

**Frequently Asked Questions on
Methadone Treatment in MA and MATP**

1. Why does MA pay for methadone treatment?

Methadone treatment services are included in the Pennsylvania State Plan as a covered service under Medicaid because they are effective in treating heroin and other opioid dependence. Methadone treatment consists of either short term detoxification or longer term maintenance and is offered in conjunction with counseling and other supports. PA is among 43 states that provide methadone treatment services under their Medicaid Program as a treatment option for opioid dependence.

2. What are the services a person who is on methadone receives?

An individual will receive a daily methadone dose determined by the program physician based upon a physical exam and the individual's history. The methadone is administered only in oral form and dosing is observed by medical staff. After the initial drug screen urinalysis is completed, random testing occurs monthly at a minimum. Each individual must receive 2.5 hours of counseling per month. Additional therapy can be provided based upon the clinical assessment and identified treatment needs. Additionally, the Narcotic Treatment Program (NTP) must provide, either onsite or through referral agreements a full range of health, social, and rehabilitative services which include HIV education, Employment services, Adult Education, Behavioral Health services and Legal referrals.

3. Why do people have to go to a methadone clinic every day?

Methadone maintenance is regulated by the Federal and State government and can only be dispensed initially through a licensed Narcotic Treatment Program on a daily basis. The treating physician will determine the therapeutic methadone dose level based upon the individual's clinical history and continue to adjust the dose to ensure stabilization. Counseling and referrals are provided during the initial phase of treatment. As the individual stabilizes and exhibits responsibility in handling narcotic medications and adherence with the program requirements, the treating physician can authorize take-home doses. Attendance at the Narcotic Treatment Program can be reduced when determined appropriate by the treating physician by authorizing take home doses for a specific number of days.

4. If individuals need it everyday why is methadone any better than heroin?

Methadone is a legal, long acting opioid medication that is used to treat heroin dependence. Methadone helps to normalize the body's neurological and hormonal functions that have been impaired by

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heroin use. Studies show that Methadone treatment can reduce criminal activity, increase social productivity, reduce the spread of HIV and other infectious diseases, and promote retention in treatment. After taking methadone for several months, most individuals begin to stabilize their lives. Individuals can also choose to enter methadone detoxification programs and continue their recovery with other support services.

5. Why are there too many methadone clinics near my neighborhood?

The growth in treatment programs is related to the growth in the prevalence of heroin addiction in the United States, which has been increasing and is currently believed to be the highest since the 1970s. Nationally, in the past decade, heroin use has increased across socioeconomic categories. With an increase in use and individuals seeking treatment options, there has been an increase in private providers seeking licenses to open narcotic treatment programs all across the country. Pennsylvania has experienced the same trend.

6. Why are there too few methadone clinics near my neighborhood?

Methadone Maintenance Treatment (MMT) remains a controversial form of treatment for opioid dependence. Some perceive the use of medication assisted therapies as substituting one addiction for another. Many neighborhoods take a “not in my backyard” (NIMBY) stance in response to the stigma associated with addiction. Introducing MMT services into communities is difficult and requires significant community education and support.

7. Why do people go to methadone treatment for years and years?

Opioid dependence is a neurobiological disease and, in many cases, is influenced by genetics. As a chronic medical condition, opioid dependence can be treated effectively with a combination of medication and psychosocial counseling and supports. Different individuals may benefit from a menu of treatment options.

For methadone maintenance, 12 months of treatment is the recommended minimum and some opiate-dependent individuals will continue to benefit from this type of treatment for years. The length of treatment varies based upon individual clinical profiles. In review of the Pennsylvania Medical Assistance Program’s HealthChoices data for Fiscal Year 2007/08, the average length of stay for MA reimbursed methadone maintenance treatment was approximately one year.

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8. Who is in charge of the methadone clinics?

All methadone clinics must receive federal and state certification. In Pennsylvania, the licensing of methadone treatment programs is done by the Pennsylvania Department of Health.

9. Who is in charge of making sure methadone users aren't abusing or reselling methadone?

Federal rules requires each Narcotic Treatment Program (NTP) to maintain a current Diversion Control Plan (DCP) that contains specific measures to reduce the possibility of diversion of controlled substances from legitimate treatment use and assigns specific responsibility to the medical and administrative staff of the NTP for carrying out the Plan. If a citizen suspects abuse at a facility that concern should be reported to the Pennsylvania Department of Health, Division of Drug and Alcohol Program Licensure xxx.

10. What about other alternatives like Suboxone?

The enactment of the Drug Addiction Treatment Act (DATA 2000) has established suboxone as a new and safer alternative than methadone for individuals with a low or medium level of physical dependence on opioids. Qualifying physicians must request a certification from the federal government and then they can prescribe suboxone in medical offices and other appropriate clinical settings in which they are allowed to practice. Although there are numerous physicians who have obtained the required waiver from SAMHSA to prescribe suboxone, access to this treatment option varies across the state.

11. Why does MATP pay people to transport themselves to methadone treatment?

The Medical Assistance Transportation Program (MATP) is designed to ensure individuals can get to the medical services they need under the Medical Assistance program. According to federal rules the mode of transportation must be the least costly appropriate mode. The program is county based, and each county administrator evaluates individuals' transportation needs and determines the most appropriate and least costly method. Reimbursing mileage for people to transport themselves to medical services, including methadone maintenance, is often the least expensive way to ensure they receive medical treatment.

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12. Are people who receive methadone maintenance and then drive driving illegally?

Pennsylvania's DUI law, covers the use of any substance that impairs someones ability to operate a vehicle this is include alcohol and/or drugs. The prescribing physician has a responsibility to inform their patient of the side effects of the drugs they are prescribing.

8. How does MATP prevent fraud and abuse in its program?

County MATP offices are responsible to ensure that all transportation carriers have procedures for the prevention, detection, and reporting of suspected fraud and abuse of all types, including any that may be related to methadone. DPW requires County MATP offices to report suspected fraud to the appropriate regional office of the Office of Inspector General (OIG) whose agents handle fraud prevention activities and fraud prosecutions and recoveries.