

**Division of Mental Health and Addiction Services (DMHAS)
Fee for Service (FFS) ANNEX A3**

**DMHAS ENHANCEMENT PACKAGES
SERVICE DESCRIPTIONS**

Each of the FFS Enhancement Packages listed below includes an array of services for which eligible providers may be reimbursed. Eligibility is contingent upon approval by package and by service. Enhancement service packages vary by initiative (reference initiative-specific enhancement excel spreadsheets). Please initial the appropriate boxes below to indicate which Enhancement Packages your agency wishes to provide within the DMHAS FFS Initiatives. Please sign and date this cover sheet below and return to DMHAS.

Enhancement Packages	Please initial the appropriate box
Clinical Review Services	
<i>*Co-Occurring Clinical Services</i>	
Medical Services	
<i>***Medication Assisted Treatment Services (requires opioid license)</i>	
Recovery Support Services	
<i>** Vivitrol Enhancement Services</i>	

I understand and agree to deliver services according to the contract Document Annex A3 requirements. I have reviewed these contract requirements with our agency staff and affirm that our agency policies and procedures support adherence to these requirements. I understand that our agency will be monitored by DMHAS for adherence to these contract requirements.

Agency Name: _____

Federal ID _____

Signature

Date

Print Name

Title

*Approval to provide co-occurring services is predicated on agency's submission of, and DMHAS approval of, agency's co-occurring policies and procedures as part of the agency's Co-Occurring Network Application.

**Approval to provide Vivitrol enhancement services is predicated on agency submission and DMHAS approval of a separate Vivitrol application.

**Medication Assisted Treatment Services requires agency to be licensed for opioid treatment.

ANNEX A3

DMHAS Service Descriptions - Enhancements

CLINICAL REVIEW SERVICES

In addition to the General Service Requirements stated in the Division of Mental Health and Addiction Services (DMHAS) Standard FFS Network Annex A, the contractee shall comply with the following requirements for Clinical Review:

Drug Screen / Oral Swab

Reimbursement for the process to detect for the presence or absence of drugs. Drug screening is a technical analysis of a biological specimen to determine the presence or absence of specified parent drugs or their metabolites.

Continuing Care Assessment (LOCI)

Continuing Care Assessment is a treatment activity that can take place with or without the consumer present. The primary clinician working with his or her clinical supervisor or the agency interdisciplinary team reviews consumer treatment progress and current functioning. During the review, a LOCI continuing care evaluation is completed, a treatment plan review is completed, and a new plan for the consumer is developed. All participating members of the team and participating consumer are to sign a progress note or treatment plan indicating the review took place and that they participated. This must be in consumer chart and available for review. Twenty (20) minutes = 1 unit

ANNEX A3

DMHAS Service Descriptions - Enhancements

CO-OCCURRING SERVICES

The Co-occurring Enhancement strives to advance the integration of mental health services into consumer's substance use treatment. This initiative provides reimbursement for an array of co-occurring service when a co-occurring mental health diagnosis has been determined by an appropriately licensed behavioral health professional. Services must be delivered by staff working within their professional scope of service with supervision according to the requirements of their professional licensure. If a consumer is determined to be in need of these services his or her treatment plan will include both Substance use Treatment and Co-Occurring problems, goals and interventions.

Agencies must satisfy the State licensure regulations as per N.J.A.C 10:161(A/B)-10.4 for the delivery of co-occurring services prior to participating in the Co-occurring Enhancement and obtain licensure from Department of Human Services Office of Licensing.

After obtaining licensure to deliver co-occurring services, agencies will submit an application to be scored by a DMHAS multi-disciplinary team. The co-occurring network application is predicated on the six core components of the ideal delivery of co-occurring services which includes:

- Facilitating access to co-occurring treatment
- Screening all consumers for co-occurring disorders
- Completing a comprehensive co-occurring disorder assessment
- Providing or coordinating referrals to appropriate levels of integrated care
- Providing co-occurring treatment via a multi-disciplinary team
- Continuity of care and discharge planning
- Agency cannot provide and claim for co-occurring services until staff is approved.

