



TO: Georgia Medicaid-Enrolled Opioid Treatment Programs

FROM: Office of Addictive Diseases
Office of Medicaid Coordination

DATE: April 1, 2020

SUBJECT: Medication Assisted Treatment Guidance for Take-Home Medication and Telehealth

Background: The Department of Behavioral Health and Developmental Disabilities (DBHDD) Office of Addictive Diseases (OAD) is Georgia's State Opioid Treatment Authority (SOTA). As such, DBHDD's OAD collaborates with other agencies in developing guidelines for establishing and/or closing Medication Assisted Treatment (MAT) Programs operating in Georgia. As the SOTA, DBHDD is also responsible for establishing guidelines for the administration of MAT programs. In this capacity we are concerned with the continuity of care for all individuals currently enrolled in Opioid Treatment Programs in Georgia. Due to the current challenge of addressing COVID-19 in our state, we are providing additional guidance regarding take-home medication, telehealth, and billing for medication administration.

Guidance: In an effort to maintain patient continuity of care and respond to provider needs during the COVID-19 response, DBHDD has partnered with the Department of Community Health (DCH - Georgia's Medicaid authority) to consider special provisions for Opioid Treatment Programs enrolled to provide the Medication Assisted Treatment Package as defined by DBHDD in its [Community Behavioral Health Provider Manual](#). For the period of the official declaration of State of Public Health Emergency in Georgia for COVID-19, *telemedicine/ telephonic supervision (video-enabled only) of the individual's self-administration of take-home medication will be allowed to be billed as either Medication Administration or Opioid Maintenance in accordance with those definitions*. This is only for individuals receiving Opioid Maintenance treatment and who have been clinically allowed take-home medications due to the emergency. Documentation must include all checks of physical and mental responses/symptoms which would generally occur in a face-to-face intervention.

GENERAL REQUIRED COMPONENTS OF MEDICATION ADMINISTRATION TAKE-HOME WAIVER:

1. There must be a written service order for Medication Administration and a written order for the medication and the administration of the medication that complies with guidelines in Part II, Section 1, Subsection 6 - Medication of the Provider Manual.

2. The order for and administration of medication must be completed by members of the medical staff pursuant to the Medical Practice Act of 2009, Subsection 43-34-23 Delegation of Authority to Nurse and Physician Assistant.
3. The order must be in the individual’s chart. Telephone/verbal orders are acceptable provided they are signed by an appropriate member of the medical staff in accordance with DBHDD requirements.
4. For the period of the official declaration of State of Public Health Emergency in Georgia for COVID-19, documentation must support the medical necessity of administration by licensed/credentialed medical personnel or support the clinically indicated/approved plan for take-home medication (either independently self-administered or with telemedicine/telephonic daily oversight of administration).
5. Documentation must support that the individual served is being trained in the risks and benefits of the medications being administered (or self-administered, if there is a clinically-approved take-home medication plan) and that symptoms are being monitored by the program staff who are either administering the medication, supervising the daily self-administration of take-home medication, or billing for check-ins with the individuals related to their daily self-administration plan.
6. If take-homes are being allowed in accordance with a clinically indicated plan, documentation must support that the individual is being trained in the principle of self-administration of medication or that the individual is physically or mentally unable to self-administer. Opioid Treatment Programs should implement procedures to monitor, recognize and manage patients, staff and visitors to their facility for the prevention of COVID-19.

