

**OKLAHOMA DEPARTMENT OF MENTAL  
HEALTH  
AND SUBSTANCE ABUSE SERVICES**

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**Title 450**  
**Chapter 70**  
**Standards and Criteria for  
Opioid Treatment Programs**

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## SUBCHAPTER 1. GENERAL PROVISIONS

### **450:70-1-1. Purpose**

This chapter sets forth rules regulating program requirements, activities, and services standards and criteria used in the certification of facilities and organizations providing medication assisted opioid treatment programs. The rules regarding the certification process, including, but not limited to, the application process, fees, and administrative sanctions are found in OAC 450:1, Subchapters 5 and 9.

### **450:70-1-2. Definitions**

The following words or terms, when used in this chapter, shall have the following meaning, unless the context clearly indicates otherwise:

**"Accreditation"** means the process of review and acceptance by a nationally recognized accreditation body.

**"Accreditation body"** means a body that has been approved by SAMHSA to accredit opioid treatment programs using opioid agonist or partial agonist treatment medications.

**"Administer"** The direct application of a prescription drug by ingestion or any other means to the body of a patient by a licensed practitioner, or the patient at the direction of, or in the presence of, a practitioner.

**"Administrative withdrawal"** means a patient's medically supervised withdrawal involving the gradual tapering of dose of medication over time, coinciding with the patient's usually involuntary discharge from medication assisted treatment. Administrative withdrawal typically results from non-payment of fees, violent or disruptive behavior, incarceration or other confinement.

**"Approved narcotic drug"** means a drug approved by the United States Food and Drug Administration for maintenance and/or detoxification of a person physiologically dependent upon opioid drugs.

**"American Society of Addiction Medicine Patient Placement Criteria" or "ASAM PPC"** means the most recent clinical guide published by the American Society of Addiction Medicine to be used in matching patients to appropriate levels of care.

**"Biopsychsocial assessment"** means in-person interviews conducted by a LBHP or Licensure Candidate designed to elicit historical and current information regarding the behavior and experiences of a patient, and are designed to provide sufficient information for problem formulation, intervention planning, case management needs, and formulation of appropriate substance abuse-related treatment and service planning.

**"Buprenorphine"** means a partial agonist, Schedule III narcotic approved for use in opioid dependence treatment.

**"CARF"** means the Commission on the Accreditation of Rehabilitation Facilities.

**"Central registry"** A document or database to which an OTP shall report patient identifying information about individuals who are applying for or undergoing medically supervised withdrawal or maintenance treatment on an

approved opioid agonist or partial agonist to a central record system approved by the Commissioner or designee.

**"Certification"** means the process by which ODMHSAS or SAMHSA determine that an OTP is qualified to provide opioid treatment under applicable State and Federal standards.

**"Chain of custody"** means the process of protecting items so that movement, possession and location are secure and documented and there is no possibility for altering or otherwise tampering with the item.

**"Chronic pain disorder"** means an ongoing condition or disorder consisting of chronic anxiety, depression, anger and changed lifestyle, all with a variable but significant level of genuine neurologically based pain. The pain becomes the main focus of the patient's attention, and results in significant distress and dysfunction.

**"Clinical Opioid Withdrawal Scale" or "COWS"** means a well validated, standardized assessment instrument for evaluating the severity of a patient's withdrawal through the identification of objective and subjective symptoms and the severity of these symptoms.

**"Clinical supervision"** means an organized process by which knowledgeable and skilled supervisors systematically and routinely provide ongoing and in-depth review of direct service providers' performance.

**"COA"** means the Commission on Accreditation.

**"Comprehensive maintenance treatment"** is:

(A) Dispensing or administering an approved opioid agonist or partial agonist medication at stable dosage levels for a period in excess of 21 days to a patient for opioid dependence, and

(B) Providing medical, clinical and educational services to the patient with opioid dependence.

**"Continuing care plan"** means a written plan of recommendations and specific referrals for implementation of continuing care services, including medications, shall be prepared for each patient meeting the ASAM Patient Placement Criteria dimensional continued service criteria. Continuing care plans shall be developed with the knowledge and cooperation of the patient. This continuing care plan may be included in the discharge summary. The patient's response to the continuing care plan shall be noted in the plan, or a note shall be made that the patient was not available and why. In the event of the death of a patient, a summary statement including this information shall be documented in the record.

**"Co-occurring disorder" or "COD"** means any combination of mental health and substance use disorder symptoms or diagnoses as determined by the current Diagnostic and Statistical Manual of Mental Disorders that affect a patient.

**"Courtesy Dosing"** means the act of dosing a methadone or buprenorphine patient from another clinic on a short term basis due to emergency or other extraordinary circumstance.

**"Critical incident"** means an occurrence or set of events inconsistent with the routine operation of an approved treatment facility, or the routine care of a

patient. Critical incidents specifically include but are not necessarily limited to the following: adverse drug events; self-destructive behavior; deaths and injuries (including automobile accidents) to the patient, patient family, staff and visitors; medication errors; neglect or abuse of a patient; fire; unauthorized disclosure of information; damage to or theft of property belonging to a patient or an approved treatment facility; other unexpected occurrences; or events potentially subject to litigation. A critical incident may involve multiple individuals or results.

**"Cultural competency"** means the ability to recognize, respect, and address the unique needs, worth, thoughts, communications, actions, customs, beliefs and values that reflect an individual's racial, ethnic, religious, sexual orientation, and/or social group.

**"DEA"** means Drug Enforcement Administration.

**"Discharge planning"** means the process, beginning at admission of determining a consumer's continued need for treatment services and developing a plan to address ongoing consumer recovery needs.

**"Diskette"** means a compressed wafer form of methadone intended to be dissolved in water for consumption. For the purposes of this chapter methadone diskettes will not be considered to be the same as tablet methadone. Diskettes shall be dissolved in liquid prior to being dispensed, or dissolved in liquid by the patient in full and clear view of OTP staff before the patient may leave the clinic with the dose.

**"Dispense"** means preparing, packaging, compounding and labeling for delivery, a prescription drug in the course of professional practice to an ultimate user by the lawful order of a physician.

**"Diversion"** means the unauthorized or illegal transfer of an opioid agonist or partial agonist treatment medication.

**"Diversion control plan" or "DCP"** means documented procedures to reduce the possibility that controlled substances are used for any purpose other than legitimate use.

**"Drug dispensing area"** means the specified and secured location established by the OTP for dispensing opioid agonist or partial agonist drugs to the patients. The area shall be secure, meet all appropriate standards and be the only location within the facility where drugs are dispensed.

**"Drug test"** means the assessment of an individual to determine the presence or absence of illicit or non-prescribed drugs or alcohol or to confirm maintenance levels of treatment medication(s), by a methodology approved by the OTP medical director based on informed medical judgment and conforming to State and Federal law. This may include blood testing, oral-fluid and urine testing.

**"Exception request process"** means a process recording the justification of the need to make a change in treatment protocol for an opioid patient and submitted to SAMHSA using form SMA-168.

**"FDA"** Federal Food and Drug Administration.

**"Federal opioid treatment standards"** means the established standards of SAMHSA, CSAT and the DEA that are used to determine whether an OTP is qualified to engage in medication assisted opioid treatment.



**"HIPAA"** means Health Insurance Portability and Accountability Act

**"Holiday"** means those days recognized by the State of Oklahoma as holidays.

**"Individualized service planning"** means the ongoing process by which a clinician and the patient identify and rank problems, establish agreed upon goals, and decide on the treatment process and resources to be utilized.

**"Interim maintenance treatment"** means maintenance treatment provided in conjunction with appropriate medical services while a patient is awaiting transfer to a program that provides comprehensive maintenance treatment.

**"JC"** or **"TJC"** means the Joint Commission.

**"Licensed Behavioral Health Professional"** or **"LBHP"** means:

(A) Allopathic or Osteopathic Physicians with a current license and board certification in psychiatry or board eligible in the state in which services are provided, or a current resident in psychiatry;

(B) Practitioners with a license to practice in the state in which services are provided by one of the following licensing boards:

- (i) Psychology;
- (ii) Social Work (clinical specialty only);
- (iii) Professional Counselor;
- (iv) Marriage and Family Therapist;
- (v) Behavioral Practitioner; or
- (vi) Alcohol and Drug Counselor.

(C) Advanced Practice Nurse (certified in a psychiatric mental health specialty), licensed as a registered nurse with a current certification of recognition from the board of nursing in the state in which services are provided.

(D) A Physician Assistant who is licensed in good standing in the state and has received specific training for and is experienced in performing mental health therapeutic, diagnostic, or counseling functions.

**"Licensure candidate"** means practitioners actively and regularly receiving board approved supervision, and extended supervision by a fully licensed clinician if board's supervision requirement is met but the individual is not yet licensed, to become licensed by one of the following licensing boards:

- (A) Psychology;
- (B) Social Work (clinical specialty only);
- (C) Professional Counselor;
- (D) Marriage and Family Therapist;
- (E) Behavioral Practitioner; or
- (F) Alcohol and Drug Counselor.

**"Liquid methadone"** means a liquid concentrate of methadone meant to be mixed with water for ingestion.

**"Lock box"** means a container with a combination lock or key lock entry system for securing take home medications. The box must have the ability to lock and should be secure enough to thwart access by children.

**"Long-term care facilities"** means a facility or institution that is licensed, certified or otherwise qualified as a nursing home or long term care facility by the

state in which methadone or buprenorphine treatment services are rendered. This term includes skilled, intermediate, and custodial care facilities which operate within the terms of licensure.

**"Long-term detoxification treatment"** means detoxification treatment for a period of more than 30 days but less than 180 days.

**"Medical director"** means a physician, licensed to practice medicine in Oklahoma, who assumes responsibility for the administration of all medical services performed by an OTP, either by performing them directly or by delegating specific responsibility to authorized program physicians and healthcare professionals functioning under the medical director's direct supervision, unless otherwise indicated in this chapter. This includes ensuring the program is in compliance with all federal, state, and local laws and regulations regarding the medical treatment of dependence on an opioid drug.

**"Medical withdrawal"** means a condition created by administering an opioid agonist or partial agonist treatment medication in decreasing doses to an individual to alleviate adverse physical or psychological effects of withdrawal from the continuous or sustained use of an opioid drug and as a method of bringing the individual to a drug-free state.

**"Medication unit"** means a satellite facility established as part of, but geographically separate from, an OTP from which appropriately licensed practitioners dispense or administer an opioid agonist or partial agonist treatment medication or collect samples for drug testing or analysis. No medical or clinical interventions related to OTP treatment can be conducted at this site.

**"Non-oral methadone"** means an injectable form of methadone not allowed for use by an OTP.

**"Nurse practitioner"** means a registered nurse who is prepared through advanced education and clinical training, to provide a wide range of health care services.

**"ODMHSAS"** means the Oklahoma Department of Mental Health and Substance Abuse Services.

**"Oklahoma Administrative Code" or "OAC"** means the publication authorized by 75 O.S. § 256 known as The Oklahoma Administrative Code, or, prior to its publication, the compilation of codified rules authorized by 75 O.S. § 256(A) (1) (a) and maintained in the Office of Administrative Rules.

**"OBND" or "OBND"** means the Oklahoma Bureau of Narcotics and Dangerous Drug Control.

**"Oklahoma state-issued identification card"** means a photo identification card issued by the Oklahoma Department of Motor Vehicles for use in identification.

**"Opiate drug"** means any of a class of drugs also called narcotics derived from the opium poppy or containing opium and with analgesic or sedative effects that can form sustain or enhance addiction and physical dependency.

**"Opioid agonist"** means a drug that has an affinity for and stimulates physiologic activity at cell receptors in the central nervous system normally stimulated by opioids. Methadone is an opioid agonist.

**"Opioid agonist or partial agonist treatment medication"** means a prescription medication, such as methadone, buprenorphine or other substance scheduled as a narcotic under the Federal Controlled Substances Act (21 U.S.C. Section 811) that is approved by the U.S. Food and Drug Administration for use in the treatment of opiate addiction or dependence.

**"Opioid antagonist"** means a drug that binds to cell receptors in the central nervous system that normally are bound by opioid psychoactive substances and that blocks the activity of opioids at these receptors without producing the physiologic activity produced by opioid agonists. Naltrexone is an opioid antagonist.

**"Opioid dependence"** means a cluster of cognitive, behavioral, and physiological symptoms in which an individual continues use of opioids despite significant opioid-induced problems. Opioid dependence is characterized by repeated self-administration resulting in opioid tolerance, withdrawal symptoms, and compulsive drug-taking. Dependence may occur with or without the physiological symptoms of tolerance and withdrawal.