DMHAS must be notified of staff that is no longer employed, including effective date; staff name and credentials shall be removed from the system

ANNEX A3

DMHAS Service Descriptions - Enhancements

In addition to the General Service Requirements stated in the Division of Mental Health and Addiction Services (DMHAS) Standard FFS Network Annex A, the contractee shall comply with the following requirements for Co-occurring Services:

Psychiatric Evaluation

Description:

Psychiatric evaluations are meetings between a psychiatrist and a child, adolescent or adult in which the professional tries to glean information necessary to diagnose an emotional disorder. During this interview the psychiatrist collects enough data about the consumer, through input from the substance use and/or co-occurring evaluation, previous treatment records and consultation with the treatment team, to develop an initial psychiatric diagnosis and treatment plan, including pharmacotherapy.

Who Can Provide the Service?

Psychiatric Evaluation is provided by: MD or DO Certified in Addiction Psychiatry; Board Certified Psychiatrist who is a member of ASAM or experienced with addiction; Board Eligible and ASAM/ABAM Certified Psychiatrist; MD or DO Board Eligible for Psychiatry with 5 years of addiction experience and ASAM membership; ASAM/ABAM Certified MD or DO with 5 years of co-occurring mental health disorders experience; Certified Nurse Practitioner-Psychiatric and Mental Health (CNP-PMH), Advanced Practical Nurse-Psychiatric and Mental Health (APN-PMH), and Physician's Assistant (PA) w/Psychiatric and Mental Health certification.

Comprehensive Intake Evaluation

Description:

The Comprehensive Intake Evaluation includes a full mental status evaluation, a detailed history of psychiatric and substance use disorder symptoms, a review, and if necessary, expansion of the information collected during the Addiction Severity Index (ASI), collection and review of previous treatment records, and the completion of a relevant placement tool such as the Level of Care Utilization System (LOCUS) for primary COD consumers and the Level of Care Index (LOCI) for primary SUD consumers. Sixty (60) minutes = 1 Unit

Who Can Provide the Service?

The Comprehensive Evaluation is provided by: Licensed Clinical Psychologist, Licensed Clinical Social Worker (LCSW), Licensed Professional Counselor (LPC), Licensed Marriage and Family Therapist (LMFT).

ANNEX A3

DMHAS Service Descriptions - Enhancements

Medication Monitoring- Co-occurring

Description:

Medication monitoring is the ongoing assessment, monitoring and review of the effects of a prescribed medication (Medication Assisted Therapy) upon a consumer. It is as a result of these visits that medications are adjusted, medical tests are ordered, and the consumer's response to treatment is evaluated. All Addictions and COD treatment facilities must allow for Medication Assisted Therapy for appropriate consumers. These consumers may be receiving medication(s) prescribed by the primary treatment facility, or by another provider. Fifteen (15) minutes = 1 unit

Who Can Provide the Service?

Provided by: Licensed MD or DO, Certified Nurse Practitioner-(CNP), Advanced Practical Nurse-(APN) Physician's Assistant- (PA).

Clinical Consultation

Description:

The Consultant meets with the agency's clinical staff in order to advise, counsel or educates those clinicians regarding the diagnosis, treatment, and management of consumers in the care of that organization.

Who Can Provide the Service?

A psychiatrist is the preferred consultant in this role. Psychiatrists or clinicians from other disciplines who provide clinical consultation must be licensed or certified to practice as health care professionals, and authorized to render diagnoses according to the DSM for both mental health and substance use disorders. (e.g.: psychiatrist, licensed clinical psychologist, licensed clinical social worker, licensed psychiatric nurse, licensed professional counselor, etc.). A minimum of 5 years' experience in mental health or co-occurring treatment is required.

Family Therapy

Description:

Treatment provided to a family utilizing appropriate therapeutic methods to enable families to resolve problems or situational stress related to or caused by a family member's addictive illness. These services are to be provided with the consumer. Sixty (60) minutes = 1 unit

Who Can Provide the Service?

ANNEX A3

DMHAS Service Descriptions - Enhancements

Family and Individual Therapy must be provided by: Licensed Clinical Psychologist, Certified Nurse Practitioner-Psychiatric and Mental Health (CNP-PMH), Advanced Practical Nurse-Psychiatric and Mental Health (APN-PMH), Licensed Clinical Social Worker (LCSW), Licensed Professional Counselor (LPC), Licensed Marriage and Family Therapist (LMFT) or a Licensed Social Worker (LSW) or Licensed Associate Counselor (LAC).

