Naltrexone binds and blocks opioid receptors, and reduces and suppresses opioid cravings. https://www.samhsa.gov/medications-substance-use-disorders/medications-counseling-related-conditions/naltrexone~~

~~**FDA-approved naltrexone products approved for the treatment of opioid dependence include: Vivitrol (naltrexone for extended-release injectable suspension) intramuscular**~~

~~**Buprenorphine:** Buprenorphine is a medication approved by the Food and Drug Administration (FDA) to treat Opioid Use Disorder (OUD). Buprenorphine is an opioid partial agonist. It produces effects such as euphoria or respiratory depression at low to moderate doses. With buprenorphine, however, these effects are weaker than full opioid agonists such as methadone and heroin. https://www.samhsa.gov/medications-substance-use-disorders/medications-counseling-related-conditions/buprenorphine~~

~~**FDA-approved buprenorphine products approved for the treatment of opioid dependence include:** Bunavail (buprenorphine and naloxone) buccal film, Cassipa (buprenorphine and naloxone) sublingual film, Probuphine (buprenorphine) implant for subdermal administration, Sublocade (buprenorphine extended-release) injection for subcutaneous use, Suboxone (buprenorphine and naloxone) sublingual film for sublingual or buccal use, or sublingual tablet, Subutex (buprenorphine) sublingual tablet, Zubsolv (buprenorphine and naloxone) sublingual tablets~~

~~**Methadone:** Methadone is a medication approved by the Food and Drug Administration (FDA) to treat OUD as well as for pain management. Methadone, a long-acting opioid agonist, reduces opioid craving and withdrawal and blunts or blocks the effects of opioids. Taken daily, it is available in liquid, powder and diskettes forms.https://www.samhsa.gov/medications-substance-use-disorders/medications-counseling-related-conditions/methadone FDA-approved methadone products approved for the treatment of opioid dependence include: Dolophine (methadone hydrochloride) tablets, Methadose (methadone hydrochloride) oral concentrate~~

Substance Use Disorder (SUD):Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.

ASAM means the comprehensive set of standards and decision rules established by the American society of addiction medicine that use a holistic, person-centered approach to determining the appropriate level of care and developing treatment plans for individuals with addiction and co-occurring conditions.

Opioid Use Disorder (OUD): As defined by the DSM-5, an opioid use disorder or OUD, is a problematic pattern of opioid use that leads to clinically significant impairment and or distress. It is characterized by loss of control of opioid use, risky opioid use, impaired social functioning, tolerance, and withdrawal.

Medication Assisted Treatment/Medications Addiction Treatment (MAT): ~~Medications for Addiction~~Medication Assisted Treatment refers to medications approved by the FDA to treat substance use disorders in combination with counseling and support services. ~~MAT may also be referred to as Medication Assisted Treatment. The three FDA approved MAT for OUD are Naltrexone, Buprenorphine, and Methadone.~~

~~**Opioid Use Disorder (OUD):** As defined by the DSM-5, an opioid use disorder or OUD, is a problematic pattern of opioid use that leads to clinically significant impairment and or distress. This is sometimes referred to as opioid dependence, opioid addiction, and or opioid abuse.~~

Medications for Opioid Use Disorder (MOUD) MAT for Opioid Use Disorder. The three FDA approved MOUD are Naltrexone, Buprenorphine, and Methadone.

Opioid Treatment Program- Opioid treatment programs are certified by the federal SAMHSA, Licensed by the state as a methadone provider, Accredited by a national accrediting body and Registered by the Drug Enforcement Administration (DEA).

~~**Alcohol Use Disorder (AUD)**: As defined by the DSM-5, an alcohol use disorder or AUD, is a problematic pattern of alcohol use that leads to clinically significant impairment or distress. This is sometimes referred to as alcohol dependence, alcoholism, or alcohol abuse~~

~~**Substance Use Disorder (SUD)**:Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to~~

~~meet major responsibilities at work, school, or home. According to the DSM-5, a diagnosis of substance use disorder is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria."~~

