

**To:** AmeriHealth Caritas Louisiana Providers

**Date:** September 3, 2025

**Subject:** Behavioral Health Services Provider Manual, Revised Chapter

**Summary:** Chapter 2 Behavioral Health Services

Section 2.4: Addition Services - Opioid Treatment Programs (OTPs)

- Opioid Treatment is now referred to as "Opioid Treatment Program (OTP)
- Medication Assisted Treatment (MAT) is now referred to as "Medications for Opioid Use Disorder (MOUD)
- Screening
- Treatment Planning Process
- Treatment Services
- Client Records
- Additional Provider Responsibilities
- Staffing Requirements (Medical Director, Clinical Supervisor, Physician or APRN, Nursing Staff, Licensed Mental Health Professionals)
- Allowed Modes of Delivery
- Telehealth

AmeriHealth Caritas Louisiana would like to inform you of revisions made to the Louisiana Department of Health (LDH) Behavioral Health Services Provider Manual, Revised Chapter:

The revisions are posted at the following link:

<https://www.lamedicaid.com/provweb1/Providermanuals/manuals/BHS/BHS.pdf>

**Reminder:** We highly recommend registering if your practice is not registered with ACLA's website portal-NaviNet. To register, please visit

<https://www.amerihealthcaritasla.com/provider/resources/navinet/index.aspx> to sign up or contact your Provider Account Executive for details.

**Questions:** Thank you for your continued support and commitment to the care of our members. If you have questions about this communication, please get in touch with AmeriHealth Caritas Louisiana Provider Services at 1-888-922-0007 or your [Provider Network Management Account Executive](#).

**Missed an alert?** You can find a complete list of provider alerts on our website's [Provider Newsletters and Updates](#) page.

**Need to update your provider information?** Send full details to [network@amerihealthcaritasla.com](mailto:network@amerihealthcaritasla.com).

## Section 2.4 Addition Services – Opioid Treatment Programs

The changes are as follows:

- 1) Opioid Treatment is now referred to as "Opioid Treatment Program (OTP)"
- 2) Medication Assisted Treatment (MAT) is now referred to as "Medications for Opioid Use Disorder (MOUD)"
- 3) Screening
  - a. Physician Examination is now called the Opioid Treatment Program Practitioner Examination.
    - i. States examination can be conducted by an OTP practitioner
- 4) Treatment Planning Process
  - a. Treatment plan must be signed by the LMHP or the OTP practitioner (formerly physician)
- 5) Treatment Services
  - a. Take-home dosing now states:
    - i. Participants may receive take-home doses in accordance with state and federal regulations and the member's treatment plan phase. Take-home Dosing is a privilege contingent upon the member's progress in treatment and surroundings, absent of known diversion activity (use of the medication for purposes other than prescribed) and based upon the probability of the member's risk of diversion, which is determined by assessment and clinical judgement;
    - ii. In determining which clients may receive unsupervised take-home doses, the OTP practitioner shall consider, among other pertinent factors that include whether the therapeutic benefits of unsupervised doses outweigh the risks, the following criteria:
      1. Absence of active SUDs, other physical or behavioral health conditions that increase the risk of client harm as it relates to the potential for overdose, or the ability to function safely;
      2. Regular clinic attendance;
      3. Absence of serious behavioral problems that endanger the client, the public, or others;
      4. Absence of known diversion activity;
      5. Stability of home environment and social relationships;
      6. Assurance that take-home medication can be safely stored (lock boxes provided by member); and
      7. Any other criteria that the OTP practitioner considers relevant to the client's safety and the public's health.
    - iii. If it is determined that a client is safely able to manage unsupervised doses of Methadone, the OTP practitioner operating within the scope of their license shall determine the number of take-home doses authorized within the following dispensing restrictions:
      1. During the first 14 days, the take-home supply shall be limited to 7 days.
      2. From 15 days of treatment, the take-home supply shall be limited to 14 days of take-home doses); and
      3. From 31 days of treatment, the take-home supply
      4. Provided to a client shall not exceed 28 days of take-home doses at a time
    - iv. Exceptions:
      1. The provider shall request and obtain approval for a federally identified exception to the take-home dispensing restrictions from the State Opioid Treatment Authority (SOTA).
    - v. Loss of take-home privilege
      1. If the member has a urine drug screen with any substances other than Methadone or Methadone Metabolites, or with a medication that the