Individual Therapy

Description:

The treatment of an emotional disorder as identified in the DSM through the use of established psychological techniques and within the framework of accepted model of therapeutic interventions such as psychodynamic therapy, behavioral therapy, gestalt therapy and other accepted therapeutic models. These techniques are designed to increase insight and awareness into problems and behavior with the goal being relief of symptoms, and changes in behavior that lead to improved social and vocational functioning, and personality growth. Provided in a thirty (30) minute session or a 45 - 50 minute session.

Who Can Provide this Service?

Family and Individual Therapy must be provided by: Licensed Clinical Psychologist, Certified Nurse Practitioner-Psychiatric and Mental Health (CNP-PMH), Advanced Practical Nurse-Psychiatric and Mental Health (APN-PMH), Licensed Clinical Social Worker (LCSW), Licensed Professional Counselor (LPC), Licensed Marriage and Family Therapist (LMFT) or a Licensed Social Worker (LSW) or Licensed Associate Counselor (LAC).

Individual Therapy - Crisis Intervention

Description

Crisis Intervention is the provision of emergency psychological care to a consumer who is experiencing extreme stress. In order for a difficult situation to constitute a crisis, the stressor(s) must be experienced as threatening and of an intensity/magnitude that can not be managed by the consumer's normal coping capacities. The determination that a consumer is experiencing a crisis must be made by a licensed clinician. This initial assessment, where clinically indicated, includes evaluation of the individual's potential for suicide, homicide, or other violent/extremely problematic behaviors. In COD treatment settings, the consumer's potential for relapse and/or decompensation must be determined. The goals of crisis intervention are:(1) Stabilization, i.e. to reduce or relieve mounting distress; (2) Mitigation of acute signs and symptoms of distress; (3) Restoration of the pre-crisis (hopefully adaptive and independent) level of functioning; (4) Prevention (or reduction of the probability) of the development of maladaptive post-

ANNEX A3

DMHAS Service Descriptions - Enhancements

crisis behavior (e.g.: relapse and/or decompensation), or of post-traumatic stress disorder (PTSD). Fifteen (15) minutes = 1 Unit

Who Can Provide the Service?

Provided by: MD or DO, Licensed Clinical Psychologist, Certified Nurse Practitioner-Psychiatric and Mental Health (CNP-PMH), Advanced Practical Nurse-Psychiatric and Mental Health (APN-PMH), Licensed Clinical Social Worker (LCSW), Licensed Professional Counselor (LPC), or Licensed Marriage and Family Therapist (LMFT), Physician's Assistant (PA) , Advance Practice Nurse (APN) ,Certified Nurse Practitioner (CNP) or a Licensed Social Worker (LSW) or Licensed Associate Counselor (LAC).

Group Therapy

Description:

Therapy provided in a group setting, with 2-8 unrelated consumers simultaneously for at least ninety (90) minutes. Group therapy is predicated on the dynamic interaction of the members of the group. The emphasis is on helping participants understand the projection they have toward other members, while learning from the feedback they receive from others, including the staff. Ninety (90) minutes = 1 Unit

Who Can Provide the Service?

Licensed Clinical Psychologist, Certified Nurse Practitioner-Psychiatric and Mental Health (CNP-PMH), Advanced Practical Nurse-Psychiatric and Mental Health (APN-PMH), Licensed Clinical Social Worker (LCSW), Licensed Professional Counselor (LPC), or Licensed Marriage and Family Therapist (LMFT) or a Licensed Social Worker (LSW) or Licensed Associate Counselor (LAC).

Case Management

Description:

Case Management is the provision of direct and comprehensive assistance to consumers actively admitted in the SUD program in order for those individuals to gain access to all necessary treatment and rehabilitative services, including, but not limited to, housing, social service referrals and health insurance acquisition. The clinical case manager (CCM) facilitates optimal coordination and integration of these services on behalf of the consumer. In addition to connecting consumers to these resources, the CCM monitors their consumer's progress in treatment. The goal of this intervention is to reduce psychiatric and addiction symptoms and to support the consumers' continuing stability and recovery. Fifteen (15) minutes = 1 Unit

ANNEX A3

DMHAS Service Descriptions - Enhancements

Who Can Provide the Service?

Clinical case management services can be provided by the consumer's primary counselor, or by a staff member designated as CCM for a number of consumers. CCM services can be provided by a health care professional with experience and expertise in service systems, including social service systems, the addictions treatment system, and services for mental health disorders. A minimum of Bachelor's Degree in one of the helping professions, such as social work, psychology, and counseling or LCADC or CADC.