**"Opioid drug"** means any of a class of drugs also called narcotics, having a dependence-forming or dependence-sustaining liability similar to morphine. Originally a term for synthetic narcotics only, but for the purposes of this chapter and unless otherwise specified, currently used to describe both opium based and synthetic narcotics. These drugs have analgesic or sedative effects.

**"Opioid partial agonist"** means a drug that binds to, but incompletely activates, opiate receptors in the central nervous system, producing effects similar to those of an opioid agonist but, at increasing doses, does not produce as great an agonist effect as do increased doses of an agonist. Buprenorphine is a partial opioid agonist.

**"Opioid treatment"** means the dispensing of opioid agonist or partial agonist treatment medication, along with a comprehensive range of medical and rehabilitative services, when clinically necessary, to an individual to alleviate the adverse medical, psychological, or physical effects incident to opioid dependence. This term encompasses detoxification treatment, short-term detoxification treatment, long-term detoxification treatment, maintenance treatment or comprehensive maintenance treatment, interim maintenance treatment and treatment provided in medication units, long term care facilities or hospitals.

**"Opioid Treatment Program (OTP)"** An organization which has been certified by ODMHSAS to provide opioid treatment whose certification has not been suspended, revoked, or surrendered to the department, referred to in statute as an Opioid Substitution Treatment Program.

**"Pain management"** means the successful management of chronic pain or a chronic pain disorder.

**"Patient record" or "medical record"** means the collection of written information about a patient's evaluation or treatment that includes the intake data, evaluation, service plan, description of services provided, medications as prescribed, continuing care plan, and discharge information on an individual patient.

**"Parenteral"** means injected, infused or implanted, used to describe drug administration other than oral or anal.

**"Peak test"** see Peak and Trough.

**"Peak and trough test"** means a therapeutic monitoring of serum methadone levels to determine the most appropriate dosing strategy for the individual patient, requiring at least two blood samples be drawn. The initial sample taken immediately prior to the daily dose and twenty four hours after the previous day's dose allowing the lowest level or "trough" to be identified. The second sample taken four hours after dosing allows the highest level or "peak" to be identified.

**"Physician assistant"** means a licensed or certified mid-level medical practitioner who works under the supervision of a licensed physician (MD) or osteopathic physician (DO).

**"Program physician"** A licensed physician who provides medical treatment and counsel to the patients of an OTP while under the supervision of the medical director.

**"Program sponsor"** A person named in the application for an OTP permit who is responsible for the operation of the OTP and who assumes responsibility for all its employees, including any practitioners, staff, or other persons providing medical, rehabilitative, or therapy services at the program or any of its medication units. The program sponsor need not be a licensed physician but shall employ a licensed physician for the position of medical director.

**"Psychotherapy"** or **"Therapy"** means a goal directed process using generally accepted clinical approaches provided face-to-face by a Licensed Behavioral Health Professional (LBHP) or Licensure Candidate with consumers in individual, group, or family settings to promote positive, emotional, or behavioral change.

**"Rehabilitation Services"** means face-to-face individual or group services provided by qualified staff to develop skill necessary to perform activities of daily living and successful integration into community life. Rehabilitation services must be provided by a Licensed Behavioral Health Professional (LBHP), Licensure Candidate, Certified Alcohol and Drug Counselor (CADC) or Certified Behavioral Health Case Manager II (CM II).

**"SAMHSA"** means the Substance Abuse and Mental Health Services Administration.

**"Sentinel event"** means a type of critical incident that is an unexpected occurrence involving the death or serious injury to a consumer, or risk thereof. Serious injury specifically includes loss of limb or function. The phrase "or risk thereof" includes a variation in approved processes which could carry a significant chance of a serious adverse outcome to a consumer. These events signal the need for an immediate investigation and response. Sentinel events include, but are not limited to: suicide, homicide, criminal activity, assault and other forms of violence, including domestic violence or sexual assault, and adverse drug events (including medication overdoses by patients and associates of patients) resulting in serious injury or death.

**"Service Provider"** means a person who is allowed to provide services for those with substance use disorders within the regulation and scope of their certification level or license.

**"Short-term detoxification treatment"** means detoxification treatment for a period not in excess of 30 days.

**"State Opioid Treatment Authority" or "SOTA"** is the agency designated by the Governor or other appropriate official designated by the Governor to exercise the responsibility and authority within the State or Territory for governing the treatment of opioid dependence with an opioid drug. For Oklahoma it is the Oklahoma Department of Mental Health and Substance Abuse Services.

**"STD"** means sexually transmitted disease.

**"Street outreach"** means methods of direct intervention/prevention with high risk populations for HIV, HCV, tuberculosis and other infectious and communicable diseases.

**"Tablet methadone"** means methadone in a tablet form intended to be taken orally. For the purposes of this chapter diskettes will not be considered to be tablet methadone. Tablet methadone is not allowed for use by an OTP.

**"Take-home privilege or take home medication"** means one or more doses of an opioid agonist or partial agonist treatment medication dispensed to a patient for use off the premises.

**"Therapeutic hour(s)"** means the amount of time in which the patient was engaged with a service provider in identifying, addressing, and/or resolving those issues that have been identified in that patient's treatment plan.

**"Transient consumer"** means a methadone or buprenorphine patient from another geographic location requiring "courtesy dosing".

**"Trough test"** see Peak and Trough.

**"Urine analysis (UA)"** means a urine sample taken to determine if metabolites are present indicating the use of drugs.

**"Withdrawal treatment"** means either administrative withdrawal, or medical titration and withdrawal from any drug or medication until the patient has achieved a drug free state.

#### **450:70-1-3. Meaning of verbs in rules**

The attention of the facility is drawn to the distinction between the use of the words "shall," "should," and "may" in this chapter:

- (1) **"Shall"** is the term used to indicate a mandatory statement, the only acceptable method under the present standards.
- (2) **"Should"** is the term used to reflect the most preferable procedure, yet allowing for the use of effective alternatives.
- (3) **"May"** is the term used to reflect an acceptable method that is recognized but not necessarily preferred.

#### **450:70-1-4. Applicability**

(a) This chapter is applicable to all certified substance use disorder treatment facilities and organizations providing medication assisted opioid treatment, opioid withdrawal or opioid maintenance using methadone or buprenorphine including

but not limited to therapy, rehabilitation services and substance use disorder treatment services including methadone and buprenorphine maintenance services, short term withdrawal management, long term withdrawal management or interim maintenance-services which are statutorily required to be certified and approved by the ODMHSAS, the Alcohol and Drug Abuse Prevention, Training and Rehabilitation Authority [43A O.S. § 3-601,(c)].

(b) Any conviction for a violation of any rule in this Part which has been promulgated pursuant to the provisions of 43A O.S. § 3-601 shall be a felony [43A O.S. § 3-601(B)].

#### **450:70-1-5. Compliance review of standards and criteria [REVOKED]**

### **SUBCHAPTER 2. FACILITY INFRASTRUCTURE REQUIREMENTS**

#### **450:70-2-1. Physical facility environment and safety**

(a) All facilities providing medication assisted opioid treatment service shall have written policies and procedures intended to ensure the safety and protection of all persons within the facility's physical environment (property and buildings, leased or owned).

(b) These policies and procedures shall include, but are not limited to:

(1) Meeting all fire and safety regulations, code and statutory requirements of federal, state, or local government.

(2) All OTPs shall have an annual fire and safety inspection approving continued occupancy from the State Fire Marshal, or local authorities; and shall maintain a copy of said inspection and attendant correspondence regarding the clearing of any deficiency.

(3) An emergency preparedness plan to provide effective utilization of resources to best meet the physical needs of patients, visitors, and staff during any disaster (including, but not limited to; fire, flood, tornado, explosion, prolonged loss of heat, light, water, and/or air conditioning).

(A) This plan shall include procedures facilitating the transfer of patients in the event the OTP is unable to open.

(B) This plan shall be evaluated annually, and revised as needed.

(4) A designated Safety Officer.

(5) Staff training and orientation regarding the location and use of all fire extinguishers and first aid supplies and equipment and an emergency preparedness plan.

(6) Emergency evacuation routes and shelter areas shall be prominently posted in all areas.

(7) There shall be emergency power to supply lighting to pre-selected areas of the facility.

(8) The maintenance of facility grounds to provide a safe environment for consumers (specific to age group[s] served), staff and visitors.

(9) Storage of dangerous substances (toxic or flammable substances) in locked, safe areas or cabinets.

- (10) A written plan for the protection and preservation of consumer records in the event of a disaster.
- (c) Compliance with 450:70-2-1 may be determined by a review of:
- (1) Facility policy and procedures,
  - (2) Fire and safety inspection reports and correspondence,
  - (3) Disaster plans,
  - (4) Any other supporting facility documentation, and
  - (5) Interviews with staff and consumers.

#### **450:70-2-2. Hygiene and sanitation**

- (a) OTPs shall provide:
- (1) Lavatories and toilet facilities in a minimum ratio of one per twenty persons on site.
  - (2) Sewerage discharge into a municipal sewerage system or collected, treated and disposed of in an independent sewerage system.
  - (3) Solid waste disposal through public systems or in a manner approved by the local agency having jurisdiction and the Oklahoma State Department of Health or Department of Environmental Quality, as necessary.
  - (4) Water obtained from an approved public water supply or tested at least quarterly and treated as necessary, thereby maintaining a determination as an approved water supply by the authority having jurisdiction and the Oklahoma Department of Health or Department of Environmental Quality, as indicated by the building permit.
  - (5) The facility shall have proof of regular inspections and treatment by a licensed pest control operator.
  - (6) House-keeping services so that a hygienic environment is maintained in the facility.
- (b) Compliance with 450:70-2-2 may be determined by:
- (1) A review of utility/garbage bills,
  - (2) Water testing results,
  - (3) Pest inspections and
  - (4) Other related documents.

#### **450:70-2-3. Tobacco-free campus**

- (a) The facility shall provide a tobacco-free campus for its employees, consumers and visitors. Possession and use of any tobacco product is prohibited on the grounds of the facility by employees, consumers, volunteers and visitors.
- (b) Facility will visibly post signs on the property notifying consumers, employees and visitors that the visible possession and use of tobacco products is prohibited.
- (c) Facility employees shall not share tobacco or tobacco replacement products with consumers.
- (d) The facility shall offer assistance to employees who are tobacco users while he or she is employed by the facility. The assistance shall include, but is not limited to, the provision of information on the health impact of continued tobacco use; the integrated assessment of consumer's tobacco use into standard practice; referrals to tobacco cessation programs such as the Oklahoma Tobacco

Helpline; the provision of or access to FDA-approved prescription and/or non-prescription medications for the treatment of nicotine dependence when available; the delivery of evidence-based behavioral interventions for tobacco use cessation by therapists and other clinicians; and provision of appropriate follow-up to facilitate cessation intervention and prevent relapse.

(e) The facility shall always inquire of the consumers' tobacco use status and be prepared to offer treatment upon request of the consumer.

(f) Compliance with this Section shall be determined by visual observation; posted signs; consumer and staff interviews; and a review of the facility's policy, procedures and other supporting documentation provided.

### **SUBCHAPTER 3. FACILITY RECORD SYSTEM**

#### **PART 1. RECORD SYSTEM**

##### **450:70-3-1. Purpose [REVOKED]**

##### **450:70-3-2. Patient record system**

(a) Each OTP shall maintain an organized system for the content, confidentiality, storage retention and disposition of patient records.

(b) The OTP shall have written policies and procedures concerning patient records which define required documentation within the patient record.

(c) Patient records shall be maintained in a locked and secure manner.

(d) The OTP shall maintain identification and filing systems which enable prompt record location and accessibility by service providers.

(e) Patient records shall be maintained in the facility where the individual is being treated or served. In the case of temporary office space or satellites, records may be maintained in the main (permanent) office and transported in secured lock boxes to and from temporary offices or satellites, when necessary. Patient records may be permanently maintained at the OTPs administrative offices; however, a working copy of the patient record for the purposes of documentation and review of services provided must be maintained at the site in which the patient is receiving treatment.

(f) The OTP shall have policies which govern the storage, retention, and disposition of patient records, including electronic records. These policies shall be compatible with protection of patient's rights against confidential information disclosure at a later date, and compliant with applicable state and federal law.

(g) Compliance with 450:70-3-2 may be determined by:

- (1) A review of policies and procedures,
- (2) Treatment records,
- (3) Performance improvement guidelines,
- (4) Interviews with staff, and
- (5) Other facility documentation.