STANDARDS

1. At the point of initial contact, individuals requesting MAT services are screened by the DWIHN Access and Call Center to determine the level of risk as emergent, urgent or routine. The Access Center is required to address all six dimensions of the ASAM criteria during the screening to determine the most appropriate type and level of treatment for the person and provide a provisional eligibility determination. Individuals will be presented with minimum eligibility considerations to include the following:.
    a. Acute intoxication and/or withdrawal potential.
    b. Biomedical conditions and complications.
    c. Emotional/behavioral conditions and complications (e.g., psychiatric conditions, psychological or emotional/behavioral complications of known or unknown origin, poor impulse control, changes in mental status, or transient neuropsychiatric complications).
    d. Treatment acceptance/resistance.
    e. Relapse/continued use potential.
    f. Recovery/living environment.
        1. Additional considerations include:
            i. Past treatment failure(s)
            ii. Access to transportation
            iii. Individual mobility
            iv. Pregnant Women
            v. Adolescents
2. The Individual is offered appropriate options for treatment based on medical necessity and the condition.
3. The individual is assigned to a DWIHN-SUD provider that delivers MAT services. MAT is a covered service for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service. The State assures coverage of Naltrexone, Buprenorphine, and Methadone and all the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262). The State also provides coverage for additional MAT drugs per the Michigan Preferred Drug List (PDL) used by the Fee for Service (FFS) pharmacy programs (Medicaid Provider Manual 12.2)
4. The State requires that Methadone for MAT is provided by Opioid Treatment Programs (OTPs) that meet the requirements in 42 C.F.R. Part 8.Services must be provided under the supervision of a physician licensed to practice medicine in Michigan and licensed to prescribe controlled substances, as well as licensed to work at a methadone program (Medicaid Provider Manual 12.2.A.1.)
5. Decisions to admit an individual for methadone maintenance must be based on medical necessity criteria, satisfy the level of care determination using the six dimensions of the ASAM Criteria, and have an initial diagnostic impression of opioid dependency for at least one year based on current DSM criteria. Admission procedures require a physical examination. This examination must include a medical assessment to confirm the current DSM diagnosis of opioid dependency of at least one year, as was identified during the screening process. The physician may refer the individual for further medical assessment as indicated (Medicaid Provider Manual 12.2.A.4.)
6. It is the expectation that the PIHP provide SUD services to priority population enrollees before any other non-priority enrollee admitted for treatment services. Exceptions can be made when it is the enrollee's choice to wait for a program that is at capacity. **(Medicaid Managed Specialty Supports and Services**

Concurrent 1915 (b)/(c) Waiver Program FY 19 Attachment P4.1.1) The priority populations are as follows:

a. Injecting IV pregnant women with and opioid use disorder
b. Pregnant women with an opioid use disorder
c. Other injecting (IV) persons with opioid use disorder
d. Person with an opioid use disorder and co-occurring disorder
e. Parents with an opioid use disorder whose children have been removed from the home or are in danger of being removed from the home due to the parent's substance
f. Persons with opioid use disorder who have recently overdosed
g. All other persons with opioid use disorders

7. **Screening**:
    a. Individuals should be screened for opioid use disorder through diagnostic interview and consideration of other evidence-based screening tools. This should include screen for nonmedical use of prescription opioid pain medications.
    b. Screening Brief Intervention and Referral to Treatment (SBIRT) is an early intervention approach that targets those with non-dependent but potentially risky substance use to provide effective strategies for intervention prior to the need for more extensive or specialized treatment. This approach is in contrast with the primary focus of specialized treatment of individuals with more severe substance use, or those who have met the criteria for diagnosis of a Substance Use Disorder.
8. **Comprehensive assessment**
    a. A comprehensive assessment of persons with Substance Use Disorder is critical for treatment planning. Women of childbearing potential should be tested for pregnancy, and all women of childbearing potential should be queried regarding methods of contraception.
    b. A physical examination should be completed as a component of the comprehensive assessment process.The opioid treatment program physician should conduct a comprehensive physical examination prior to initiating treatment. Special attention should be given to signs of opioid withdrawal, malnutrition, jaundice, hepatosplenomegaly, cardiovascular and respiratory status, pupil size, needle tracks, and abscesses. The prescriber (the clinician authorizing the use of a medication for the treatment of opioid use disorder) should ensure that a current physical examination is contained within the patient medical record before (or soon after) a patient is started on pharmacotherapy.
    c. Initial laboratory testing should include a complete blood count, liver enzyme tests, and tests for TB, hepatitis B and C, and HIV. Testing for sexually transmitted infections should be strongly considered. Hepatitis A and B vaccinations should be offered, if appropriate.
    d. Drug testing is recommended during the comprehensive assessment process, and during treatment to monitor patients for adherence to prescribed medications and use of alcohol, illicit, and controlled substances. The frequency of testing is determined by several factors including stability of the patient, type of treatment, and treatment setting.
    e. Initial urine drug screening and utilization of the prescription drug monitoring program (PDMP/MAPS) facilitates objective corroboration of the patient history of opioid drug use. Some particular urine drug screen results need to be taken into consideration prior to opioid treatment program initiation.
9. **Medications for Opioid Use Disorder (MOUD)**
    a. The provider and person served should mutually agree on an initial goal for MAT (MOUD) and be willing to refine and revise that goal as treatment progresses. Providers should ensure individuals are educated about what to expect during treatment and are offered hope and the