TELEMEDICINE/TELEPHONIC PROVISIONS

DBHDD, in concert with the DCH, has released temporary [allowances](#) on the provision of services via telemedicine and telephonic modalities. As Medication Assisted Treatment (MAT) is a program service which is comprised of “unbundled,” discrete services, this helpful table is included below:

MAT Discrete Service Interventions	Additional COVID-19 Response Modes of Delivery
Physician Assessment	Telemedicine/Telephonic
Nursing Assessment	Telemedicine/Telephonic
Medication Administration (Supervision of Self-administration)	Telemedicine/Telephonic (video-enabled only)
Opioid Maintenance (Supervision of Self-administration)	Telemedicine/Telephonic (video enabled only)
Diagnostic Assessment	Telemedicine/Telephonic
Individual Counseling	Telemedicine/Telephonic
Group Outpatient Services (including psycho-educational groups focusing on relapse prevention and recovery)	Telemedicine/Telephonic (maximum group size = 6)
Family Outpatient Services	Telemedicine/Telephonic
Addictive Disease Support Services	Telemedicine/Telephonic
Behavioral Health Assessment & Service Planning Development	Telemedicine/Telephonic
Medication	

MODIFIED COMMUNITY BEHAVIORAL HEALTH SERVICE DEFINITION:

In addition to the General Required Components waiver citations above, please note that there is a temporary adjustment to the [DBHDD Community Behavioral Health Provider Manual](#) – MAT requirements noted below (new content represented by red font). These allowances/expectations will be in place until April 30, 2020.

Service Definition Section	Existing DBHDD Provider Manual Requirement	Waiver through April 30, 2020
Required Components	2. The program provides structured treatment and therapeutic services, utilizing activity schedules as part of its operational method, i.e., plans or schedules of days or times of day for certain activities.	2. The program provides structured treatment and therapeutic services, utilizing activity schedules as part of its operational method, i.e., plans or schedules of days or times of day for certain activities. These schedules may include use of telemedicine or other telehealth platforms for participants.
Required Components, continued	3. The program must be in operation at least 5 hours per day Monday - Friday and a minimum of 3 hours per day on Saturdays.	<p>3. During the COVID-19 emergency response period, all required program staff must be accessible, either in-person at the program site or via telemedicine/other telehealth platforms, at least 5 hours per day Monday - Friday and a minimum of 3 hours per day on Saturdays. During a portion of these days/hours, the program site must be fully operational for in-person interventions: At least two days per week, for a minimum of 3 hours on each day (any remaining required hours for a day may be offered via telemedicine).</p> <p>The following information must be provided, in writing, to each individual enrolled in the program:</p> <ul style="list-style-type: none"> a. Specific days and times when required staff will be physically present at the program site for intervention; b. Specific days and times when required staff will be available via telemedicine/telehealth; c. Clear, detailed information and instructions for accessing telemedicine/other telehealth platforms; d. Alternative contact information for key staff who will serve as points of contact outside of scheduled program operation times; and e. Emergency contact information.

Required Components, continued	5. The program conducts random drug screening and uses the results of these tests for marking participant's progress toward goals and for service planning.	5. The program conducts random drug screening and uses the results of these tests for marking participant's progress toward goals and for service planning. During the COVID-19 emergency response period, random drug screening may be less frequent.
	6. This service must operate at an established site approved by DBHDD, DEA, SAMHSA, and DCH/HFR.	6. During the COVID-19 response period, this service may be delivered via telemedicine/other telehealth platforms within the parameters outlined in Required Components item #3. When delivered in-person, this service must operate from an established site approved by DBHDD, DEA, SAMHSA, and DCH/HFR.
	9. The program physician shall ensure that each individual voluntarily chooses MAT and that all relevant facts concerning the use of the opioid drug are clearly and adequately explained to the individual, and that each individual provides informed written consent to treatment.	9. The program physician shall ensure that each individual voluntarily chooses MAT and that all relevant facts concerning the use of the opioid drug are clearly and adequately explained to the individual, and that each individual provides informed written or verbal consent to treatment.
	10. A full medical examination and other tests must be completed by the program within 14 days of admission.	10. A full medical examination and other tests must be completed by the program within 14 days of admission. During the COVID-19 response, this can occur via telemedicine and other telehealth platforms.
		12. For the period of the COVID-19 emergency, telemedicine-based (i.e. video is required) supervision of self-administration for individuals receiving Opioid Maintenance treatment and who have been allowed take-home medications due to the emergency may be documented and billed as either Medication Administration or Opioid Maintenance in accordance with those definitions, including all checks of physical and mental responses/symptoms which would generally occur in a face-to-face intervention.
		13. During the COVID-19 emergency response period, documentation must support the medical necessity of administration by licensed/credentialed medical personnel or support the clinically indicated/approved plan for take-home medication (either independently self-administered or with telemedicine/telephonic daily oversight of administration). a. Documentation must support that the individual served is being trained in the

