

# **SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER**

## **POLICY AND PROCEDURE MANUAL**

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### **Policy 609 – Required Services for Treatment**

The SHCMHC OBMAT program shall provide or make referrals to medical, counseling, vocational, educational, recovery and other assessment and treatment services as necessary.

The SHCMHC OBMAT program shall require every patient to undergo a documented biopsychosocial assessment by a program counselor or other qualified practitioner. The biopsychosocial assessment shall be completed at the time of admission or prior to the first dose of medication-assisted treatment medication.

Within 14 days of the admission of a patient, the SHCMHC OBMAT program shall complete a post-admission assessment, an initial individualized treatment plan, and, if applicable, a coordination of care agreement.

Random drug testing of all patients will be conducted during the course of treatment as required. The SHCMHC OBMAT program will provide adequate testing or analysis for drugs of abuse in accordance with generally accepted clinical practice.

The SHCMHC OBMAT program will provide substance use disorder counseling as clinically necessary to each patient and at the minimum level as outlined.

The SHCMCH OBMAT program shall maintain current policies and procedures that reflect the special needs of patients who are pregnant. Prenatal care and other gender-specific services of pregnant patients may be provided by the SHCMHC OBMAT program or by referral to appropriate healthcare providers. Services rendered to pregnant patients shall comply with outlined requirements.

- The SHCMHC OBMAT program, when required, will work with other providers to ensure necessary services.
- Establish a strong working relationship with several treatment providers offering different levels of treatment.
- Be able to document a referral or other agreement with a local hospital, healthcare facility or other provider that provides offsite services for the OBMAT program.
- Review psychosocial treatment expectations and responsibilities with the patient.
- Obtain a signed consent form from each patient to approve open communications with the offsite provider and the OBMAT program.
- Routinely provide and obtain updates from offsite providers to consistently monitor treatment attendance and progress.

Services provided by the SHCMHC OBMAT program will adhere to recovery initiatives promoted by federal and state laws, rules and regulation, and the protocols and guidelines of approved authorities. Recovery initiatives will include:

- Assistance in overcoming or managing a patient's substance use disorder or other diseases.
- Encouraging a patient to live in a physically and emotionally healthy manner in a stable and safe place.
- Encouraging the patient to engage in meaningful daily activities, such as job, school, volunteerism, family caretaking or creative endeavors.
- Assisting the patient in obtaining the independence, income and resources to participate in society and in developing relationships and supportive social networks.

The program shall complete a physical and bio-psychosocial assessment, offer the patient to see an outside provider for same, which shall be used to develop the long-term treatment plan. The physical and bio-psychosocial assessments shall integrate information obtained in all treatment of the patient at the SHCMHC OBMAT program.

## **COUNSELING**

The SHCMHC OBMAT program shall provide substance use disorder counseling to every patient as is clinically appropriate. Counseling sessions will be structured to encourage and guide the patient to a lifestyle that does not include abuse or misuse of prescribed and illicit medications, drugs or other substances. Counseling sessions are essential to promote and guide the patient to a more productive lifestyle of abstinence from illicit medications or drugs.

The counseling shall be provided by a professional qualified by education or training to assess the psychological and sociological background of patients, to contribute to the appropriate individualized treatment plan for the patient, and to monitor patient progress.

The primary counselor shall develop and implement the psychological and social portions of the patient's individualized treatment plan, in coordination with the medical staff and program physician.

The individualized treatment strategy shall address the social, environmental, psychological, social and familial issues relative to recognizing, correcting and eliminating the patient's maladaptive patterns of drug consumption and other high risk or destructive behaviors.

The primary counselor is responsible for assisting the patient in altering lifestyles and patterns of behavior.

The SHCMHC OBMAT program shall provide counseling on matters indirectly related to substance use disorder, including, but not limited to:

- Preventing exposure to, and the transmission of, HIV and hepatitis C for each patient admitted or readmitted to maintenance or detoxification treatment.
- Domestic violence, sexual abuse and anger management.
- If a same sex counselor is requested and unavailable through the SHCMHC OBMAT program, the individual will be referred to another counseling agency where that service is available.

Counseling sessions shall be provided according to generally accepted best practices and shall be offered:

- At least weekly during the first 90 days of treatment.
- At least twice per month during the remainder of the first year of treatment.
- Thereafter, counseling sessions shall take place as needed or indicated in the patient's individualized plan of care of treatment plan.

The counseling program shall provide for additional counseling, as clinically indicated, of any patient who has a positive drug test. The counseling sessions may consist of group counseling sessions; however, the patient must attend at least one individual, private session per month.

All counseling sessions shall be documented in the patient record and shall include a plan for action or further treatment that addresses the goals of the individualized plan or treatment plan.