**450:70-3-3. Patient records, basic requirement**

(a) Patient records shall be developed and maintained to ensure that all appropriate individuals have access to relevant clinical and other information regarding the patient. The patient record shall communicate information in a manner that is organized, clear, complete, current and legible. All patient records shall contain the following:

- (1) Entries in patient records shall be legible, signed with first name or initial, last name, and dated by the person making the entry;
- (2) The patient shall be identified by name on each sheet in the patient record and on each screen of the electronic record.
- (3) A signed consent for treatment shall be obtained and placed in the record before any person can be admitted into treatment at an OTP;
- (4) A signed consent for follow-up shall be obtained and placed in the record before any contact after discharge can be made;
- (6) A biopsychosocial assessment;
- (7) Case management needs assessment;
- (8) Service planning;
- (9) Documentation of progress notes;
- (10) A discharge biopsychosocial assessment;
- (11) A continuing care plan;
- (12) Consultation reports;
- (13) Psychological or psychometric testing;
- (14) Records and reports from other entities;
- (15) Medication records;
- (16) A discharge summary; and
- (17) Referral and transfer.

(b) Compliance with 450:70-3-3 may be determined by:

- (1) A review of policies and procedures,
- (2) Treatment records,
- (3) Performance improvement guidelines,
- (4) Interviews with staff, and
- (5) Other facility documentation.

**450:70-3-3.1. Patient transfer**

(a) The OTP shall refer patients to other resources when the individual has treatment or service needs the facility does not provide.

- (1) The OTP shall maintain a directory of currently available local resources.
- (2) The transferring program must supply patient medical records necessary in response to a written request and a valid consent form within fifteen (15) days of receipt and in compliance with all applicable state and federal law.

(A) The program shall furnish copies of medical records requested, or a summary or narrative of the records, including records received from a physician or other health care provider involved in the care or treatment of the patient, pursuant to a written consent for release of the information, except if the physician determines that access to the information would be harmful to the physical, mental, or emotional health of the patient, and the

program may delete confidential information about another patient or family member of the patient who has not consented to the release.

(B) The information shall be furnished by the program within fifteen (15) days after the date of receipt of the request.

(C) If the program denies the request, in whole or in part, the program shall furnish the patient a written statement, signed and dated, stating the reason for the denial. A copy of the statement denying the request shall be placed in the patient's record.

(b) Compliance with 450:70-3-3.1 may be determined by:

- (1) A review of policies and procedures,
- (2) Treatment records,
- (3) Performance improvement guidelines,
- (4) Interviews with staff, and
- (5) Other facility documentation.

#### **450:70-3-4. Confidentiality of drug or alcohol abuse or mental health treatment information**

Confidentiality policy, procedures and practices must comply with federal and state law, guidelines, and standards, and with OAC 450:15-3-20.1 and OAC 450:15-60.

### **PART 3. INTAKE AND ADMISSION ASSESSMENT**

#### **450:70-3-5. Assessment and record content - Medical**

(a) All OTPs shall assess each individual for appropriateness for admission, ensuring the individual is placed in the least restrictive level of care.

(b) Each OTP shall ensure that patients are admitted to treatment by a program physician, who determines that such treatment is appropriate for the specific patient by applying current and established DSM diagnostic and ASAM-criteria.

(c) The OTP shall have written policy and procedure stating the program shall require each patient to undergo a complete, fully documented history and physical examination by the medical director, a program physician or physician with a valid Oklahoma license before admission to the medication assisted opioid treatment program. For the purposes of this chapter, a Physician Assistant or Nurse Practitioner, with appropriate Oklahoma license/certification and working under the direction and supervision of the OTP medical director may perform services allowed by Oklahoma certification or licensure such as those listed here, unless otherwise specified. A full medical examination, including the results of serology and other tests, must be completed within fourteen (14) days following admission.

(d) Compliance with 450:70-3-5 may be determined by:

- (1) A review of policies and procedures,
- (2) Treatment records, and
- (3) Other facility documentation.

**450:70-3-5.1. Assessment and record content - History**

(a) Patients who have had a complete history and physical including laboratory tests within the past three months may be admitted to the OTP without a new medical examination and laboratory tests, unless the program physician requests it. The admitting program shall obtain copies of these results within fifteen (15) days of admission. If records are not obtained within fifteen (15) days, the program shall conduct a complete history and physical.

(b) The OTP shall have written policy and procedure stating any drugs approved for use in treating a significant opioid use disorder when used by an OTP for persons with a history of physiologic dependence, shall only be used in treating persons with a history of symptoms of opioid use disorder as stated in Title 43A, Section 3-601 A. 1. and as verified by the medical director or a program physician through medical examination; or persons with a history of dependence as stated in Title 43A, Section 3-601 A. 1. and written documentation from an agency at which another type of substance use disorder treatment was attempted or accomplished. Such documentation shall be received prior to admission to the program and/or induction of any drug uses as a part of an opioid treatment regimen. When buprenorphine is used to provide medication assisted treatment in this setting, a one year history of opioid use disorder or dependence shall be required.

(c) The OTP shall have written policy and procedure stating that if clinically appropriate, the program physician may waive the requirement as stated in Title 43A, Section 3-601 A. 1. for:

- (1) A patient within six (6) months of release from a correctional institution;
- (2) A patient with a pregnancy verified by the program physician; or
- (3) A patient having previously received medication-assisted recovery services for an opioid use disorder and within two (2) years of discharge from an OTP.

(d) Compliance with 450:70-3-5.1 may be determined by:

- (1) A review of policies and procedures,
- (2) Treatment records, and
- (3) Other facility documentation.

**450:70-3-5.2. Assessment and record content - Symptoms**

(a) Any patient seeking admission while under the influence, or undergoing withdrawal of alcohol or drugs other than opioids shall be assessed prior to admission for medical needs. The written criteria to be used for medical needs assessment shall be approved by the OTP medical director and meet state and federal requirements regarding standards of care.

(b) Using a standardized and accepted instrument (such as the COWS Scale) no patient shall be admitted to medication assisted opioid recovery services unless symptoms of opioid dependency listed below are present with at least two symptoms coming from numbers one (1) through seven (7);

- (1) Elevated resting pulse rate;
- (2) Increased sweating;
- (3) Tremors;

- (4) Variation in pupil size;
  - (5) Increased yawning;
  - (6) Runny nose and/or tearing;
  - (7) Presence of "gooseflesh";
  - (8) Increased restlessness;
  - (9) Bone and/or joint pain;
  - (10) Increased anxiety or irritability; or
  - (11) Gastrointestinal distress.
- (c) Compliance with 450:70-3-5.2 may be determined by:
- (1) A review of policies and procedures,
  - (2) Treatment records, and
  - (3) Other facility documentation.

**450:70-3-5.3. Assessment and record content – Dispensed and prescribed pharmaceuticals**

(a) The OTP shall have written policy and procedure stating the patient record shall contain adequate documentation of any prescription drug, including methadone or buprenorphine, that a patient may be taking, including the name of the drug, the prescription number, the dose, the reason for prescribing, the name of the prescribing doctor, the pharmacy's name and telephone number, the date it was prescribed, and the length of time the patient is to be taking the drug. A release of information to the prescribing physician either by mail, facsimile or other acceptable electronic means allowing the medical director to coordinate treatment and discuss medications.

- (b) Compliance with 450:70-3-5.3 may be determined by:
- (1) A review of policies and procedures,
  - (2) Treatment records, and
  - (3) Other facility documentation.

**450:70-3-5.4. Assessment and record content – Level of care**

(a) The OTP shall have written policy and procedure stating that patients with two (2) or more unsuccessful managed withdrawal episodes within a twelve (12) month period must be assessed by the medical director or a program physician for identification of need for other forms of treatment. An OTP shall not admit a patient for more than two (2)-withdrawal management episodes in one (1) year.

(b) Compliance with these standards and criteria may be determined by a review of the following:

- (1) Policy and Procedures,
- (2) Review of all facility records, and
- (3) Investigations, site visits, treatment protocols, patient records, clinical service manuals and certification reviews.

**450:70-3-5.5. Assessment and record content – Care of minors**

(a) No person under eighteen (18) years of age may be admitted to maintenance treatment unless a parent, legal guardian or otherwise legally responsible adult

designated by the relevant state authority consents in writing to such treatment.

(b) Compliance with 450:70-3-5.5 may be determined by:

- (1) A review of policies and procedures,
- (2) treatment records, and
- (3) Other facility documentation.

#### **450:70-3-5.6 Assessment and record content – Central registry**

(a) The OTP shall have written policy and procedure outlining the requirement for the reporting of persons receiving medication assisted opioid treatment to the ODMHSAS. This report to the Central Registry shall be made in a form requested by the Commissioner or designee and within twenty-four (24) hours of admission, change of medical status or discharge of any patient.

(b) Compliance with 450:70-3-5.6 may be determined by:

- (1) A review of policies and procedures,
- (2) Treatment records, and
- (3) Other facility documentation.

#### **450:70-3-5.7. Assessment and record content –Consent and admission information**

(a) The OTP shall have written policy and procedure stating the admission requirements for opioid treatment programs.

(b) All applicants for medication assisted opioid treatment shall sign a written consent for opioid treatment in the primary language of the applicant.

(c) The patient admission information shall contain, but not be limited to, the following:

- (1) Date of initial contact requesting services;
- (2) Identification information, including Patient's name, home address, and telephone number;
- (3) Referral source;
- (4) Mental status examination and findings;
- (5) History and physical information;
- (6) Family to be notified in case of emergency; and

(d) Compliance with 450:70-3-5.7 may be determined by:

- (1) A review of policies and procedures,
- (2) Treatment records, and
- (3) Other facility documentation.

#### **450:70-3-5.8. Assessment and record content – ASAM**

(a) The OTP shall document and assess all patients for appropriateness of admission taking into account the patient's needs as identified by, but not limited to:

- (1) Acute intoxication and withdrawal potential;
- (2) Biomedical conditions and complications;
- (3) Emotional and behavioral conditions and complications;
- (4) Readiness to change;
- (5) Relapse potential; and

- (6) Recovery environment.
- (b) Compliance with 450:70-3-5.8 may be determined by:
  - (1) A review of policies and procedures,
  - (2) Treatment records, and
  - (3) Other facility documentation.

**450:70-3-5.9. Assessment and record content – Supportive service array**

(a) The OTP shall have a written policy and procedure that shall be made available to all patients, outlining rehabilitation services. Minimum services include:

- (1) Individual therapy or rehabilitation services until the patient is fully stabilized and as indicated in this chapter;
  - (2) Group and family therapy or rehabilitation services for spouses, parents, or significant others and as indicated in this chapter;
  - (3) Vocational or educational services and referral and as indicated in this chapter; and
  - (4) Referral for additional services as outlined by the individualized treatment plan.
- (b) Compliance with 450:70-3-5.9 may be determined by:
- (1) A review of policies and procedures,
  - (2) Treatment records, and
  - (3) Other facility documentation.

**450:70-3-5.10. Assessment and record content – Service notification**

(a) The OTP shall have written policy and procedure requiring the patient to be informed of all services that are available through the agency; and of all policies and procedures that may impact the patient's treatment.

(b) There shall be written verification such notification was made, signed by the patient.

(c) The OTP shall have written policy and procedure requiring the patient be informed of the following upon admission:

- (1) The progression of opioid dependence and the patient's assessed stage of opioid use disorder;
- (2) The goal and benefits of medication assisted opioid-recovery services;
- (3) The signs and symptoms of overdose and when to seek emergency assistance;
- (4) The characteristics of opioid agonist and partial agonist treatment medication, including common side-effects and potential interaction effects with non-opioid agonist treatment medications and/or illicit drugs;
- (5) The requirement for staff members to report suspected or alleged abuse or neglect of a child or an incapacitated or vulnerable adult;
- (6) The requirement for staff members to comply with the confidentiality requirements of 42 CFR Part 2 and 45 CFR parts 160 and 164;
- (7) Drug screening and urinalysis procedures;
- (8) Take-home medication requirements;
- (9) Testing and treatment available for HIV, HCV, tuberculosis and other

communicable diseases;

(10) The process for a patient to file a grievance with the agency for any reason, including involuntary discharge, and to have the client's grievance handled in a fair and timely manner; and

(11) The process for a patient to file a grievance with the ODMHSAS Patient Advocate office agency for any reason, including involuntary discharge.

(d) Compliance with 450:70-3-5.10 may be determined by:

- (1) A review of policies and procedures,
- (2) Treatment records, and
- (3) Other facility documentation.