		<p>risks and benefits of the medications being administered (or self-administered, if there is a clinically-approved take-home medication plan) and that symptoms are being monitored by the program staff who are either administering the medication, supervising the daily self-administration of take-home medication, or billing for check-ins with the individuals related to their daily self-administration plan.</p> <p>b. If take-home medications are being allowed in accordance with a clinically indicated plan, documentation must support that the individual is being trained in the principle of self-administration of medication or that the individual is physically or mentally unable to self-administer.</p>
Staffing Requirements	<p>2. There must be at least one independently licensed/certified practitioner, (CAC-II, CAC-I, GCADC-II or -III, GCADC-I, CAS, MAC, CAADC, LPC, LCSW, or LMFT) on-site at all times the service is in operation, regardless of the number of individuals participating.</p>	<p>2. During the COVID-19 emergency response period, there must be at least one independently licensed/certified practitioner, (CAC-II, CAC-I, GCADC-II or -III, GCADC-I, CAS, MAC, CAADC, LPC, LCSW, or LMFT) physically present and accessible during on-site operating days/times, regardless of the number of individuals participating. A practitioner meeting these qualifications must also be accessible via telemedicine/other telehealth platforms at all other times when the service is in remote operation, regardless of the number of individuals participating.</p>
	<p>7. Programs shall ensure that appropriate nursing care is provided at all times the program is in operation.</p>	<p>7. Programs shall ensure that appropriate nursing care is provided at all times the program is in operation. During the COVID-19 emergency response period, certain nursing services/care may be provided via telemedicine or other telehealth platforms, as clinically appropriate.</p>
Clinical Operations	<p>f. <u>Medication Administration & Opioid Maintenance:</u></p>	<p>f. <u>Medication Administration & Opioid Maintenance:</u></p> <p>iv. During the COVID-19 emergency response period, directly observed and supervised self-administration of take-home MAT medication via telemedicine (i.e. video required) is allowable for individuals who would otherwise require medication administration, if clinically appropriate (i.e. individual is deemed capable of self-administration if given training and if under direct observation/supervision, and is not considered at risk for overdose). The medical necessity of supervised self-administration must be documented in</p>

Clinical Operations, continued	h. Nursing Assessment: This service requires face-to-face contact with the individual to monitor, evaluate, assess, and/or carry out a physician's orders regarding the physical and/or psychological problems of the individual...	the individual's clinical record prior to implementation of this allowance.
		h. Nursing Assessment: This service requires face-to-face contact (during the COVID-19 emergency response period, this may be in-person or via telemedicine/other telehealth platforms, as is clinically feasible and appropriate) with the individual to monitor, evaluate, assess, and/or carry out a physician's orders regarding the physical and/or psychological problems of the individual...
Service Access	The program must be in operation at least 5 hours per day Monday- Friday and a minimum of 3 hours per day on Saturdays.	During the COVID-19 emergency response period, all required program staff must be accessible, either in-person at the program site or via telemedicine/other telehealth technology, at least 5 hours per day Monday - Friday and a minimum of 3 hours per day on Saturdays. During a portion of this time, the program site must be fully operational for in-person interventions: At least two days per week, for a minimum of 3 hours on each day (any remaining required hours for a day may be offered via telemedicine).

DBHDD's response to the State of Public Emergency for COVID-19 is continuously adapting based upon the needs of the community, the provider network, and most importantly, the people we mutually serve. Please know that as DBHDD receives more information about the needs of our state we will respond accordingly and keep you, our partners, well informed. For questions and further discussion please call 404-416-5225 or email Vonshurii.wrighten@dbhdd.ga.gov.