- member does not have a valid prescription for, the OTP practitioner, operating within
  - 2. Their scope of practice shall determine the actual number of take-home doses and whether the client is allowed to maintain take-home medication.
- b. Care coordination now also includes:
  - i. Dates and recommended take-home dosages ordered by the OTP practitioner are documented in the member's treatment record and the Methadone Central Registry (MCR) to prevent a member's simultaneous enrollment in more than one OTP and ensure accurate dispensing of medication in accordance with federal regulations.
- 6) Member Records
  - a. Added recording of medication, administration, and dispensing to the Methadone Central Registry
  - b. Added documentation of rationale for providing unsupervised doses of Methadone made by the OTP practitioner when giving take-home doses
- 7) Additional Provider Responsibilities
  - a. In addition to monthly census and capacity reports, quarterly staff training and documentation of the number of pregnant women must be submitted to the SOTA by the fifth of each month using the appropriate documentation format approved by the SOTA.
- 8) Staffing Requirements
  - a. Medical Director now states:
    - i. The OTP must employ or contract with a medical director who is a licensed physician with a current, valid, unrestricted license to practice in the state of Louisiana with two years of qualifying experience in treating psychiatric disorders.
    - ii. The medical director must provide the following services:
      - 1. Decrease the dose to accomplish gradual, but complete withdrawal, only when requested by the member;
      - 2. Provide medically approved and medically supervised assistance for withdrawal, only when requested by the member;
      - 3. Participate in the documentation of reviews of the treatment plan every 90 days in the first two 2 years of treatment; and
      - 4. Participate in discharge planning.
  - b. Clinical Supervisor
    - i. Addition of the requirement that the OTP employ or contract with a clinical supervisor who meets the requirements
    - ii. Additional responsibility of providing supervision of unlicensed professionals
  - c. Physician or APRN, now called OTP Practitioner.
    - i. Addition of a requirement that the OTP must employ or contract with a practitioner.
    - ii. Addition of the requirement that OTP practitioners prescribe medications
    - iii. OTP Practitioner, as defined in Appendix B, is a physician, APRN, NP, or physician assistant who is currently licensed in Louisiana and in good standing with their respective Louisiana professional licensing board to prescribe and/or dispense medications for opioid use disorders, and who is acting within the scope of all applicable state and federal laws and the individual's professional license.
  - d. Nursing staff now states:
    - i. The OTP must employ or contract with nursing staff consisting of any RN licensed and in good standing with the Louisiana State Board of Nursing (LSBN) or any LPN licensed and in good standing with the Louisiana State Board of Practical Nurse Examiners (LSBPE) that maintains a current, valid, and unrestricted nursing license.
    - ii. The following services must be provided under the direction of an RN:
      - 1. Administer medications;
      - 2. Monitor the member's response to medications;

3. Evaluate of the member's use of medication and treatment from the program and other sources;
    4. Document response to treatment in progress notes at least every 30 days;
    5. Contribute to documentation for the treatment plan review every 90 days in the first two years of treatment;
    6. Conduct drug screens; and
    7. Participate in discharge planning.
  - e. License Mental Health Professionals
    - i. Addition of the requirement that the OTP must employ or contract with an LMHP
- 9) Allowed Modes of Delivery
  - a. Addition of Mobile Dosing Unit, which is defined as a mobile unit that is established as part of, but geographically separate from, an OTP parent facility from which appropriately licensed practitioners may dispense or administer medications for opioid use disorder or collect samples for drug testing or analysis.
- 10) Telehealth
  - a. Addition of requirement that telehealth must include HIPAA-compliant audio and visual communication technology
  - b. Methadone admission visits are not allowed via telehealth.