MEDICAL SERVICES

Physician Visit

Examination by certified health professional to treat medical problems as per the appropriate CPT codes.

Prescription Reimbursement

Reimbursement for cost of prescriptions for approved medications. This is only available within the Drug Court and State Parole Board-Mutual Agreement Program (MAP). This service is not reimbursed through the State's fiscal agent. Please refer to the initiative specific Annex A2 for additional procedural requirements.

ANNEX A3

DMHAS Service Descriptions - Enhancements

MEDICATION ASSISTED TREATMENT SERVICES

In addition to the General Service Requirements stated in the Division of Mental Health and Addiction Services (DMHAS) Standard FFS Network Annex A, the contractee shall comply with the following requirements for Medication Assisted Treatment Services:

Methadone Treatment

Description: Methadone is a synthetic opioid prescribed as an analgesic and as an anti-addictive medication for use in consumers who meet criteria for opioid dependence. Methadone, used for maintenance and/or detoxification is a medication that is provided in combination with substance use counseling in a licensed substance use treatment facility that is accredited by a recognized accreditation body, approved by SAMHSA, complies with all rules enforced by the Drug Enforcement Administration (DEA) and is licensed by the Department of Human Services Office of Licensing. Methadone is a medication, when prescribed for an opioid use disorder, that can only be prescribed and dispensed by an agency licensed by OOL as an OTP, Opioid Treatment Program.

Required Staff: When prescribed in an Opioid Treatment Program, the following requirements apply:

Medical Director: Licensed in the State of New Jersey as a physician, certification in Addiction Medicine (ASAM/ABAM, Addiction Psychiatry, or American Osteopathic Association) is preferred. Membership in ASAM is required.

Nursing Director: Registered Nurse (RN) currently licensed in New Jersey with one year of experience in Addictions treatment.

Only physicians, registered nurses, licensed practical nurses or pharmacists may dispense or administer medication in a facility providing opioid treatment services.

Required Medical Services for Methadone Maintenance:

- Full assessment with physical examination at admission and annually thereafter;
- Regular urine drug screens; pregnancy screen at intake for women of child-bearing age; and
- Regular review of medication by physician and prescription adjustments as medically determined.

ANNEX A3

DMHAS Service Descriptions - Enhancements

Required Medical Services for Methadone Detoxification: All physicians are referred to the federal guidelines established through the Center for Substance Abuse Treatment (CSAT) for the minimum requirements:

- During methadone detoxification, medical care and consultation should be available on a 24-hour basis. This care and consultation should be supervised by the physician performing the detoxification protocol;
- Pregnancy testing must be conducted at intake for women of child-bearing age;
- Opioid dependent pregnant consumers must receive proper education for the risks of methadone detoxification; and
- Consumers must have 24 hour access to a nurse on call.

Counseling Services: At minimum, methadone treatment delivered in a Licensed Methadone Treatment program must adhere to the counseling standards outlined in DMHAS licensure standards, 10:161B-11, which includes number and frequency of counseling sessions based on the criteria of the Phase System.

- *Phase I* - At least one counseling session per week with at least one individual session per month, for a total of four sessions per month.
- *Phase II* - At least one counseling session every two weeks with at least one individual session, for a total of two sessions per month.
- *Phase III* - At least one individual counseling session per month.
- *Phase IV* - At least one individual counseling session every three months
- *Phase V* - Consumers who have had twenty-four consecutive months of negative drug screens and meet other program criteria for treatment progress shall receive counseling services at a frequency determined by the multidisciplinary team and program policy.
- *Phase VI* - Consumers who have had thirty-six consecutive months of negative drug screens and meet other program criteria for treatment progress shall receive counseling services consistent with their clinical needs and the documented recommendations of the multidisciplinary team.

Methadone can be administered in conjunction with other clinical services across all levels of care provided by a DMHAS licensed Substance use treatment program. All counseling requirements must be in accordance with the licensing requirements for that level of care.

ANNEX A3

DMHAS Service Descriptions - Enhancements

Medication Monitoring for MAT

Description:

Evaluates how a specific type of medication is affecting the consumer. This may include the determination of: proper dosage level, prescribing medication to the consumer for the period of time before the consumer is seen again and noting any drug interactions or adverse drug effects to a specific medication. Services are limited to be administered in conjunction with the following services only:

Methadone medication and dispensing; Buprenorphine/Naloxone; Vivitrol.