Each counseling session shall be documented and completed within three business days of each session and shall be clearly dated and initialed or signed by the counselor providing the counseling session.

Counseling session opportunities for family or significant others involvement in counseling shall be provided and documented referral made and documented.

If counseling is not directly provided through the SHCMHC OBMAT program, the counselor(s) must still meet the credentialing requirements pursuant to the OBMAT rule and verification of all sessions will be documented in the SHCMHC MAT patient record.

## **POST-ADMISSION ASSESSMENT AND TREATMENT PLAN**

The SHCMHC OBMAT program shall develop, implement and maintain current policies and procedures, patient protocols, treatment plans and profiles for the treatment of patients seeking treatment for medication-assisted treatment. The OMBAT referral from will be maintained in Avatar.

The program physician or physician extender shall conduct an assessment meeting the following requirements:

- An appropriate history and physical.
- Mental status exam.
- Substance use history.
- Appropriate lab tests.
- Pregnancy test for women of childbearing years.
- Toxicology tests for drugs and alcohol.
- Hepatitis B and hepatitis C screens.
- An inquiry to and report from the Controlled Substance Monitoring Program database.
- An inquiry as to whether the patient is being treated at any other opioid treatment OBMAT program.
- The diagnosis of all conditions, including a diagnosis of substance use disorder, including signs and symptoms, the dates, amounts and dosage forms for any drugs prescribed, dispensed and administered, and any other tests as necessary or appropriate in the treatment provider's discretion.

For other than the toxicology tests for drugs and alcohol, appropriate history, substance abuse history, hepatitis B and C screens and the pregnancy test, the physician may satisfy the assessment requirement by reviewing records from a physical examination of the patient that was conducted by a physician within a reasonable period of time prior to the visit not to exceed 30 days and a copy of the report by the referring physician and any medical records from other providers, if applicable.

The program physician or physician extender shall perform an assessment of the patient on the same day that the program practitioner initially prescribes a medication-assisted treatment medication to a patient. All assessments shall be performed according to accepted and prevailing standards for medical care.

The post-admission assessment may include laboratory tests conducted by the SHCMHC OBMAT program or by other reliable sources.

Laboratory tests that are not directly conducted by the OBMAT program may be provided by the patient's primary care physician, other healthcare providers or by a medical clinic.

The SHCMHC OBMAT program will obtain and maintain documentation of required laboratory tests performed by an alternative provider. Any outside toxicology screen must meet all applicable requirements.

Tests not directly conducted by the SHCMHC OBMAT program at admission must have been conducted within the 30 days prior to the admission in order to be considered a valid assessment of the patient.

Subsequent patient assessments shall include a periodic patient evaluation. Patients shall be seen at reasonable intervals based upon the individual circumstances of the patient. Periodic assessment is necessary to determine compliance with the dosing regimen, effectiveness of treatment plan, and to assess how the patient is responding to the prescribed medication. Once a stable dosage is achieved and urine or other toxicology tests are free of illicit drugs, less frequent office may be initiated for patients on a stable dose of the prescribed medication who are making progress toward treatment objectives. Continuation or modification of therapy shall depend on the physician's evaluation of progress toward stated treatment objectives such as:

- Absence of toxicity.
- Absence of medical or behavioral adverse effects.
- Responsible handling of medications.
- Compliance with all elements of the treatment plan including recovery-oriented activities, psychotherapy and/or other psychosocial modalities.
- Abstinence from illicit drug use.

If reasonable treatment goals are not being achieved, the physician shall re-evaluate the appropriateness of continue treatment or modification.

## **CONSULTATION**

The physician shall refer the patient as necessary for additional evaluation and treatment in order to achieve treatment plan objectives. The physician shall pursue a team approach to the treatment of opioid addiction, including referral for counseling and other ancillary services. Ongoing communication between the physician and other treatment professionals is necessary to ensure appropriate compliance with the treatment plan.

The management of addiction in patients with co-morbid psychiatric disorders will be treated appropriately using qualified professionals to address identified issues.

## **INITIAL PLAN OF CARE OR TREATMENT PLAN**

The treating program physician and other health care professionals, working within their scope of practice, directly involved in the care of the patient shall develop a written initial treatment strategy for every patient.

The initial plan of care or treatment plan shall include:

- Information required for the initial assessment.
- Documentation of the patient's diagnoses, the proposed medical and medication-assisted treatment, medication dosages and administration.

- Documentation of the patient's current physical condition and whether the patient requires other health care.
- Laboratory test results.
- Follow-up on any identified medical, physical or behavioral health issues.
- Documentation of any education regarding the SHCMHC OBMAT program's policies and procedures, substance use disorder or counseling sessions and resolution of other issues unique to the needs of the individual patient.
- Such other information as recommended by the guidelines and treatment model utilized for the patient.
- Specific goals and outcomes to improve or maintain the optimal health of the patient which are based on the assessment of the patient.
- A description of services and their frequency to be provided for the patient and primarily directed to achieve the expected goals and outcomes.