expectation of recovery.

b. Appropriate informed consent should be obtained before MAT is initiated. Before treatment begins, the person-served should understand what to expect, including how the proposed medication works and the associated risks and benefits. Elements of effective patient education include the following points:

    1. Information about opioid use disorder as a chronic medical disorder
    2. A description of what to expect from treatment
    3. Information about the medication and the reasons it was selected, including a discussion of potential risks and benefits and the time to full effect
    4. For women of childbearing age, explanation of the importance of using an effective birth control method
    5. Clear information about what to do if the patient resumes opioid use after a period of abstinence
    6. The importance of informing all physicians and dentists that the patient is taking a medication for opioid use disorder, to avoid inadvertent drug interactions.
    7. Symptoms that should be reported to the prescribing physician.
    8. A discussion of the importance of concurrent psychosocial treatment and participation in a mutual-help group.
    9. Plans for follow-up care.

c. Buprenorphine, methadone, and naltrexone are the most common medications used to treat OUD. These medications operate to normalize brain chemistry, block the euphoric effects of alcohol and opioids, relieve physiological cravings, and normalize body functions without the negative and euphoric effects of the substance used.

    1. **Naltrexone:** Naltrexone is a medication approved by the Food and Drug Administration (FDA) to treat both alcohol use disorder (AUD) and opioid use disorder (OUD). Naltrexone blocks the euphoric and sedative effects of opioids such as heroin, morphine, and codeine. Naltrexone binds and blocks opioid receptors, and reduces and suppresses opioid cravings. https://www.samhsa.gov/medications-substance-use-disorders/medications-counseling-related-conditions/naltrexone. Extended-release injectable naltrexone is a recommended treatment for preventing relapse to opioid use disorder in patients who are no longer physically dependent on opioids, able to give informed consent, and have no contraindications for this treatment.
    2. **Buprenorphine:** Buprenorphine is a medication approved by the Food and Drug Administration (FDA) to treat Opioid Use Disorder (OUD). Buprenorphine is an opioid partial agonist. It produces effects such as euphoria or respiratory depression at low to moderate doses. With buprenorphine, however, these effects are weaker than full opioid agonists such as methadone and heroin. https://www.samhsa.gov/medications-substance-use-disorders/medications-counseling-related-conditions/buprenorphine
    3. **Methadone:** Methadone is a medication approved by the Food and Drug Administration (FDA) to treat OUD as well as for pain management. Methadone, a long-acting opioid agonist, reduces opioid craving and withdrawal and blunts or blocks the effects of opioids. Taken daily, it is available in liquid, powder and diskettes forms. https://www.samhsa.gov/medications-substance-use-disorders/medications-counseling-related-conditions/methadone
    4. FDA approved naltrexone, buprenorphine and methadone products for treatment of OUD include: https://www.fda.gov/drugs/information-drug-class/information-about-

medication-assisted-treatment-mat

d. All three of these treatments have been demonstrated to be safe and effective in combination with counseling and psychosocial support.

e. All FDA approved medications for the treatment of opioid use disorder should be available to all patients. Clinicians should consider the patient's preferences, past treatment history, current state of illness, and treatment setting when deciding between the use of methadone, buprenorphine, and naltrexone. Everyone who seeks treatment for an OUD should be offered access to all three options as this allows providers to work with patients to select the treatment best suited to an individual's needs.