**450:70-3-5.11. Assessment and record content – Chronic pain**

(a) The OTP shall have written policy and procedure requiring the OTP to see that an individual who requires administration of opioid agonist treatment and partial agonist medication only for relief of chronic pain is:

- (1) Identified during the physical examination or assessment;
- (2) Not admitted for opioid agonist or partial agonist medication treatment; and
- (3) Referred to appropriate medical services.

(b) Compliance with 450:70-3-5.11 may be determined by:

- (1) A review of policies and procedures,
- (2) Treatment records, and
- (3) Other facility documentation.

**450:70-3-5.12. Assessment and record content – Co-occurring disorder**

(a) The OTP shall have written policy and procedure requiring the facility to ensure that, if, during the assessment or physical examination, a determination is made that a patient may have a mental disorder, the patient is referred for assessment and treatment of the mental disorder.

(b) All required consents, for communication and collaboration with the patient's behavioral health professional to monitor and evaluate interactions between the client's opioid agonist or partial agonist treatment medication and any medications used to treat the patient's mental disorder are required to be completed and in the chart.

(c) Compliance with 450:70-3-5.12 may be determined by:

- (1) A review of policies and procedures,
- (2) Treatment records, and
- (3) Other facility documentation.

**450:70-3-5.13 Assessment and record content – Medical**

(a) The OTP shall have written policy and procedure requiring the OTP to ensure that, if, during the assessment or physical examination, a determination is made that a patient may have a medical condition requiring intervention, the patient is referred for assessment and treatment of the medical condition.

(b) The OTP will have all required consents, for communication and collaboration with the patient's health professional to monitor and evaluate interactions

between the patient's opioid agonist or partial agonist treatment medication and medications used to treat the patient's medical condition.

(c) Compliance with 450:70-3-5.13 may be determined by:

- (1) A review of policies and procedures,
- (2) Treatment records, and
- (3) Other facility documentation.

**450:70-3-5.14. Assessment and record content – Medical service refusal**

(a) The OTP shall have written policy and procedure allowing the medical director to refuse the admission and/or medication assisted opioid recovery services to any patient if, in the reasonable clinical judgment of the medical director, the person would not benefit from such treatment. Prior to such a decision, appropriate staff should be consulted and the reason(s) for the decision must be documented by the medical director.

(b) Compliance with 450:70-3-5.14 may be determined by:

- (1) A review of policies and procedures,
- (2) Treatment records, and
- (3) Other facility documentation.

**450:70-3-5.15 Assessment and record content – Identification**

(a) The OTP shall have written policy and procedure requiring the patient must present a valid form of photo identification which can include;

- (1) A valid, State authorized driver's license from the State of residence,
- (2) A valid federally authorized form of identification card, or
- (3) A valid Tribal ID card with photograph from a federally recognized tribe.

(b) Photocopies shall be obtained upon admission and the copy must be maintained in the patient's record. The program shall document in the patient's file attempts to induce the patient to obtain state identification.

(c) Compliance with 450:70-3-5.15 may be determined by:

- (1) A review of policies and procedures,
- (2) Treatment records, and
- (3) Other facility documentation.

**450:70-3-5.16 Assessment and record content – Initial dosing**

(a) OTPs shall develop and maintain written policies and procedures that are adequate to ensure that the following dosage form and initial dosing requirements are met:

- (1) Methadone shall be administered or dispensed only in oral and liquid form and shall be formulated in such a way as to reduce its potential for parenteral abuse. Diskettes shall be dissolved in liquid prior to being dispensed, or dissolved in liquid.
- (2) For each new patient enrolled in a program, the initial dose of methadone shall not exceed thirty (30) milligrams and the total dose for the first day shall not exceed forty (40) milligrams, unless the program physician documents in the patient's record that forty (40) milligrams did not suppress opiate abstinence symptoms.



- (3) Any increase above forty (40) milligrams shall be based on the physician's medical judgment and documented in the chart.
- (4) Buprenorphine may be administered in tablet or sublingual form.
- (5) Initial and later treatment dosing shall be determined by the medical director and according to best medical practice.
- (b) Compliance with 450:70-3-5.16 may be determined by:
  - (1) A review of policies and procedures,
  - (2) Treatment records, and
  - (3) Other facility documentation.

**450:70-3-5.17. Assessment and record content – Patient service refusal**

- (a) The OTP shall ensure that a patient's refusal of a particular service does not preclude the patient from accessing other needed mental health or substance use disorder treatment services. Should the service provider determine the patient's needs cannot be met within the facility, clinical documentation of assessments and referrals for the patient shall contain, at a minimum:
  - (1) Date of initial contact requesting services;
  - (2) Identification information, including Patient's name, home address and telephone number;
  - (3) Referral source;
  - (4) Mental status examination and results;
  - (5) History and physical;
  - (6) Family to be notified in case of emergency;
  - (7) A continuing care plan;
  - (8) What agency was contacted; and
  - (9) Where and why the individual was referred.
- (b) Compliance with 450:70-3-5.16 may be determined by:
  - (1) A review of policies and procedures,
  - (2) Treatment records, and
  - (3) Other facility documentation.

**450:70-3-6. Assessment - Process requirements**

- (a) Written policies and procedures governing the intake and assessment process shall specify the following:
  - (1) The information to be obtained on all applicants or referrals for admission;
  - (2) The procedures for accepting referrals from outside agencies or organizations;
  - (3) The records to be kept on all applicants;
  - (4) Any prospective patient data to be recorded during the intake process;
  - (5) The procedures to be followed when an applicant or a referral is found ineligible for admission; and
  - (6) The procedures and policies for the purpose of admitting and assessing persons with special needs or disabilities.
- (b) Compliance with 450:70-3-5.16 may be determined by:
  - (1) A review of policies and procedures,
  - (2) Treatment records, and

- (3) Other facility documentation.

## **PART 5. BIOPSYCHSOCIAL ASSESSMENT**

### **450:70-3-7. Biopsychsocial assessment**

(a) All OTPs shall complete a biopsychsocial assessment which gathers sufficient information to assist the patient in developing an individualized treatment plan. The OTP may utilize the current edition of the Addiction Severity Index (ASI) or develop a biopsychsocial assessment which contains, but not be limited to, the following:

- (1) Identification of the patient's strengths, needs, abilities, and preferences;
- (2) Presenting problem and history of the presenting problem;
- (3) Previous treatment history, including opioid substitution therapy:
  - (A) Mental health,
  - (B) Substance abuse, and
- (4) Health history and current biomedical conditions and complications;
- (5) Alcohol and drug use history;
- (6) History of trauma;
- (7) Family and social history, including family history of alcohol and drug use;
- (8) Educational attainment, difficulties, and history;
- (9) Cultural and religious orientation;
- (10) Vocational, occupational and military history;
- (11) Sexual history, including HIV, AIDS and STD at-risk behaviors;
- (12) Marital or significant other relationship history;
- (13) Recreational and leisure history;
- (14) Legal history;
- (15) Present living arrangement;
- (16) Economic resources;
- (17) Level of functioning;
- (18) Current support system;
- (19) Current medications, including the name of prescribing physician, name of medication, strength and dosage, and length of time the consumer has been on the medication;
- (20) Patient's expectations in terms of service; and
- (21) Assessment summary or diagnosis, and signature of the assessor and date of the assessment.

(b) The assessment shall be completed by a LBHP or licensure candidate.

(c) The assessment shall be completed as soon as possible after admission and no later than the third (3) therapy or rehabilitation service visit.

(d) In the event of a consumer re-admission after one (1) year of the last biopsychsocial assessment, a new biopsychsocial assessment shall be completed. If readmission occurs within one (1) year after the last biopsychsocial assessment, an update shall be completed.

(e) Compliance with 450:70-3-7 may be determined by:

- (1) A review of policies and procedures,
- (2) Treatment records, and

- (3) Other facility documentation.

## **PART 7. SERVICE PLANNING**

### **450:70-3-8. Individualized service planning**

(a) Upon completion of the admission evaluation, an individualized service plan shall be developed by a LBHP or licensure candidate. The individualized service plan shall include, but not be limited to:

- (1) Presenting problems or diagnosis;
- (2) Strengths, needs, abilities, and preferences of the patient;
- (3) Goals for treatment with specific, measurable, attainable, realistic and time-limited;
- (4) Type and frequency of services to be provided;
- (5) Dated signature of primary service provider;
- (6) Description of patient's involvement in, and responses to, the service plan, and his or her signature and date;
- (7) Individualized discharge criteria or maintenance;
- (8) Projected length of treatment;
- (9) Measurable long and short term treatment goals;
- (10) Primary and supportive services to be utilized with the patient;
- (11) Type and frequency of therapeutic activities in which patient will participate;
- (12) Documentation of the patient's participation in the development of the plan; and
- (13) Staff who will be responsible for the patient's treatment.

(b) The service plan shall be based on the patient's presenting problems or diagnosis, intake assessment, biopsychosocial assessment, and expectations of their recovery.

(c) Frequency of services shall be determined by mutual agreement between the facility treatment team and the patient.

(d) Service plans shall be completed by the fourth (4) therapy or rehabilitation service visit after admission.

(e) The service plan review should occur according to the time frame required by the agency but, no less often than every six (6) months; and further, is required by any of the following situations:

- (1) Change in goals and objectives based upon patient's documented progress, or identification of any new problem;
- (2) Change in primary therapist or rehabilitation service provider assignment;
- (3) Change in frequency and types of services provided;
- (4) Critical incident reports;
- (5) Sentinel events; or
- (6) Phase change.

(f) Each patient accepted for treatment shall be assessed initially and periodically by qualified personnel to determine the most appropriate combination of services and treatment. The service plan also must identify the frequency and intensity of services to be provided.

- (g) The plan must be reviewed and updated to reflect that patient's personal history, current needs for medical, social, and psychological services, and current needs for education, vocational rehabilitation, and employment services.
- (h) The OTP will provide adequate and appropriate therapy or rehabilitation services to each patient as clinically necessary. This therapy shall be provided by a program LBHP or Licensure Candidate. Rehabilitation services must be provided by a LBHP, Licensure Candidate, CADC or CMII.
- (i) Compliance with 450:70-3-8 may be determined by:
  - (1) A review of policies and procedures,
  - (2) Treatment records, and
  - (3) Other facility documentation.

## **PART 9. PROGRESS NOTES**

### **450:70-3-9. Progress notes**

- (a) Unless defined otherwise by level of care, medication assisted opioid treatment services and any issues related to treatment shall be reflected by written documentation in the patient's record and shall include the following:
  - (1) date;
  - (2) start and stop time for each timed treatment session;
  - (3) dated signature of the staff person providing the service;
  - (4) credentials of the staff person providing the service;
  - (5) when service is provided by a paraprofessional, signatures of the paraprofessional and a credentialed staff person;
  - (6) specific service plan needs, goals and/or objectives addressed;
  - (7) interventions used to address problem(s), goals and objectives;
  - (8) progress made toward goals and objectives, or lack of;
  - (9) patient response to the session or intervention;
  - (10) any new problem(s), goals and objectives identified during the session.
- (b) Compliance with 450:70-3-8 may be determined by:
  - (1) A review of policies and procedures,
  - (2) Treatment records, and
  - (3) Other facility documentation.

## **PART 11. DISCHARGE**

### **450:70-3-10. Discharge assessment**

- (a) All consumers shall be assessed for biopsychosocial appropriateness of discharge from each level of care using ASAM criteria that includes a list of symptoms for all six dimensions and each of the levels of care, to determine a clinically appropriate placement in the least restrictive level of care. This organized process involves a professional determination for appropriate placement to a specific level of care based on the consumer's severity of symptoms and current situations.
  - (1) Acute intoxication and/or withdrawal potential;
  - (2) Biomedical conditions and complications;

- (3) Emotional, behavioral or cognitive conditions and complications;
  - (4) Readiness to change;
  - (5) Relapse, continued use or continued problem potential; and
  - (6) Recovery/living environment.
- (b) Compliance with 450:70-3-10 may be determined by:
- (1) A review of policies and procedures, and
  - (2) Discharge assessments in patient records.

#### **450:70-3-10.1 Discharge summary/continuing care plan**

- (a) The discharge summary shall at a minimum include:
- (1) Presenting problem(s) at intake;
  - (2) Initial condition and condition of patient at discharge;
  - (3) Medication summary, if the patient is taking medications;
  - (4) Treatment and services provided, and a summary of treatment outcomes;
  - (5) Specific referrals for continuing services and needed resources;
  - (6) The patient's response to the services received or an explanation explaining no response; and
  - (7) The signature of the staff member completing the summary, and the date.
  - (8) In the event of the death of a patient, a summary statement including this information shall be documented in the record.
- (b) A discharge summary shall be entered in each patient's record within fifteen (15) days of discharge.
- (c) Compliance with 450:70-3-10 may be determined by:
- (1) A review of policies and procedures, and
  - (2) Discharge assessments in treatment records.