Fifteen (15) minutes = 1 Unit

Buprenorphine Treatment

Description:

Buprenorphine, in the form of Subutex (buprenorphine hydrochloride) and Suboxone tablets (buprenorphine hydrochloride and naloxone hydrochloride), is used medically for the treatment of opioid dependence. The rate covers dispensing and cost of medication.

Detoxification:

Buprenorphine can be used for the medically supervised withdrawal of consumers from both self-administered opioids and from opioid agonist treatment with methadone, providing a transition from the state of physical dependence on opioids to an opioid-free state, while minimizing withdrawal symptoms and avoiding side effects of suboxone. The goal of the service is to achieve a safe and comfortable withdrawal from mood-altering drugs and to effectively facilitate the consumer's entry into ongoing treatment and recovery.

Induction:

Buprenorphine induction (usual duration approximately one week) involves helping a consumer begin the process of using buprenorphine to manage his or her opioid dependence. The goal of the induction phase is to find the minimum dose of medication at which the consumer discontinues or markedly diminishes use of other opioids and experiences no withdrawal symptoms, minimal or no side effects, and has no uncontrollable cravings for drugs of use, and is stabilized.

Maintenance:

Buprenorphine maintenance, following induction and stabilization, requires maintaining buprenorphine at stable dosage levels for a period in excess of 21 days.

ANNEX A3

DMHAS Service Descriptions - Enhancements

Counseling Services: Suboxone treatment should be administered in conjunction with other clinical services across all levels of care provided by a DMHAS licensed Substance use treatment program. All counseling requirements must be in accordance with the licensing requirements for that level of care.

Required Staff:

Must be provided by a certified physician in Addiction Medicine who has satisfied qualifications set-forth by the provisions of the Drug Addiction Treatment Act of 2000 (DATA 2000) and the Office of National Drug Control Policy Reauthorization Act of 2006 (ONDCPRA).

When prescribed in a substance use treatment facility, the following requirements apply:

Medical Director: Licensed in the State of New Jersey as a physician, certification in Addiction Medicine (ASAM/ABAM, Addiction Psychiatry, or American Osteopathic

Association) is preferred. Membership in ASAM is required. DATA 2000 waiver and appropriate Drug Enforcement Agency (DEA) registration are required.

Nursing Director: Registered Nurse (RN) currently licensed in New Jersey with one year of experience in Addictions treatment.

Only physicians, registered nurses, licensed practical nurses or pharmacists may dispense or administer medication in a facility providing opioid treatment services.

Required Medical Services:

- All physicians are referred to the federal guidelines established through the Center for Substance Abuse Treatment (CSAT) for the minimum requirements;
- A full assessment with physical examination must be conducted at admission and annually thereafter;
- Pregnancy testing must be provided at assessment for women of child-bearing age;
- Opioid dependent pregnant consumers must receive proper education regarding the risks of buprenorphine treatment;
- During buprenorphine detoxification, induction and stabilization, medical care and consultation should be available on a 24-hour basis supervised by the physician performing the detoxification or induction and stabilization protocol.
 - During buprenorphine detoxification, consumers must have 24 hour access to a nurse on call;
- During detoxification, the consumer must be seen each day for, at minimum, a medical assessment.

ANNEX A3

DMHAS Service Descriptions - Enhancements

- Consumers must be instructed to abstain from the use of any opioids for twelve hours prior to the induction phase of buprenorphine treatment; and
- Regular urine drug screens should be performed for all consumers.

ANNEX A3

DMHAS Service Descriptions - Enhancements

RECOVERY ENHANCEMENT SERVICES

In addition to the General Service Requirements stated in the Division of Mental Health and Addiction Services (DMHAS) Standard FFS Network Annex A, the contractee shall comply with the following requirements for Recovery Enhancement Services:

Case Management

The provision of direct and comprehensive assistance to consumers in order for those individuals to gain access to all necessary treatment and rehabilitative services Add; including but not limited to housing, social service referral and health insurance acquisition. The clinical case manager (CCM) facilitates optimal coordination and integration of these services on behalf of the consumer. In addition to connecting consumers to these resources, the CCM monitors their consumer's progress in treatment. The goal of this intervention is to reduce psychiatric and addiction symptoms, and to support the consumers' continuing stability and recovery. Fifteen (15) minutes = 1 Unit

Court Liaison

The service rate \$6.50 per unit. Individual claims are submitted for each individual consumer for whom the service is rendered. Fifteen (15) minutes = 1 unit

Court Liaison services include the appearance of substance use treatment agency staff in drug court to participate in drug court team reviews and/or to report to the judge and/or drug court team regarding the consumer's treatment participation and progress.