f. Due to the chronic nature of OUD, the need for continuing MAT should be re-evaluated periodically. There is no maximum recommended duration of maintenance treatment, and for some patients, treatment may continue indefinitely.

g. Treating Opioid Withdrawal: Using methadone or buprenorphine for opioid withdrawal management is recommended over abrupt cessation of opioids. Abrupt cessation of opioids may lead to strong cravings, and/or acute withdrawal syndrome which can put the patient at risk for relapse, overdose, and overdose death. By regulation, opioid withdrawal management with methadone must be done in an OTP or an acute care setting (under limited circumstances). Opioid withdrawal management with buprenorphine should not be initiated until there are objective signs of opioid withdrawal.

h. Validated clinical scales that measure withdrawal symptoms may be used to assist in the evaluation of patients with opioid use disorder.

10. Patients' psychosocial needs should be assessed, and patients should be offered or referred to psychosocial treatment based on their individual needs. However, a patient's decision to decline psychosocial treatment or the absence of available psychosocial treatment should not preclude or delay pharmacotherapy, with appropriate medication management. Motivational interviewing or enhancement can be used to encourage patients to engage in psychosocial treatment services appropriate for addressing individual needs.

11. Naloxone, for the reversal of opioid overdose, should be provided to patients being treated for, or with a history of, opioid use disorder. Patients and family members/significant others should be trained in the use of naloxone in overdose.

12. Addressing Co-Occurring Disorders is crucial. Research studies show that the most effective way to treat co-occurring disorders is through integrated treatment. When medication management and addiction treatment services are delivered by separate providers, close coordination and integration of services is essential. All individuals involved in the patient's treatment, including addiction medicine specialists, need to establish close linkages and open communications.

13. DWIHN and its SUD providers are contractually obligated to meet the requirements of the Medicaid Provider Manual with regard to delivery of substance abuse services. For additional information please see the attachment below titled **Behavioral Health and Intellectual Developmental Disability Supports and Services-MPM-Substance Abuse Services) MPM Jan 2023**

14. The Medicaid-covered substance use disorder benefit for methadone services includes the provision and administration of methadone, nursing services, physician encounters, physical examinations, lab tests (including initial blood work, toxicology screening, and pregnancy tests) and physician-ordered tuberculosis (TB) skin tests. The medical necessity requirements and services also apply to all non-Medicaid covered individuals. **(Medicaid Managed Specialty Supports and Services Program FY20, TREATMENT POLICY #05)**

15. Michigan law requires the review of Michigan Automated Prescription System (MAPS) report prior to prescribing or dispensing to a person a controlled substance in a quantity that exceeds a 3-day supply. Further, the act requires that a licensed prescriber be registered with MAPS prior to prescribing or dispensing a controlled substance to a person. Michigan ~~also~~ requires that before dispensing or

prescribing buprenorphine or a drug containing buprenorphine and methadone to the person-served in a substance use disorder program, the prescriber shall review a MAPS report on the patient. For methadone, a MAPS report must be completed at admission. A MAPS report should be completed before off-site doses, including Sundays and holidays, are allowed and must be completed when coordination of care with other physicians could not be accomplished (https://www.michigan.gov/opioids/nel/laws)