## **INDIVIDUALIZED PLAN OF CARE OR TREATMENT PLAN**

Delivery of patient care and treatment interventions shall be based on the needs identified in the individualized treatment plan.

Within 30 days after admission of a patient, the OBMAT program shall develop a more comprehensive individualized plan of care or treatment plan and attach it to the patient's chart no later than five days after the plan is developed. The individualized plan of care or treatment plan shall be developed pursuant to the guidelines and protocols established by the American Society of Addiction Medicine (ASAM), the Center for Substance Abuse Treatment (CSAT) and the National Institute on Drug Abuse (NIDA), the American Association for the Treatment of Opioid Dependence (AATOD), or such other nationally recognized authority approved by the secretary. The individualized plan of care or treatment plan shall include a recovery model based upon the generally approved guidelines and protocols.

The individualized plan of care or treatment plan shall be reviewed by the program physician, primary counselor, and patient at least every 90 days and documented in the patient record. A revised plan of care or treatment plan may be implemented with each review. If a new plan of care or treatment plan is not implemented, the reasons for such decision should be documented in the patient's record. Physical and electronic plans of care, including all reviews and updates, must be acknowledged by the patient.

The initial and quarterly individualized plans of care or treatment plans shall be developed by the patient, the program physician and primary counselor, with input as appropriate from other healthcare providers.

All individualized plans of care or treatment plans shall include:

- Documentation of the patient's diagnoses; the proposed medical treatment and counseling; medication dosages and administration.
- A requirement that the patient regularly attends and participates in the OBMAT program, both medical and counseling aspects, as determined necessary by the staff and patient.
- The identification of triggers for misuse of substances.
- The development and use of coping strategies for each trigger.
- The development of a detailed relapse prevention plan.
- Meaningful follow-up on any identified behavioral health issues.
- Follow-up medical or physical issues as necessary.
- A vocational evaluation, formal or informal.
- A plan to achieve financial stability and independence.
- A requirement that the patient abstain from use of illicit substance, abuse of prescription substances or other substances of abuse.
- Documentation of other patient or familial issues as relevant and appropriate and the proposed means of addressing such issues.
- The success of the patient's treatment, initiatives and goals.
- A description of services and their frequency to be provided for the patient and primarily directed to achieve the expected goals and outcomes.
- The results from initial, monthly and random drug tests.
- Such other information as recommended by the guidelines and recovery model utilized for the patient.
- The treatment strategy shall reflect the patient's current physical health condition and whether the patient requires other healthcare services.

If the patient chooses not to accept primary care services onsite, the patient will be referred for appropriate laboratory tests and additional medical treatment and follow up on the results.

The SHCMCH OBMAT program shall provide opportunities for family involvement where appropriate in the therapy provided to each patient and document such involvement in the individualized plans of care or treatment plans.

The appropriate medical staff shall conduct careful discussions with the patient regarding the patient's continued desire to remain in the SHCMHC OBMAT program on a maintenance schedule or medication and document such discussions in the patient's chart and individualized plans.

The SHCMHC OBMAT program shall make every effort to retain patients in treatment as long as clinically appropriate and medically necessary in accordance with approved national guidelines, and acceptable to the patient and compliant with the treatment agreement.

The SHCMHC OBMAT program will not ask anyone to withdraw from services without just cause.

A patient in good standing with the program, as defined by policy, has the right to continue to stay in the program.

If a patient wishes to enter medically-supervised withdrawal, the individualized treatment plan will reflect that choice.

With the patient's permission, the SHCMHC OBMAT program shall obtain complete medical records from other providers and maintain the records in the patient's chart and the individualized plan of care or treatment plan.

## **COORDINATION OF CARE AGREEMENT**

If a coordination of care agreement is required, it shall be signed by the patient, program physician and primary counselor. If a change of program physician or primary counselor takes place, a new agreement must be signed.

The coordination of care agreement shall be reviewed and updated at least annually. If the coordination of care agreement is reviewed, but not updated, the review shall be documented in the patient's record.

The coordination of care agreement shall include the following:

- An authorization allowing communication between the program physician and primary counselor so that the patient may receive comprehensive and quality medication-assisted treatment.
- The name and contact information for the program physician and primary counselor.

The categories of records which may be shared:

- A summary of treatment and goals, diagnoses and services to be received onsite or by referral.
- Current medications being prescribed, including dosage, frequency and delivery.
- Date and prescription history for medication-assisted treatment medications.

## **Estimated Length of Treatment**

The coordination of care agreement will be provided in a form prescribed and made available to the secretary.