Transportation (Mileage)

The mileage rate is \$0.31 per mile. If multiple DMHAS must be notified of staff that are no longer employed, etc., from my COOC guidelines consumers are transported in a single vehicle, mileage claims must be allocated equally across all fee-for-service consumers being transported together. Total claims cannot exceed the total miles for a single trip.

Transportation (mileage) services include the following allowable consumer transportation:

- To and from assessment
- To and from detoxification
- To and from assessment/admission interview with a continuing care provider

ANNEX A3

DMHAS Service Descriptions - Enhancements

- To and from court for a scheduled court date

Transportation (Staff Time)

The staff rate is \$8.00 per hour. If multiple consumers are transported in a single vehicle, staff time claims must be allocated equally across all fee-for-service consumers being transported together. Total claims cannot exceed the total staff time for a single trip.

Transportation (staff time) services include the following allowable consumer transportation:

- To and from assessment
- To and from detoxification
- To and from assessment/admission interview with a continuing care provider
- To and from court for a scheduled court date

Note: Consumers in contracted Drug Court slots are not eligible for reimbursement for Court Liaison or Transportation Enhancements. Court Liaison and Transportation costs that are already funded in a Drug Court Contract may not be submitted for fee-for-service reimbursement.

ANNEX A3

DMHAS Service Descriptions - Enhancements

INJECTABLE NALTREXONE/VIVITROL ENHANCEMENT

The injectable naltrexone/Vivitrol enhancement offers an adjunct medical component to treatment for:

- Alcohol dependent NJ residents who could benefit from medically managed treatment for alcohol use.
- Opioid dependent NJ residents who want to remain abstinent without maintenance medication or for consumers seeking medically supervised withdrawal from maintenance medication.

This enhancement is available through the DUII, SJI, MATI, DCI, SPB, NJSI and SAPTI fee-for-service networks. All defined medical services will be funded through this enhancement. Treatment will be funded through the network initiative.

In addition to the General Service Requirements stated in the DMHAS Standard FFS Network Annex A, and the initiative specific contract requirements, the Injectable Naltrexone/Vivitrol enhanced service contractee shall comply with the following requirements:

CONTRACT SPECIFIC REQUIREMENTS:

Appropriate consumers:

- Approved for treatment funding through a participating initiative
- Meets diagnosis for opioid dependence or alcohol dependence
- Medically approved by a physician
- Completed informed consent for medication

STAFFING:

- Agency agrees that the prescription and administration of the medication will be conducted by the appropriate medical personnel (a Medical Director, Nurse Practitioner, Physician Assistant, or Registered Nurse).
- Agency agrees that all counseling services will be provided in accordance with DMHAS and DCA regulation.

SPECIFIC DOCUMENTATION REQUIREMENTS:

In addition to the consumer treatment and medical charts, agency agrees to document the following in the consumer chart:

- a. Consumer education session and consent regarding the use of injectable naltrexone/Vivitrol
- b. UDS results
- c. Results of medical tests (LFT and Pregnancy tests)
- d. Progress note for each visit including visits in which medication is

ANNEX A3

DMHAS Service Descriptions - Enhancements

administered

CONSUMER INFORMED CONSENT:

Agencies will ensure, and comply with, consumer choice and consent for this course of treatment. Staff shall provide the appropriate education regarding this medication and also discuss the options available.

A consumer information packet that is specific to injectable naltrexone pharmacology and developed by agency medical personnel shall be provided to the consumer by their counselor and verbally reviewed with the consumer at each level of care. The information packet shall include the benefits and the risks of the medication. The consumer consent form for medication shall be reviewed and signed. This consent will be documented in the consumer file.

SERVICES: Services may include a residential stay for stabilization prior to induction. Induction will be upon discharge from the Stabilization Program with a referral to outpatient treatment and follow up injections. Induction for opioid or alcohol dependent persons who are not in need of detoxification or residential services may receive the first injection at any time during outpatient treatment. Follow up injections for persons inducted at both residential and outpatient programs will be provided during outpatient treatment.