### **SUBCHAPTER 4. SERVICES SUPPORT AND ENHANCEMENT**

#### **PART 1. STAFF SUPPORT**

##### **450:70-4-1. Purpose [REVOKED]**

##### **450:70-4-2. Clinical supervision**

- (a) All OTPs shall provide clinical supervision for those delivering direct services and shall be provided by persons qualified to provide clinical supervision as determined by state licensure or certification.
- (b) All OTPs shall have written policy and procedures, operational methods, and documentation regarding clinical supervision for all direct treatment staff and service staff. These policies shall include, but are not limited to:
- (1) Credentials required for the clinical supervisor;
  - (2) Specific frequency for case reviews with treatment and service providers;
  - (3) Methods and time frames for supervision of individual, group, and educational treatment services; and
  - (4) Written policy and procedures defining the program's plan for appropriate provider-to-patient ratio, and a plan for how exceptions may be handled.
- (c) Ongoing clinical supervision should address:

- (1) The appropriateness of services selected for the patient;
  - (2) Service effectiveness as reflected by the patient meeting his/her individual goals; and
  - (3) The provision of feedback that enhances the clinical skills of direct service staff and service providers.
- (d) Compliance with 450:70-4-2 may be determined by:
- (1) A review of policies and procedures,
  - (2) Clinical services manuals,
  - (3) Clinical supervision manuals,
  - (4) Documentation of clinical supervision,
  - (5) Personnel records,
  - (6) Treatment records,
  - (7) Interviews with staff; and
  - (8) Other facility documentation.
- (e) Failure to comply with 450:70-4-2 will result in the initiation of procedures to deny, suspend and/or revoke certification.

#### **450:70-4-3. Staff privileging**

- (a) Each OTP shall have policy and procedure for documenting and verifying the training, experience, education, and other credentials of service providers prior to their providing clinical services.
- (b) Each OTP shall have written policy and procedures and operational methods for evaluating the professional qualifications of service providers providing clinical services, including those who perform staff privileging evaluations and the verification process, and the granting of privileges.
- (c) All service providers shall be documented as privileged prior to performing clinical services.
- (d) The evaluation and verification of professional qualifications includes, but is not limited to, the review and verification of:
- (1) Professional degree(s) via official college transcript(s);
  - (2) Professional licensure(s);
  - (3) Professional certification(s);
  - (4) Professional training;
  - (5) Professional experience; and
  - (6) Other qualifications as set forth in the position's job description.
- (e) Each OTP shall minimally perform an annual review of current licensure, certifications, and current qualifications for privileges to provide specific treatment services.
- (f) Compliance with 450:70-4-3 may be determined by:
- (1) A review of policies and procedures,
  - (2) Clinical supervision manuals,
  - (3) Personnel records,
  - (4) Privileging documents,
  - (5) Interviews with staff, and
  - (6) Other facility documentation

**450:70-4-4. Staffing – Dosing coverage**

(a) The OTP shall have written policy and procedure requiring at least two (2) staff members be present on the premises during dispensing hours. At least one (1) of the staff members shall be appropriately licensed to dispense approved opioid agonist or partial agonist drugs.

(b) Compliance with 450:70-4-4 may be determined by:

- (1) a review of policies and procedures,
- (2) staff schedules,
- (3) treatment records, and
- (4) other facility documentation.

**450:70-4-4.1. Staffing – Transportation, dispensing and responsibility**

(a) The OTP shall have written policy and procedure to ensure that only appropriately trained and licensed medical personnel shall be allowed access to, transportation of, dispensing of, administration of, or responsibility for approved opioid agonist or partial agonist medications.

(1) Access to medication deliveries to an OTP shall be received, secured and inventoried by program personnel specifically designated for this task.

(2) Acceptance of delivery of scheduled drugs must be made only by a licensed practitioner employed at the OTP or other authorized individuals designated in writing who must sign for all scheduled drugs. Staff who are currently or previously experience a significant opioid use disorder are not allowed to perform this function.

(3) The OTP shall have one staff member to have primary responsibility for receiving, securing and inventorying medications.

(4) The OTP also shall identify additional program personnel who have authority to receive, store and inventory the medication at times when the individual designated to have primary responsibility is not available.

(5) The OTP shall maintain a written list of all designated personnel who have been authorized to receive, store and inventory the medication. This list shall be updated whenever a change in designated personnel occurs.

(b) Transportation of opioid medications by OTP staff shall also:

(1) Be limited to OTP patients in residential treatment, hospital, long term care or jail, and

(2) Always done with an appropriate chain of custody form, such as the one available through the Division of Pharmacologic Therapies within SAMHSA.

(c) Compliance with 450:70-4-4.1 may be determined by:

- (1) A review of policies and procedures,
- (2) Personnel records,
- (3) Privileging documents,
- (4) Training records,
- (5) Interviews with staff, and
- (6) Other facility documentation.

**450:70-4-4.2. Staffing – Medical Director coverage**

(a) The OTP shall have written policy and procedure requiring the medical director be present, on site for two hours each week during normal dispensing hours for every one hundred (100) active patients in an OTP. In this instance, a designee cannot substitute for the medical director.

(b) For this standard, substituting a program physician, physician assistant or certified nurse practitioner for the medical director is not sufficient.

(c) Compliance with 450:70-4-4.2 may be determined by:

- (1) A review of policies and procedures,
- (2) Staff schedules,
- (3) Privileging documents,
- (4) Employee contracts,
- (5) Interviews with staff, and
- (6) Other facility documentation.

**450:70-4-4.3. Staffing – Training**

(a) The OTP shall have written policy and procedure requiring each person engaged in the medication assisted recovery services for a significant opioid use disorder to have sufficient education, training, and/or experience to enable that person to perform the assigned duties and functions. This includes specific training in opioid related treatment service options. All physicians, nurses, and other licensed professional care providers, including therapists and rehabilitation service providers, must comply with the credentialing requirements of their respective professions. Hiring preference should be given to staff with substance use disorder and/or opioid use disorder treatment specific licenses and certifications.

(1) All direct service and medical staff shall receive training relevant to service delivery in a medication assisted opioid treatment setting. There shall be seven (7) clock hours of such training during each year.

(2) All direct service staff shall receive initial training and ongoing training updates for all personnel employed by the treatment facility covers at a minimum:

- (A) Rights of the patients served;
- (B) Person and family centered services;
- (C) The prevention of violence in the workplace;
- (D) Confidentiality requirements;
- (E) Cultural competency; and
- (F) Expectations regarding professional conduct.

(3) All physicians working in an OTP should have, or be in the process of obtaining, specialty certification and/or licensure related to medication assisted opioid and/or substance use disorder treatment.

(b) Compliance with 450:70-4-4.3 may be determined by:

- (1) A review of policies and procedures,
- (2) Credentialing and privileging documents,
- (3) Training records,
- (4) Interviews with staff, and



(5) Other facility documentation.

**450:70-4-4.4. Staffing – Qualifications**

(a) The OTP shall have written policy and procedure requiring opioid agonist or partial agonist treatment medications be administered or dispensed only by a practitioner licensed and registered under the appropriate State and Federal laws to administer or dispense such drugs.

(b) The facility shall maintain documentation verifying the qualifications for the service providers.

(c) Staff shall be, at least, twenty one (21) years old (excluding student interns).

(d) Compliance with 450:70-4-4.4 may be determined by:

- (1) A review of policies and procedures,
- (2) Credentialing and privileging documents,
- (3) Interviews with staff, and
- (4) Other facility documentation.

(e) Failure to comply with 450:70-4-4.4 will result in the initiation of procedures to deny, suspend and/or revoke certification.

**PART 3. ORGANIZATIONAL AND FACILITY MANAGEMENT**

**450:70-4-5. Service support and enhancement**

(a) Each OTP shall have written policies and procedures describing operational methods, administration and organization adequate to ensure quality patient care, ability to operate in accordance with all approved accreditation elements and to meet the requirements of all pertinent Federal, State and local laws and regulations. In addition an OTP will operate in accordance with all approved accreditation elements; including the OBNDD, DEA and SAMHSA.

(b) OTPs will produce evidence of a current and valid certification from SAMHSA to be considered qualified to dispense opioid drugs in the treatment of significant opioid use disorders and dependence. Prior to beginning the delivery of medication-assisted opioid recovery services, an OTP must apply for and receive a permit for temporary operations from ODMHSAS.

(c) An OTP must produce evidence that the program has been determined under the Controlled Substances Act to be qualified and registered to dispense opioid agonist treatment medications to individuals for treatment of significant opioid use disorders and opioid dependence.

(d) In order to retain ODMHSAS certification an OTP shall produce within twelve (12) months of opening, a current, valid accreditation by an accreditation body or other entity designated by SAMHSA such as CARF, JC, or COA including a written description of the current accreditation status of the OTP and must comply with any additional conditions for certification established by SAMHSA.

(e) Compliance with 450:70-4-5 may be determined by:

- (1) A review of policies and procedures,
- (2) Current certifications, accreditations, registrations, and licenses, and
- (3) Other facility documentation.

**450:70-4-5.1. Organizational - Staffing**

(a) An OTP shall have an accurate and current description of organizational structure including;

(1) The names and contact information of all persons responsible for the OTP.

(2) The current addresses of the OTP and of each additional facility, medication unit or additional site under the control of the OTP providing opioid agonist treatment services, and

(3) The sources of any funding other than patient fees for the OTP including the name and address of any governmental entity that provides such funding.

(b) Each OTP shall formally designate a program sponsor and medical director.

(1) The program sponsor shall agree in writing on behalf of the OTP to adhere to all requirements set forth in this chapter and any regulations regarding the use of opioid agonist or partial agonist treatment medications in the treatment of significant opioid use disorders which may be promulgated in the future.

(2) The medical director shall agree in writing to assume responsibility for administration of all medical services performed by the OTP. In addition, the medical director shall be responsible for ensuring that the OTP is in compliance with all applicable Federal, State, and local laws and regulations.

(c) Compliance with 450:70-4-5.1 may be determined by:

(1) A review of policies and procedures, and

(2) Other facility documentation.

**450:70-4-5.2. Organizational - Structure and documentation**

(a) The OTP shall have a written organizational description, which is reviewed annually and minimally includes:

(1) The overall target population for whom services will be provided;

(2) The overall mission statement;

(3) The annual facility goals and objectives; and

(4) Documentation that these statements have been approved by the OTP's governing authority.

(b) The OTP shall have documentation demonstrating the documents listed in section (a), (1) through (4) above are available and communicated to staff.

(c) The OTP shall have documentation demonstrating the documents listed in section (a), (1) through (4) above are available to the general public upon request.

(d) Each OTP shall have in writing, by program component or service, the following:

(1) A description of the program;

(2) The philosophy of the program;

(3) Program goals and objectives;

(4) Identification of service providers to provide these services; and

(5) Admission and exclusionary criteria to identify the type of patients for whom the services are primarily intended.

(e) A written statement of the procedures and plans for attaining the facility goals and objectives. These procedures and plans should define specific tasks, set

target dates and designate staff responsible for carrying out the procedures and plans.

(f) Compliance with 450:70-4-5.2 shall be determined by:

- (1) A review of the facility's target population definition,
- (2) Facility policy and procedures,
- (3) Mission statement,
- (4) Written plan for professional services,
- (5) Other stated required documentation, and
- (6) Other facility documentation.

#### **450:70-4-5.3. Organizational - Notification of ODMHSAS**

(a) An OTP shall notify the SOTA within one (1) work day of any vacancy or replacement or other change in the status of the program sponsor or medical director.

(b) An OTP, medication unit, or any part thereof including any related facility or individual shall allow inspections and surveys by duly authorized employees of ODMHSAS, SAMHSA, the accreditation body providing national accreditation, the DEA, and by authorized employees of any other relevant State or Federal governmental authority.

(c) OTPs shall notify the SOTA of plans to either close, or relocate the program not less than thirty (30) days prior to said closure, or relocation. Relocation shall be contingent upon ODMHSAS certification of any new treatment location.

(d) Each OTP must notify the SOTA in writing of clinic closure due to holidays, training prior to the date, and as soon after the event as possible in the case of emergencies.

(e) Compliance with 450:70-4-5.3 may be determined by:

- (1) A review of policies and procedures,
- (2) Interviews with staff, and
- (3) Other facility documentation.

