

**Provider Bulletin # 18-06**  
**Community Behavioral Health**  
**Expanding Capacity for Withdrawal Management in Residential Drug  
and Alcohol Levels of Care and Crisis Response Centers**  
**June 1, 2018**

**1. Residential drug and alcohol levels of care excluding detoxification (4B, 3B, 3C, 2B) will be *required* to provide Medication-Assisted Treatment (MAT)-compatible services by January 1, 2020 and will be eligible for one of two enhanced rates once this requirement is met.**

All drug and alcohol licensed residential levels of care (4B, 3B, 3C, 2B) will be required to provide medication-assisted treatment (MAT)-compatible services for members with opioid use disorders (OUD) by **January 1, 2020**. Once providers reach the requirements described in this Bulletin (including those who already meet the requirements), they will be eligible for an enhanced rate. **Drug and alcohol residential treatment providers who do not meet the MAT requirements by January 1, 2020 will not have their Community Behavioral Health (CBH) Provider Agreement renewed.** This requirement will both significantly increase the available number of MAT slots in the CBH network and align with the American Society of Addiction Medicine (ASAM) assessment and treatment model, which is being implemented across the Medical Assistance Program throughout Pennsylvania.

MAT in the form of buprenorphine, methadone, or naltrexone ER<sup>1</sup> is an evidence-based treatment for individuals diagnosed with an OUD. Numerous studies have demonstrated the efficacy of these medications across a wide range of outcomes including mortality, abstinence, infectious disease risk, and crime. Therefore, as of January 1, 2020, all residential drug and alcohol treatment facilities (4B, 3B, 3C, 2B) will be required to have capacity to provide services to CBH members receiving any of the three approved medications: buprenorphine, methadone, or naltrexone ER, for OUD.

Such capacity can occur either through **direct provision** (i.e. naltrexone ER or buprenorphine can be given through a treating facility prescriber) or through **coordination of care with external providers** (through formal memorandum of understanding [MOU]) who can induce individuals on buprenorphine or methadone or who can provide ongoing prescriptions).

Facilities capable of directly prescribing agonist (buprenorphine or methadone) and non-agonist FDA-approved medications (naltrexone ER) will receive a **Preferred Evidenced-based MAT Designation** and will be eligible for an enhanced daily rate August 1, 2018. The enhanced rates will apply to all residential admissions regardless of diagnosis.

Facilities who are MAT compatible--defined by the ability to provide services to members receiving all forms of MAT through formal MOUs-- will receive **Evidence-based MAT Designation** and will be eligible for smaller daily rate increase August 1, 2018. Providers who can provide MAT-compatible services through a combination of direct provision and MOUs will also be eligible for this rate. The enhanced rates will apply to all residential admissions regardless of diagnosis.

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<sup>1</sup> All medications listed are current as of the bulletin publication date; newly approved medications should be assumed to be covered under this bulletin as well.

Providers who wish to achieve one of the MAT designations should contact the Director of Provider Operations, Kimberly Doyle, at [Kimberly.Doyle@phila.gov](mailto:Kimberly.Doyle@phila.gov). A MAT Designation Application will follow this Bulletin. Beginning January 1, 2020, providers who have not achieved either designation will not have their CBH Provider Agreement renewed.

**2. Detoxification levels of care (4A and 3A) can elect to provide buprenorphine stabilization to qualify for an enhanced rate beginning August 1, 2018.**

CBH is committed to expanding the array of services available to members with OUD while they are on detoxification units through withdrawal management. Doing so recognizes that there are multiple roads to recovery and that increasing member choice allows for tailoring treatment to individual needs and preferences. Furthermore, it aligns with the ASAM assessment and treatment criteria, which is being implemented across the Medical Assistance program throughout the Commonwealth.

Buprenorphine withdrawal management (WM) entails three days on the inpatient detoxification unit during which time members will be started on buprenorphine and detoxified to the lowest effective dose. Prior to discharge, providers are expected to both provide a short-term prescription for members and to link them with community providers who can provide ongoing buprenorphine as well as necessary psychosocial treatment.

Members will continue to be approved for Medically Monitored and Medically Managed Detoxification (3A/4A) through prior authorization as per existing medical necessity criteria (Pennsylvania Client Placement Criteria and ASAM). Providers opting to offer buprenorphine WM should inform members of the available treatment options including risks, benefits, and alternatives, and should obtain informed consent before proceeding with treatment. The consent process should be documented in the member chart and should include specific mention of the risks attendant around detoxification. Providers delivering buprenorphine stabilization to the standards described may bill at an enhanced rate for **Specialized Extended Buprenorphine Stabilization for Withdrawal Management**. Providers who are interested should contact [Kimberly.Doyle@phila.gov](mailto:Kimberly.Doyle@phila.gov).

**3. Crisis Response Centers (CRCs) can elect to provide buprenorphine stabilization to qualify for an enhanced rate beginning August 1, 2018.**

CBH is committed to ensuring members with OUD receive rapid access to MAT. As of August 1, 2018, all adult Crisis Response Centers (CRCs) may offer buprenorphine stabilization to CBH members with OUD. In addition to initiation of buprenorphine treatment, it is expected that CRC prescribers will provide continuity of care through a buprenorphine prescription if necessary and referral to an outpatient provider who can assume treatment. CRCs electing to offer this service may bill at an enhanced rate for a **Specialized Extended Buprenorphine Stabilization for CRC**. Providers who are interested should contact [Kimberly.Doyle@phila.gov](mailto:Kimberly.Doyle@phila.gov).

Questions regarding this Bulletin can be directed to your assigned Provider Representative.