16. Waiver Elimination (MAT Act): Section 1262 of the Consolidated Appropriations Act, 2023 (also known as Omnibus bill), removes the federal requirement for practitioners to submit a Notice of Intent (have a waiver) to prescribe medications, like buprenorphine, for the treatment of opioid use disorder (OUD). New or renewing Drug Enforcement Administration (DEA) registrants, starting June 27, 2023, upon submission of their application, to have at least one of the following:
    a. A total of eight hours of training from certain organizations on opioid or other substance use disorders for practitioners renewing or newly applying for a registration from the DEA to prescribe any Schedule II-V controlled medications;
    b. Board certification in addiction medicine or addiction psychiatry from the American Board of Medical Specialties, American Board of Addiction Medicine, or the American Osteopathic Association; or
    c. Graduation within five years and status in good standing from medical, advanced practice nursing, or physician assistant school in the United States that included successful completion of an opioid or other substance use disorder curriculum of at least eight hours.
17. SAMHSA grant funds may not be used to purchase, prescribe, or provide marijuana or treatment using marijuana. See, e.g., 45 CFR § 75.300(a) (requiring HHS to ensure that Federal funding is expended in full accordance with U.S. statutory and public policy requirements); 21 U.S.C. 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase or distribution of marijuana) (https://www.samhsa.gov/sites/default/files/grants/fy22-award-standard-terms-conditions.pdf)
18. As a Pre-Paid Inpatient Health Plan (PIHP) DWIHN and its contracted providers are required to adhere to Title 42 CFR Chapter 1 ~~Subpart A-C~~, Subchapter 8 Part A with regard to Medication Assisted Treatment for OUD. Please refer to the following guidance for detailed regulatory requirements. https://www.ecfr.gov/current/title-42/chapter-I/subchapter-A/part-8
19. ~~As part of DWIHN's contractual obligation to MDHHS, DWIHN also adheres to guidance **Michigan Medication Assisted Treatment (MAT) Guidelines for Opioid Use Disorders.** These standards are not substance-, behavior - or setting-specific, but apply generally to the treatment of individuals with addiction involving any addictive substance or behavior – including nicotine, alcohol, prescription or illicit drugs, and/or addictive behavior such as gambling – in any medical setting.~~
20. ~~For additional guidance on MDHHS policy and procedure regarding Behavioral Health and Substance Use please refer to MDHHS~~ https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/drugcontrol/opioid/patients/treatment/mat
21. As part of DWIHN's contractual obligation to MDHHS, DWIHN and its contracted providers are to adhere to all Federal and State Guidelines on Opioid Use Disorder and Treatment, SUD Administrative Rules and Treatment Policies.
22. DWIHN, its direct and contracted service providers are expected ti meet all State Performance Indicators related to timely access and follow-up for SUD services (https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Keeping-Michigan-Healthy/BH-DD/Reporting-Requirements/MMBPIS_PI_Codebook.pdf?rev=390fba3833424c80854138a782b34cef&hash=E004DDF62A3B18A74D2AEB6887790498) and all applicable SUD HEDIS measures (https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Keeping-Michigan-Healthy/Mental-Health/Reporting-Requirements/FY20_IET-AD_BHDDA_Specification.pdf. Also see IET HEDIS attachment).
23. **MDHHS policy and procedures:** should be reviewed and followed for additional guidance regarding Behavioral Health and Substance Use Disorders:

a. https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/drugcontrol/reportstats/reportcontent/policies-and-advisories

b. https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/drugcontrol/opioid/patients/treatment/mat

c. https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/drugcontrol/treatment

d. https://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf

e. https://www.michigan.gov/-/media/Project/Websites/mdhhs/Folder3/Folder10/Folder2/Folder110/Folder1/Folder210/MAT_Guidelines_for_Opioid_Use_Disorders.pdf?rev=b8ca492ed5db460d98a17f539e32b193

f. https://ars.apps.lara.state.mi.us/AdminCode/DeptBureauAdminCode?Department=Licensing%20and%20Regulatory%20Affairs&Bureau=Bureau%20of%20Community%20and%20Health%20Systems

24. **Other References**:

a. ASAM:https://www.asam.org/quality-care/clinical-guidelines/national-practice-guideline

1. https://sitefinitystorage.blob.core.windows.net/sitefinity-production-blobs/docs/default-source/guidelines/npg-jam-supplement.pdf?sfvrsn=a00a52c2_2

2. https://eguideline.guidelinecentral.com/i/1275542-asam-opioid-patient-guide-2020/1?

b. SAMHSA:

1. https://www.samhsa.gov/medications-substance-use-disorders

2. https://store.samhsa.gov/sites/default/files/pep21-02-01-002.pdf

3. https://www.samhsa.gov/medications-substance-use-disorders/statutes-regulations-guidelines/42-cfr-part-8

4. https://www.samhsa.gov/medications-substance-use-disorders/waiver-elimination-mat-act

c. FDA

1. https://www.fda.gov/drugs/information-drug-class/information-about-medication-assisted-treatment-mat

d. HHS

1. https://www.hhs.gov/opioids/index.html

2. https://www.hhs.gov/opioids/treatment/medications-to-treat-opioid-addiction/index.html

QUALITY ASSURANCE/IMPROVEMENT

DWIHN shall review and monitor contractor adherence to this policy as one element in its network management program, risk management program, and Quality Assessment/Performance Improvement Program (QAPIP) Work-plan.

The quality improvement programs of Network Providers must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy.