#### **450:70-4-5.4. Organizational - Fee structure and exceptions**

(a) The OTP shall have written policy and procedure establishing a standard fee for patients receiving methadone as part of a medication assisted treatment program that shall be inclusive of all regular and normal, clinical, administrative and medical services and procedures and be no more than \$65.00 per week, unless an exception is approved by ODMHSAS .

(b) Unless otherwise specified in this chapter, requirements, and exceptions, for each type of opioid treatment services shall apply, as required by 42 CFR, Chapter 1, Part 8.

(c) The fee for patients receiving buprenorphine as part of a medication assisted treatment program shall be set by the OTP medical director.

(d) Compliance with 450:70-4-5.4 may be determined by:

- (1) A review of policies and procedures,
- (2) Interviews with staff, and
- (3) Other facility documentation.

**450:70-4-5.5. Organizational - Cooperative agreements**

(a) Each OTP shall have written policy and procedure stating that programs in the same geographical area shall develop policy and procedure designed to work together to maximize hours of operation and treatment accessibility.

(b) Compliance with 450:70-4-5.5 may be determined by:

- (1) A review of policies and procedures,
- (2) Interviews with staff, and
- (3) Other facility documentation.

**450:70-4-5.6. Organizational - Consultation**

(a) The OTP shall have available specialized professional consultation or professional supervision.

(b) Compliance with 450:70-4-6 may be determined by:

- (1) A review of policies and procedures,
- (2) Interviews with staff, and
- (3) Other facility documentation.

**450:70-4-6. New program approval**

(a) Determination of the need for new services shall be at the sole discretion of ODMHSAS as the designated state authority responsible for medication assisted opioid recovery services through information provided by the proposed new agency including:

- (1) Copies of all planned promotional materials, advertisements, and marketing strategies to publicize the proposed program;
- (2) Policies and procedures that will be used to identify if a patient is enrolled in another clinic;
- (3) The source and adequacy of financial assets necessary to operate the program;
- (4) If applicable, the compliance history of the applicant, including any issues reported to ODMHSAS by SAMHSA, DEA or any other regulatory agency;
- (5) Adequate planning and organizational structure demonstrated by full and complete answers submitted to all questions in the application materials;
- (6) A written statement that the applicant has read, understood and agreed to follow all federal and state regulations concerning operation of an OTP signed by the program sponsor and the medical director;
- (7) Document the need for new services in the area as demonstrated by providing ODMHSAS with waiting lists, numbers of opioid related emergency room visits, opioid related arrest data, and federal drug use forecasting data;
- (8) Demonstrate general community acceptance by providing ODMHSAS with copies of letters of support from local authorities and local residents living near the site; and
- (9) Produce written documentation that ODMHSAS has received and accepted all the requirements listed above.

(b) Compliance with 450:70-4-7 may be determined by:

- (1) A review of policies and procedures,
- (2) On-site verification of hours posted,

- (3) Interviews with staff, and
- (4) Other facility documentation.

#### **450:70-4-7. Operations - Hours**

- (a) The OTP shall have policy and procedure to define operations for a minimum of forty (40) hours per week, (excluding holidays and emergency closure) in outpatient settings and twenty-four (24) hours per day in inpatient and residential program settings.
- (b) The OTP shall have written policy and procedure for medication dispensing available at least six (6) days per week in outpatient settings; and seven (7) days per week in inpatient and residential settings with approval from SAMHSA.
- (c) The facility shall be publicly accessible and accommodate office space, individual and group therapy/rehabilitation service space, secure record storage, protect consumer-confidentiality, and provide a safe, warm, welcoming, culturally and age appropriate environment.
- (d) Hours of operation shall be during regularly scheduled times in which services are accessible to consumers and the general public, including those employed between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday. To accomplish this, the OTP shall have written policy and procedure providing at least two (2) hours per day either prior to 9:00 a.m. or after 5:00 p.m. for dispensing medication and therapy/rehabilitation services.
- (e) For facilities that do not provide twenty-four (24) hour services, the facility's hours of operation shall be conspicuously displayed on the outside of the building. For facilities in multi-office buildings, the hours shall be posted either on the building directory or the facility's office door.
- (f) Clinical services shall be organized with scheduled treatment sessions that accommodate employed and parenting patients' schedules, and offer treatment services during the day, evening, or weekends.
- (g) Compliance with 450:70-4-7 may be determined by:
  - (1) A review of policies and procedures,
  - (2) Personnel records,
  - (3) On-site verification,
  - (4) Interviews with staff, and
  - (5) Other facility documentation.

#### **450:70-4-7.1. Operations – Medication security**

- (a) The OTP shall develop written policy and procedures to maintain security over all stocks of medication, the manner in which it is received, stored and distributed consistent with the regulations of the DEA, state and federal law.
- (b) OTPs must maintain written policies and procedures adequate to identify the theft or diversion of take-home medications to the illicit market, including labeling containers with the OTP's name, address, and telephone number. Programs also must ensure that take-home supplies are packaged in a manner that is designed to reduce the risk of accidental ingestion, including child-resistant containers.
- (c) An OTP must maintain a written, active "Diversion Control Plan" or "DCP" as part of its quality assurance program that contains specific measures to reduce

the possibility of diversion of controlled substances from legitimate treatment use and that assigns specific responsibility to the medical and administrative staff of the OTP for carrying out the diversion control measures and functions described in the DCP. The DCP shall include:

- (1) Written policy and procedure stating a requirement that treatment and administrative activities be continuously monitored to reduce the risk of diversion,
  - (2) Written policy and procedure for stopping identified diversion and for preventing future diversion, and
  - (3) Written policies and procedures for how staff members who diverts medication are held accountable for the medication diversion.
- (d) Compliance with 450:70-4-7.1 may be determined by:
- (1) A review of policies and procedures,
  - (2) Personnel records,
  - (3) On-site verification,
  - (4) Interviews with staff, and
  - (5) Other facility documentation.

#### **450:70-4-7.2. Operations – Dual enrollments**

(a) The OTP shall have written policy and procedure stating methadone or buprenorphine shall not be provided to a patient who is known to be currently receiving methadone or buprenorphine from another OTP. Patients who are known to be enrolled in more than one OTP at a time shall be required to choose one clinic for treatment. That patient must then begin treatment as a new patient, including attending the clinic on a daily basis a minimum of six days per week, for a period of six months. The patient must also be reported to the SOTA.

(b) Compliance with 450:70-4-7.2 may be determined by:

- (1) A review of policies and procedures,
- (2) Treatment records,
- (3) Interviews with staff, and
- (4) Other facility documentation.

#### **450:70-4-7.3. Operations – Dosing considerations**

(a) The OTP shall have written policy and procedure stating that methadone shall be dispensed orally and in liquid form only. Non-oral forms and tablet form methadone are prohibited from use. Tablet and sublingual forms of buprenorphine are allowed.

(b) Each OTP shall develop written policies and procedures giving preference to the use of liquid and diskette forms of methadone. Diskettes shall be dissolved in liquid prior to being dispensed, or dissolved in liquid by the patient in full and clear view of OTP staff.

(c) OTPs shall have written policies and procedures adequate to ensure that each opioid agonist and partial agonist treatment medication used by the program is administered and dispensed in accordance with its approved product labeling.

(d) Written policy and procedure shall reflect that dosing and administration

decisions shall be made by a program physician familiar with the most up-to-date product labeling. These procedures must ensure that any significant deviations from the approved labeling, including deviations with regard to dose, frequency, or the conditions of use described in the approved labeling, are specifically documented in the patient's record.

(e) The OTP shall have written policy and procedure stating the OTP shall use only those opioid agonist treatment medications that are approved by the Food and Drug Administration for use in the treatment of significant opioid use disorders and opioid dependence.

(f) The OTP shall be fully compliant with the protocol of any investigational use of a drug and other conditions set forth in the application may administer a drug that has been authorized under an investigational new drug application through all applicable Federal law for investigational use in the treatment of significant opioid use disorders and opioid dependence.

(g) Compliance with 450:70-4-7.3 may be determined by:

- (1) A review of policies and procedures,
- (2) Treatment records,
- (3) Interviews with staff, and
- (4) Other facility documentation.

#### **450:70-4-7.4. Operations – Emergencies and exception for weekend dosing**

(a) The OTP shall maintain written policy and procedures for handling medical emergencies; and an emergency medical number shall be posted for use by staff.

(b) Crisis intervention and therapy/rehabilitation services shall be available when indicated.

(c) If the OTP is closed on Sunday or for holidays, there shall be written policy and procedure describing the process for providing services to and dosing for those patients who are not assessed as appropriate to receive a single take home dose. The medical director shall be responsible for determining whether a patient can safely be dispensed opioid treatment drugs for unsupervised use. The basis for the decision shall be, at a minimum, the nine criteria listed in 450:70-4-8 (g), (1) through (9).

(d) Compliance with 450:70-4-7.4 may be determined by:

- (1) A review of policies and procedures,
- (2) Treatment records,
- (3) Interviews with staff, and
- (4) Other facility documentation.

#### **450:70-4-8. Drug testing**

(a) Each OTP shall have written policy and procedure ensuring that an initial drug test is performed for each new patient, including permanent transfer patients, before the initial or maintenance dose is administered. At least monthly random tests are to be performed on each patient in comprehensive maintenance treatment for the initial year of treatment. A minimum of twelve (12) random drug tests annually with no less than one (1) per quarter are required thereafter. All

drug testing shall be in accordance with all state and federal law and current drug screen standards.

(1) When a sample is collected from each patient for such test or analysis, it must be done in a manner to produce timely and reliable results.

(2) The OTP must have and follow written procedures for the screening of test samples for all drugs. The procedures shall describe in sufficient detail a plan for collection, storage, handling and analysis of test samples. The procedures shall further describe the program's response to test results that include at least the following:

(A) training for staff members of the importance and relevance of reliable and timely drug abuse test procedures and reports, the purpose of conducting drug tests, and the clinical significance of the results;

(B) A protocol for collection of test samples that minimizes the opportunity for falsification and incorporates the element of randomness;

(C) A protocol for storage of test samples in a secure place to ensure chain of custody and avoid substitution;

(D) A requirement for disclosure of test sample results to the patient and documentation in the patient record of program and patient response to the test results;

(E) Policy and procedure designed to reduce the negative and/or stigmatizing aspects of drug test collection;

(F) Policy stating that if a patient refuses to provide a test sample, upon request from a staff member, such refusal shall be considered the same as a positive result for illicit drugs. Such refusals shall be documented in the patient record; and

(G) There shall be no "grace period" allowed. Patients from which a UA is requested must submit a sample at that time or it will be considered a refusal.

(b) Compliance with 450:70-4-7.8 may be determined by:

(1) A review of policies and procedures,

(2) Treatment records,

(3) Staff training records,

(4) Interviews with staff, and

(5) Other facility documentation.

#### **450:70-4-8.1. Drug testing –Withdrawal Management**

(a) For patients in short-term withdrawal management, the OTP shall perform at least one initial drug test.

(b) For patients receiving long-term withdrawal management, the OTP shall perform initial and monthly random tests on each patient as indicated in 450:70-4-8(a).

(c) If the patient has more than one positive urine drug screen in any twelve (12) month period then upon the second positive UA the facility will initiate at least one (1) of the following two (2) items;

(1) Reduce the patient in Phase, or

(2) Initiate an individualized written relapse prevention plan consisting of;



- (A) The patient continuing to receive medication assisted opioid recovery services as long as such treatment is medically necessary, acceptable to the patient and administrative withdrawal is not indicated,
  - (B) Address and identify other behavioral issues consistent with relapse in the patient's service plan,
  - (C) Review the patient's service plan and adjust, if necessary, at the first signs of the client's relapse or impending relapse, and
  - (D) Ensure the client's family members are provided opportunities to be involved in the client's treatment.
- (d) Compliance with 450:70-4-8.1 may be determined by:
- (1) A review of policies and procedures,
  - (2) Treatment records,
  - (3) Interviews with staff, and
  - (4) Other facility documentation.

**450:70-4-8.2. Drug testing – Required substance identification**

- (a) The OTP shall have written policy and procedure stating drug screens will, at a minimum, test for the following substances;
- (1) Opioids,
  - (2) Methadone,
  - (3) Amphetamines,
  - (4) Cocaine,
  - (5) Benzodiazepines,
  - (6) Barbiturates,
  - (7) Marijuana.
- (b) The OTP shall have written policy and procedure stating drug testing shall include other drugs as may be indicated by the patient's abuse patterns. In addition, if any other drug or drugs have been determined by a program to be abused in that program's locality, or as otherwise indicated, each test or analysis must include any such drugs.
- (c) The OTP shall have written policy and procedure stating that following admission, the results of a single drug test shall not be the sole basis to determine significant treatment decisions.
- (d) Compliance with 450:70-4-8.2 may be determined by:
- (1) A review of policies and procedures,
  - (2) Treatment records,
  - (3) Interviews with staff, and
  - (4) Other facility documentation.