Agency may conduct Urine Pregnancy Tests as per medical need identified by physician. Up to six pregnancy tests will be reimbursed.

Medical universal precautions shall be utilized by all personnel to ensure safety.

ROUTES OF INDUCTION:

- **OUTPATIENT INDUCTION (maximum six injections):**
Outpatient agencies agree to provide induction for consumers who have a diagnosis of opioid dependence or alcohol dependence and have demonstrated to be free of opioids for ten days as prescribed. Agency agrees that staff will provide education and counseling regarding potential side effects, psychological detoxification and protracted withdrawal symptoms, potential adverse reactions and relapse potential.

- **RESIDENTIAL INDUCTION: (maximum one injection prior to discharge)**
Residential Agencies agree to provide induction as part of discharge planning for the opioid or alcohol dependent person who has consented to induction. Induction at the Short-Term Residential care will be administered at any time within the 28 day experience. Induction at Long-Term Residential will be administered within 28 days prior to discharge. Induction at Halfway Houses

ANNEX A3

DMHAS Service Descriptions - Enhancements

can be administered upon completion of the orientation/black-out period while consumer is engaged in outpatient services. Agency agrees to provide the

appropriate motivation and care management referral for consumer to attend an outpatient program for continued medication management, counseling and relapse- prevention support.

- **RESIDENTIAL STABILIZATION and INDUCTION (maximum 14 days, one injection):** Short-term residential agency will accept referrals from medically-supervised detoxification programs, opioid treatment programs, and from other referral sources. The agency will have agreements with programs to ensure appropriate education regarding medication options post detoxification and referral to the Short-term residential agency for Stabilization Period.

The Short-term residential agency agrees to provide a structured and supervised setting for opioid dependent consumers who want to remain abstinent without maintenance medication or for consumers seeking medically supervised withdrawal from maintenance medication. Consumers will have demonstrated a need for interventions to medically and therapeutically manage the ten-day opioid-free period prior to induction. The agency agrees to provide an intensive individually tailored program of education and psychotherapeutic counseling to ensure the consumer has needed tools to move into the recovery zone. Agency agrees that staff will provide education and counseling regarding potential side effects, psychological detoxification and protracted withdrawal symptoms, potential adverse reactions and relapse potential. Induction will be provided within twelve days of admission. Agency agrees to provide the appropriate motivation and care management referral for consumer to attend an outpatient program for continued medication management, counseling and relapse-prevention support

POST INDUCTION CONTINUING CARE: Outpatient agency agrees to provide up to five additional monthly injections post induction while opioid or alcohol dependent consumer is engaged in outpatient treatment (consumer limit – 6 injections). Agency agrees to assess and address all appropriate bio- psychosocial interventions, including education regarding protracted withdrawal symptoms, to decrease the likelihood of relapse and assist the consumer to long-term recovery. Program treatment and communications with consumers will conform to evidence-based practices to ensure consumer safety and improve outcomes. The agency agrees to provide an intensive individually tailored program of education and psychotherapeutic counseling.

Continuing Service Requirements:

- Vivitrol is an enhancement to treatment services and therefore medication

ANNEX A3

DMHAS Service Descriptions - Enhancements

administration shall include a comprehensive management program that includes counseling. All consumers shall be maintained in the appropriate level of treatment as determined by the LOCI.

- If consumer meets criteria for treatment completion and elects to continue to receive Vivitrol for all six injections, the agency shall ensure a once monthly individual session with the clinician through the outpatient services, in addition to the medical visit for an injection. Each session will be a minimum of one hour and will be face to face with a licensed or certified clinician until the consumer completes injections.
- Agency agrees to participate in all mandatory trainings regarding this enhancement.

Discharge Criteria:

The length of service varies with the severity of the consumer's illness and his/her response to the medication. Consumer may refuse the medication at any time without consequence to treatment services.

Service Authorization Period (initial and subsequent):

Each consumer is eligible for service authorization for a maximum of six injections over a one year period.

VIVITROL – LIVER FUNCTION TEST (LFT)

Reimbursement for performing a Liver Function Test prior to administering a Vivitrol Injection. Agency shall conduct Liver Function Test (LFT) as per medical need identified by physician. Liver Function Tests are blood tests used to help diagnose and/or monitor liver disease or damage by measuring the levels of certain enzymes and proteins in the blood. May include Liver Enzyme Test, Liver Protein Test and/or Bilirubin Test.