COMPLIANCE WITH ALL APPLICABLE LAWS

DWIHN staff, Contracted Network Providers, and their subcontractors are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual

requirements, policies, and administrative directives, as amended..

LEGAL AUTHORITY

~~(**Instructions:** Below create a numbered list to include contractual references, CFR's, and other regulatory requirements that apply to this policy. Delete this instructions paragraph and text in these parentheses before moving to the next section.)~~

1. Michigan Department of Health and Human Services Medicaid Provider Manual (in effect, and as as amended)
2. Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program (PIHP/CMHSP contracts in effect, and as amended)
3. https://www.ecfr.gov/current/title-42/chapter-I/subchapter-A/part-8
4. Substance Abuse and Mental Health Services Administration (SAMSHA)
5. Substance Use Disorder Administrative Rules
6. All other

RELATED POLICIES AND PROCEDURES

SUD Assessment Policy

SUD Network Policy

IPOS

Integrated Biopsychosocial Assessment

MAT for Alcohol Use Disorder

CLINICAL POLICY

YES

INTERNAL/EXTERNAL POLICY

This policy applies to internal and external DWIHN operations.

Attachments

42 CFR Public Health Service DHHS Subchapter A Part 8 updated 2.24.23. MAT for OUD.pdf

ASAM guideline for OUD supplement (1).pdf

Behavioral Health and Intellectual Developmental Disability Supports and Services-MPM Jan 2023 Substance Abuse Service.pdf

Buprenorphine-Medication Assisted Substance use Opioid Cessation Treatment.doc

CMS mandated coverage.pdf

Criteria-for-Using-Methadone-for-Medication.pdf

Federal Guidelines for Opioid Treatment Programs 2015.pdf

FY20_IET-AD_BHDDA_Specification.pdf

fy22-award-standard-terms-conditions.pdf

LA Naltrexone for OUD sma14-4892r.pdf

MAT_Guidelines_for_Opioid_Use_Disorders.pdf

MDHHS__SUD_Manual.pdf 2018.pdf

Michigan Opioid Laws - Frequently Asked Questions.pdf

MMBPIS_PI_Codebook.pdf

SAMSHA TIP 63 Medications OUD 2021.pdf

Substance Use Disorder Treatment and Family Therapy Updated 2020 TIP 39.pdf

Approval Signatures

Step Description	Approver	Date
Stakeholder Feedback	Allison Smith: Project Manager	Pending
Compliance/Administrative Review	Yolanda Turner: VP of Legal Affairs	07/2024
Compliance/Administrative Review	Sheree Jackson: Vice President of Compliance	05/2024
Compliance/Administrative Review	Stacie Durant: VP of Finance	05/2024
Compliance/Administrative Review	Tiffany Devon: Director of Communications	05/2024
Compliance/Administrative Review	Manny Singla: Executive VP of Operations	05/2024
Clinical Review Committee	Jacquelyn Davis: Clinical Officer	05/2024
Clinical Review Committee	Ebony Reynolds: Vice President of Direct Clinical Services	04/2024
Clinical Review Committee	Ryan Morgan: Director of Residential Services	04/2024
Clinical Review Committee	Cassandra Phipps: Director of Children's Initiatives	04/2024
Clinical Review Committee	April Siebert: Director of Quality Improvement	04/2024
Clinical Review Committee	Daniel West: Director of Crisis Services	04/2024
Clinical Review Committee	Melissa Moody: VP of Clinical Operations	04/2024
Clinical Review Committee	Judy Davis: Director of Substance Abuse Disorders	04/2024

Clinical Review Committee	Vicky Politowski: Director of Integrated Care	04/2024
Clinical Review Committee	Leigh Wayna: Director of Utilization Management	04/2024
Clinical Review Committee	Polly McCalister: Director of Recipient Rights	04/2024
NCQA Committee	Tania Greason: Quality Administrator	04/2024
NCQA Committee	Shana Norfolk: Strategic Planning Administrator	04/2024
NCQA Committee	Allison Smith: Project Manager	04/2024
NCQA Committee	Maria Stanfield: Director of Strategic Operations	04/2024
Unit Review and Approval	Shama Faheem: Chief Medical Officer	04/2024

References

42 CFR Part 8 Subpart A-C, DSM-V, MDHHS, SAMSHA