**450:70-4-8.3. Unsupervised take-home doses**

- (a) The OTP shall have written policy and procedure stating that unsupervised take home use shall be determined by the medical director. In determining which patients may be permitted unsupervised use, the medical director shall consider the following criteria in determining whether a patient is responsible in handling opioid drugs for unsupervised use. The same criteria shall be considered when receiving a patient from a transferring program verifying the amount of time the

patient has spent satisfactorily adhering to the criteria found below. This information will be used to determine if the patient shall be allowed to continue the same frequency of clinic attendance permitted at the former program immediately before transferring to the new program. Criteria include but are not limited to:

- (1) Absence of recent unapproved use of drugs (opioid or non-narcotic), including alcohol;
  - (2) Regular clinic attendance;
  - (3) Absence of serious behavioral problems at the clinic;
  - (4) Absence of known recent criminal activity, e.g., drug dealing;
  - (5) Stability of the patient's home environment and social relationships;
  - (6) Length of time in comprehensive maintenance treatment;
  - (7) Assurance that take-home medication can be safely stored within the patient's home;
  - (8) Whether the rehabilitative benefit the patient derived from decreasing the frequency of clinic attendance outweighs the potential risks of diversion; and
  - (9) The patient's current phase in treatment.
- (b) The OTP shall have written policy and procedure stating approval for unsupervised use and the basis for such determinations consistent with all criteria shall document such determinations in the patient's medical record.
- (c) Compliance with 450:70-4-8.3 may be determined by:
- (1) A review of policies and procedures,
  - (2) Treatment records,
  - (3) Interviews with staff,
  - (4) Incident reports, and
  - (5) Other facility documentation.

#### **450:70-4-9. Information analysis and planning**

- (a) The OTP shall have a defined and written plan for conducting an organizational needs assessment which specifies the methods and data to be collected, to include, but not limited to information from:
- (1) Patients;
  - (2) Governing Authority;
  - (3) Staff;
  - (4) Stakeholders;
  - (5) Outcomes management processes; and
  - (6) Quality record review.
- (b) The OTP shall have a defined ongoing system to collect data and information on a quarterly basis to manage the organization.
- (c) Information collected shall be analyzed to improve patient services and program performance.
- (d) The OTP shall prepare an end of year management report, which shall include, but not be limited to:
- (1) an analysis of the needs assessment process; and
  - (2) performance improvement program findings.
- (e) The management report shall be communicated and made available to,

among others:

- (1) the governing authority;
  - (2) facility staff; and
  - (3) ODMHSAS, as requested.
- (f) Compliance with 450:70-4-9 may be determined by:
- (1) A review of program evaluation plans,
  - (2) Written annual program evaluations,
  - (3) Special or interim program evaluations,
  - (4) Program goals and objectives, and
  - (5) Other supporting documentation provided.

**450:70-4-10. Performance improvement program**

- (a) The OTP shall have an ongoing performance improvement program designed to objectively and systematically monitor, evaluate and improve the quality of consumer care.
- (b) The performance improvement program shall address the fiscal management of the OTP.
- (c) Each OTP shall identify a performance improvement officer.
- (d) The OTP shall document performance improvement activities. These activities shall include, but not be limited to:
- (1) Outcomes management specific to each program;
  - (2) A quarterly quality record review including medical records;
  - (3) An annual review and revision as appropriate of all program policies and Procedures;
  - (4) The performance improvement activities shall support increased access to and retention in treatment. Improve the current process;
  - (5) Staff privileging; and
  - (6) Review of critical and unusual incidents, sentinel events, patient grievances and complaints.
- (e) The OTP shall monitor the implementation of the performance improvement plan on an ongoing basis and shall make adjustments as needed.
- (f) Performance improvement findings shall be communicated and made available to, among others:
- (1) the governing authority,
  - (2) facility staff,
  - (3) patients,
  - (4) stakeholders, and
  - (5) ODMHSAS, as requested.
- (g) Compliance with 450:70-4-10 shall be determined by:
- (1) A review of the written program evaluation plan,
  - (2) Written program evaluations (annual and/or special or interim,
  - (3) Program goals and objectives (and other supporting documentation provided), and
  - (4) Other facility documentation.

**450:70-4-11. Critical incidents**

(a) The OTP shall have written policy and procedures for the reporting of every critical incident. Documentation of critical incidents shall minimally include:

- (1) The facility, name and signature of the person(s) reporting the incident;
- (2) The name(s) of the patient(s), staff member(s) or property involved;
- (3) The time, date and physical location of the incident;
- (4) The time and date the incident was reported and the name of the staff person within the facility to whom it was reported;
- (5) A description of the incident;
- (6) Resolution or action taken, description of the action taken, date action was taken, and signature of appropriate staff member(s); and
- (7) Severity of each injury, if applicable. Severity shall be indicated as follows:
  - (A) No off-site medical care required or first aid care administered on-site;
  - (B) Medical care by a physician or nurse or follow-up attention required; or
  - (C) Hospitalization or immediate off-site medical attention was required.

(b) Critical incidents shall be reported to ODMHSAS as follows:

- (1) Critical incidents requiring medical care by a physician or nurse or follow-up attention and incidents requiring hospitalization or immediate off-site medical attention shall be delivered via fax or mail to ODMHSAS Provider Certification within twenty-four (24) hours of the incident being documented.
- (2) Critical incidents involving allegations constituting a sentinel event or patient abuse shall be reported to ODMHSAS immediately via telephone or fax, but not more than twenty-four (24) hours of the incident. If reported by telephone, the report shall be followed with a written report within twenty-four (24) hours.

(c) Compliance with 450:70-4-11 shall be determined by:

- (1) A review of facility policies and procedures,
- (2) Critical incident reports at the facility, and those submitted to ODMHSAS,
- (3) Performance improvement program documents and reports,
- (4) Staff interviews, and
- (5) Any other relevant documentation of the facility or ODMHSAS.

**450:70-4-12. Community information, consultation, outreach, and street outreach**

(a) Each OTP shall, as a regular part of patient-based planning and services provision, provide the community with information, consultation and outreach services to aid in reaching and attracting their specified target population(s). These outreach efforts shall be conducted by staff members or approved program volunteers.

(b) These services shall be designed to:

- (1) Reach and attract the facility's target population;
- (2) Provide information on substance abuse and related issues to the public; and
- (3) Provide information to the public regarding the facility's services.

(c) These services include, but are not limited to, presentations or outreach efforts to community groups, organizations, and individuals.

(d) Written documentation of all community information, consultation, and outreach services shall be maintained, and shall include the following:

- (1) Name of person(s) or organization(s) receiving the services;
- (2) Name of person(s) providing the service;
- (3) Number of persons attending;
- (4) Location at which the services were provided;
- (5) Date services were provided; and
- (6) Description of the services provided.

(e) Facilities providing street outreach services shall have written policy and procedures describing the processes for systematically reaching into a community for the purpose of identifying persons in need of services, alerting persons and their families to the availability of services, locating needed services, and enabling persons to enter and accept the treatment services system.

(f) Compliance with 450:70-4-12 may be determined by:

- (1) A review of facility policy and procedures,
- (2) Documentation of community information, consultation, and outreach services, and
- (3) Any other supporting facility documentation.

## **SUBCHAPTER 5. CONSUMER RIGHTS**

### **450:70-5-1. Consumer rights**

(a) All OTPs shall comply with applicable rules in Title 450, Chapter 15. Consumer Rights.

(b) Compliance with 70-5-2 may be determined by a review of the following:

- (1) Policy and Procedures,
- (2) Review of treatment records, and
- (3) Any other supporting facility documentation.

### **450:70-5-2. Consumer's grievance policy**

(a) Each treatment facility shall comply with applicable rules in Title 450, Chapter 15. Consumer Rights.

(b) Compliance with 70-5-2 may be determined by a review of the following:

- (1) Policy and Procedures,
- (2) Review of treatment records, and
- (3) Any other supporting facility documentation.

### **450:70-5-3. ODMHSAS advocate general**

(a) The ODMHSAS Advocate General, in any investigation regarding consumer rights, shall have access to consumers, facility records and facility staff as set forth in Title 450, Chapter 15.

(b) Compliance with 70-5-3 may be determined by a review of the following:

- (1) Policy and Procedures,
- (2) Review of all facility records, and
- (3) Investigations, site visits, treatment protocols, patient records, clinical service manuals and certification reviews.

## **SUBCHAPTER 6. SUBSTANCE USE DISORDER TREATMENT SERVICES**

### **PART 1. CASE MANAGEMENT**

#### **450:70-6-1. Case management, adults**

OTPs shall comply with all applicable rules in Title 450, Chapter 50. Standards and Criteria for Certified Behavioral Health Case Managers.

#### **450:70-6-2. Case management services, locale and frequency [REVOKED]**

#### **450:70-6-3. Case management services, staff credentials [REVOKED]**

### **PART 2. LEVELS OF TREATMENT**

#### **450:70-6-4. Levels of Care**

(a) OTPs shall document the provision of the following levels of care in policy and procedure, with the exception of medication units, unless that level of service is provided. All facilities shall include the requirements found in Facility Record System. All OTPs certified by ODMHSAS providing any of the following levels of care shall also provide short and long term withdrawal treatment services.

(b) Compliance with 70-6-4 may be determined by a review of the following:

- (1) Policy and Procedures,
- (2) Review of treatment records, and
- (3) Any other supporting facility documentation.

#### **450:70-6-5. Withdrawal Management**

(a) Any OTP providing medication assisted recovery services shall provide both short and long term withdrawal management as defined in 450:70-6-7 and 450:70-6-8.

(b) The OTP shall have written policy and procedure defining the protocols developed, implemented, and complied with for withdrawal management. Protocols shall:

- (1) Promote successful withdrawal management;
- (2) Require that dose reduction occur at a rate well tolerated by the patient;
- (3) Require that a variety of ancillary services, such as mutual support groups, be available to the patient through the agency or through referral;
- (4) Require that the amount of therapy/rehabilitation services available to the patient be increased prior to discharge; and
- (5) Require that a patient be re-admitted to the agency or referred to another agency at the first indication of relapse unless it is an administrative withdrawal process.
- (6) There is no minimum time in treatment requirement for patients receiving buprenorphine when granting take-home privileges.

(c) Compliance with 450:70-6-5 may be determined by:

- (1) A review of policies and procedures,
- (2) Treatment records,
- (3) Interviews with staff, and
- (4) Other facility documentation.

**450:70-6-5.1. Withdrawal management – Maintenance to withdrawal management**

(a) The OTP shall have written policy and procedure stating patients involved in maintenance management will enter withdrawal treatment:

- (1) Only when initiated as administrative withdrawal or when requested by the patient and approved by the OTP medical director; and
- (2) When planned and supervised by the medical director or a program physician.

(b) The OTP shall have written policy and procedure stating that before a patient begins managed withdrawal, the patient must be:

- (1) Informed by the agency medical director, a program physician or a staff member that:
  - (A) The patient has the right to leave opioid treatment at any time,
  - (B) The risks of managed withdrawal and
  - (C) Signs and symptoms of relapse.

- (2) The patient will receive a schedule for medical withdrawal management developed by the medical director or a program physician with input from the patient.

(c) Compliance with 70-6-5.1 may be determined by a review of the following:

- (1) Policy and Procedures,
- (2) Review of treatment records, and
- (3) Any other supporting facility documentation.

**450:70-6-5.2. Withdrawal management– Reentering maintenance treatment**

(a) The OTP shall have written policy and procedure stating that if a patient who is receiving managed withdrawal for reasons other than administrative withdrawal, appears to a staff member to relapse, the patient is permitted to reenter maintenance treatment services, if otherwise eligible;

(b) The OTP shall have written policy and procedure stating that if a patient who has completed managed withdrawal services within the past thirty (30) days appears to a staff member to relapse, the patient may be re-admitted to treatment without physical examination or assessment unless requested by the medical director.

(c) The OTP shall ensure there shall be periodic consideration given to withdrawing from continued opioid treatment services, when appropriate to the patient's progress and goals.

