Montgomery County Drug and Alcohol Policy and Procedures

<table>
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<th>Policy #</th>
<th>4630</th>
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<tr>
<td>Applicable To:</td>
<td>Funding for Methadone Maintenance Services</td>
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<tr>
<td>Policy Title:</td>
<td>Funding Policy for Methadone Maintenance and Benzodiazepines</td>
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<tr>
<td>Effective Date:</td>
<td>July 1, 2007</td>
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<td>Last Revision:</td>
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12/31/12: allows for exception review and request at the Program Director/SCA level in addition to Doctor to Doctor reviews and revises Funding Restriction Form accordingly

**POLICY:** Montgomery County SCA funds may not be used to support methadone maintenance services for individuals, whose treatment is contraindicated by their non-therapeutic use of benzodiazepines.

Montgomery County is committed to supporting methadone maintenance services for individuals who have demonstrated an inability to benefit from other drug free treatment approaches. Montgomery County also recognizes that the current level of financial support for methadone maintenance services does not meet the level of demand. Therefore: 1) Given this commitment to provide the service and the reality that demand out weighs resources it is critical that we carefully screen the effectiveness of this treatment approach on a case by case basis and 2) Given the financial constraints within which the County must operate, our desire to provide treatment to those most in need and the overwhelming agreement that benzodiazepine use is detrimental to success for a methadone maintenance population the County will enforce the following funding restrictions:

**PROCEDURE:**

Any SCA funded methadone maintenance client testing positive for benzodiazepines must agree to a plan to discontinue their use of benzodiazepines.

1) If the drug is prescribed by another physician then the client must give consent to the MCMC physician to coordinate a plan, with the prescribing physician, to discontinue the use of benzodiazepines. This plan can be proposed within either a taper protocol or the use of another non addcting agent to treat the presenting problem.

2) As a last option, residential detox from benzodiazepines will be offered with a simultaneous methadone maintenance protocol.

3) Clients who refuse to provide consent to contact the prescribing the physician, or refuse to discontinue their illegal abuse of benzodiazepines or decline a residential detox will not be eligible for SCA funds for methadone maintenance.

4) Funding for continued maintenance services will discontinue, and the individual will be offered two options:
   a) a 21 day methadone detox funded with county dollars,
   b) assistance with a transfer to another program or level of care.

5) County funding for these cases will discontinue at 30 days after the date of the positive urine notification as long as the individual is participating in a 21 day detox.
6) All clients will be informed of this policy, at intake, and they shall be required to sign off indicating that they have been made aware of this policy and provided with a copy of the policy for their reference. This form must be contained in all client charts when SCA funds are the source of reimbursement in full or part (Sample form attached).

7) Compliance with this policy will be monitored through monthly review of positive urine drug screens reported to the SCA by the Program Director. When a client tests positive for benzodiazepines there must be evidence in the chart:

   a) of a plan to eliminate the use of benzodiazepines agreed to by the client, Program Director or designee and the SCA, or
   b) a transfer plan to another Provider, or
   c) a detox protocol for discharge from Montgomery County funded methadone maintenance.

   If this documentation is not clearly contained in the chart, with correspondence indicating agreement on a plan with the prescribing physician or a contract with the client when the source is not a legally obtained prescription, the SCA will discontinue funding per the above procedures.

Exceptions:
Exceptions to this policy will only be considered after a consultation between the SCA and Program Director and/or prescribing physician and the MCMC Medical Director is completed and there is mutual agreement on an alternate plan.

Requests for exception must be submitted, with a recommendation by the Methadone Center Director, to the County Office for final review and funding approval by the MH/MR/DA/BH Medical Director.
Methadone Maintenance and Benzodiazepine Funding Restriction Policy

I ________________________________ have been read the following statements regarding the use of benzodiazepines in conjunction with Methadone Maintenance and understand that my Montgomery County funding will be suspended for continued abuse of benzodiazepines or failure to comply with funding rules requiring a plan to discontinue the use of benzodiazepines. I understand that the basis of this rule is contained in universally accepted best practices that define extended benzodiazepine use in conjunction with methadone maintenance as contraindicated and detrimental to my chances for success in treatment as well as potentially life threatening when both drugs are used in combination.

I further acknowledge that in the event this policy applies to me I will be offered the following options:

1) A systematic detox from benzodiazepines coordinated with the MCMC Medical Director and my prescribing Physician, or
2) A residential detox from benzodiazepines and all other drugs while being maintained on methadone, or
3) A referral to another level of care or other Methadone Provider

If I refuse to discontinue my use of benzodiazepines and refuse all the above options, my County funding will be ended and I will be placed on a twenty one (21) day methadone detox protocol and discharged from the clinic when the detox is complete.

Exceptions to this policy will only be considered after a consultation between my prescribing physician and the MCMC Medical Director and/or the Program Director and Single County Authority is completed and there is mutual agreement on an alternate plan. Final approval of all exceptions must be submitted, with a recommendation by the Methadone Center’s Medical Director and/or Program Director, to the County Office, for final review and funding approval by the MH/MR/DA/BH Medical Director for Doctor to Doctor reviews or the SCA Director for Program level reviews.

________________________________________________________________________
Client Signature ___________________________ date

________________________________________________________________________
Witness Signature ___________________________ date
I have _________ have not__________ accepted a copy of this signed statement.