- (1) Consideration for withdrawal from continued medication assisted opioid recovery services shall be discussed at least once annually with the patient.
- (2) Such consideration and decisions shall be determined by the patient, medical director, and the program staff as part of an individualized treatment planning process and treatment progress.

- (d) Compliance with 70-5-2 may be determined by a review of the following:
- (1) Policy and Procedures,
  - (2) Review of treatment records, and
  - (3) Any other supporting facility documentation.

**450:70-6-6. Administrative withdrawal**

(a) The OTP shall have written policy and procedure stating an infraction of program rules by a patient may result in administrative medical withdrawal from methadone or buprenorphine and termination from treatment services. All patients will be notified of this policy. The program shall develop specific program requirements to address noncompliance with program rules resulting in termination. The violation or noncompliance with rules shall be limited to;

- (1) Threats of violence or actual bodily harm to staff or another patient, including abusive language or behavior;
- (2) Disruptive behavior, loitering;
- (3) Diversion of methadone, selling, distributing, using, or otherwise "dealing" in any illicit drug or chemical, including positive urine tests for non-prescribed medications and drugs;
- (4) Continued unexcused absences from therapy/rehabilitation services and other support services;
- (5) Involvement in criminal activities;
- (6) Any other serious rule violations; and
- (7) Non-payment of fees.

(b) The OTP shall ensure administrative medical withdrawal shall be scheduled in such a way as to minimize the psychological and physical effects of such withdrawal.

- (1) Administrative medical withdrawal shall be completed in a manner appropriate to the client's level of medication and the circumstances justifying such action;
- (2) Programs may facilitate a transfer to another program or referral to a medical facility in lieu of administrative medical withdrawal; and
- (3) Administrative withdrawal resulting from non-payment of fees cannot be accomplished in less than fifteen (15) days.

(c) The OTP shall have written policy and procedure stating a patient experiencing administrative withdrawal shall be referred or transferred to an agency that is capable of, or more suitable for, meeting the patient's needs. The referral or transfer is documented in the patient record and the following information is documented in the patient record:

- (1) The reason that the patient sought medical withdrawal or was placed on administrative withdrawal; and
- (2) The information and assistance provided to the patient in managed withdrawal, medical withdrawal or administrative withdrawal.

- (d) Compliance with 450:70-6-6 may be determined by:
- (1) A review of policies and procedures,
  - (3) Treatment records,
  - (4) Critical incident reports,



- (5) Interviews with staff, and
- (6) Other facility documentation.

#### **450:70-6-7. Short term managed withdrawal**

- (a) The OTP shall have written policy and procedure regarding short term managed withdrawal treatment services.
- (b) There shall be written policy stating a patient may be admitted to short-term managed withdrawal regardless of age. Patients under the age of eighteen (18) may be admitted with written parent or guardian approval.
- (c) The program physician shall document in the patient record the reason for admitting the patient to short-term managed withdrawal.
- (d) Take-home medication is not allowed during short-term managed withdrawal.
- (e) A history of one year or more opioid dependence and an attempt at another form of treatment is not required for admission to short-term managed withdrawal.
- (f) No test or analysis is required except for the initial drug screening test, and a tuberculin skin test.
- (g) The initial treatment plan and periodic treatment plan evaluation required for comprehensive maintenance patients are required for short-term managed withdrawal- patients.
- (h) A primary LBHP, Licensure Candidate or CADC must be assigned by the program to monitor a patient's progress toward the goal of short-term withdrawal management and possible drug-free treatment referral.
- (i) Methadone is required to be administered daily by the OTP in reducing doses to reach a drug-free state over a period not to exceed thirty (30) days. Buprenorphine shall be administered as determined by the OTP medical director.
- (j) All other requirements of comprehensive maintenance treatment apply.
- (k) Compliance with 450:70-6-7 may be determined by:
  - (1) A review of policies and procedures,
  - (2) Treatment records,
  - (3) Interviews with staff, and
  - (4) Other facility documentation.

#### **450:70-6-8. Long term managed withdrawal**

- (a) There shall be written policy stating a patient may be admitted to long-term managed withdrawal regardless of age. Patients under the age of eighteen (18) with written parent or guardian approval.
- (b) Methadone is required to be administered daily in reducing doses to reach a drug-free state over a period not to exceed one hundred and eighty (180) days. Buprenorphine shall be administered as determined by the OTP medical director.
- (c) The patient is required to be under observation while ingesting the drug at least six (6) days a week. This is not required for buprenorphine.
- (d) Initial and random monthly drug screening tests must be performed on each patient.
- (e) Initial service plans and monthly service plan reviews are required.
- (f) All other requirements of comprehensive maintenance treatment apply.

- (g) A history of one year of opioid dependence and an attempt at another form of treatment is not required for admission to long-term withdrawal management.
- (h) Compliance with 450:70-6-8 may be determined by:
  - (1) A review of policies and procedures,
  - (2) Treatment records,
  - (3) Interviews with staff, and
  - (4) Other facility documentation.

**450:70-6-9. Interim maintenance treatment services**

- (a) The OTP shall have documentation before providing interim maintenance treatment services indicating the written approval of both SAMHSA and ODMHSAS.
- (b) The OTP shall have written policy and procedure stating the program sponsor may place an individual who is eligible for admission to comprehensive maintenance services in interim maintenance services if the individual cannot be placed in comprehensive maintenance treatment services within a reasonable geographic distance and within fourteen (14) days of application for admission to comprehensive maintenance treatment services.
- (c) The OTP shall identify the maximum length of stay in interim opioid services is one hundred and twenty (120) days.
- (d) The OTP shall provide an initial and a minimum of two (2) additional drug screens shall be taken from interim patients during the one hundred and twenty (120) days of interim services.
- (e) The OTP shall have written policies and procedures outlining all criteria for transfer from interim maintenance to comprehensive maintenance services.
- (f) The OTP shall have policy and procedure ensuring interim maintenance services shall be provided in a manner consistent with all applicable Federal and State laws and regulations.
- (g) The interim maintenance services program shall meet and/or possess all applicable Federal and State certifications, licensures, laws and regulations.
- (h) The OTP shall have written policy and procedure stating all rules and requirements for comprehensive maintenance services apply to interim maintenance services with the exception of:
  - (1) Opioid agonist medication is required to be administered daily and under observation. Unsupervised or take home dosing is not allowed.
  - (2) A primary LBHP, Licensure Candidate or CADC does not need to be assigned.
  - (3) Interim maintenance is limited to two (2) one hundred and twenty (120) day episodes in any twelve (12) month period.
  - (4) Educational, rehabilitative and therapy services are not required.
  - (5) An initial treatment plan and periodic updates are not required.
- (i) Compliance with 450:70-6-9 may be determined by:
  - (1) A review of policies and procedures,
  - (2) Treatment records,
  - (3) Interviews with staff, and
  - (4) Other facility documentation

**450:70-6-10. Medication units, long term care facilities and hospitals**

(a) Before providing medication assisted opioid recovery services through a medication unit, long term care facility or hospital, the program must receive the written approval of both SAMHSA and ODMHSAS and certified by ODMHSAS.

(b) Certification as an OTP will not be required for the maintenance or managed withdrawal of a patient who is admitted to a hospital or long term care facility for the treatment for medical conditions other than opioid addiction and who requires maintenance or withdrawal management during the stay in the hospital or long term care facility.

(c) Medication units, long term care facilities and hospitals shall be in compliance with the following:

(1) Currently licensed by the DEA; and approved by SAMHSA.

(2) Written policy and procedure stating the medical director shall make all recommendations for medication dosages according to best medical practice guidelines and all applicable rules contained in this chapter.

(3) Written policy and procedure stating all female consumers shall have a pregnancy test on admission and at least annually thereafter, unless otherwise indicated.

(4) Written policy and procedure to address the provision of all services in compliance with Federal Drug Administration Guidelines for opioid treatment programs in accordance with 42 CFR, Part 8.

(d) Compliance with 450:70-6-10 may be determined by:

(1) A review of policies and procedures,

(2) Certifications and licenses, and

(3) Other facility documentation.

**450:70-6-11. Programs using opioid antagonist or long acting opioid agonist**

(a) The OTP shall have written policy and procedure stating a certified substance abuse facility providing a program using an experimental opioid blockade or a long acting agonist or partial agonist in the treatment of an opioid use disorder shall have documentation of approval by the Federal Drug Administration; and comply with all other federal and state statutes and regulations governing such programs.

(b) The OTP shall have written policy and procedure stating the program shall provide at least two (2) hours of services per day before 8:00 A.M. or after 5:00 P.M. for dispensing and therapy/rehabilitation services.

(c) The OTP shall have written policy and procedure stating that unless otherwise indicated all relevant sections of this chapter apply.

(d) Compliance with 70-6-11 may be determined by:

(1) A review of facility policy and procedures, and

(2) Documentation of FDA approval.

(3) Other facility documentation.

**450:70-6-12. HIV education, testing and counseling services**

(a) All OTPs shall provide and document the provision of HIV education, testing, and counseling services for drug dependent persons. Every OTP shall:

- (1) Provide educational sessions regarding HIV to such persons, and also make the sessions available to spouses or other sexual partners of the drug dependent person;
- (2) Refer all drug dependent persons for HIV infection testing and counseling;

(b) Compliance with 450:70-6-12 may be determined by:

- (1) A review of policies and procedures, and
- (2) Treatment records.
- (3) Other facility documentation.

**450:70-6-13. Treatment Professional [REVOKED]****450:70-6-14. Co-occurring Disorder Capability [REVOKED]****PART 3. PHASES OF TREATMENT SERVICES****450:70-6-15. Service**

(a) Each OTP shall use opioid agonists or partial agonists in conjunction with other treatment modalities such as, but not limited to, individual, family and group therapy; vocational training and placement; and other modalities enhancing positive life style changes in the consumer.

(b) Compliance with 450:70-6-15 may be determined by:

- (1) A review of policies and procedures,
- (2) Treatment records, and
- (3) Other facility documentation.

**450:70-6-15.1. Service - Dosing**

(a) The OTP shall have written policy and procedure stating the medical director shall ensure the patient's daily medication dosage shall conform with all State and Federal guidelines, best medical practice and this chapter.

(b) Compliance with 450:70-6-15.1 may be determined by:

- (1) A review of policies and procedures,
- (2) Treatment records, and
- (3) Other facility documentation.

**450:70-6-15.2. Service – Medical Director visits**

(a) The OTP shall have written policy and procedure stating each patient accepted for treatment as a patient at an OTP shall be assessed no less than annually by the medical director or an appropriately trained program physician as part of a process to determine the most appropriate combination of services and treatment.

(b) Compliance with 450:70-6-15.2 may be determined by:

- (1) A review of policies and procedures,
- (2) Treatment records, and

(3) Other facility documentation.

**450:70-6-15.3. Service– Clinical services**

(a) The OTP shall have written policy and procedure stating the OTP shall provide adequate medical, therapy/rehabilitation services, vocational, educational, and other assessment and treatment services. These services must be available at the primary facility, except where the program sponsor has entered into a formal, documented agreement with a private or public agency, organization, practitioner, or institution to provide these services to patients enrolled in the OTP. The program sponsor, in any event, must be able to document that these services are fully and reasonably available to all patients.

(b) Services shall be designed to provide a variety of professional diagnostic and primary medication assisted opioid treatment services for patients, and their families and significant others, whose emotional and physical status allows them to function in their usual environment.

(c) The OTP shall have written policy and procedure stating there will be referral to adequate and reasonably accessible community resources, vocational rehabilitation, education, and employment services for patients who either request such services or who have been determined through the assessment process to be in need of such services.

(d) The OTP shall have written policy and procedure stating patients accepted for opioid treatment shall attend prescribed therapy/rehabilitation services as mandated in the individualized service plan and this chapter.

(e) Time in treatment shall not be a requirement for patients receiving buprenorphine when granting take-home privileges.

(f) Compliance with 450:70-6-15.3 may be determined by:

- (1) A review of policies and procedures,
- (2) Treatment records, and
- (3) Other facility documentation.

**450:70-6-15.4. Service – Termination**

(a) The OTP shall have written policy and procedure stating if a patient misses appointments for two weeks or more without notifying the clinic, the episode of care is considered terminated and is to be so noted in the patient's record. An exception determination would be in circumstances where the patient can provide documented proof of exceptional circumstances. The documentation must be maintained in the patient's record. If the patient does return for care and is accepted into the program, the patient is considered a new patient and is to be so noted in the patient's record.

(b) Compliance with 450:70-6-15.4 may be determined by:

- (1) A review of policies and procedures,
- (2) Treatment records, and
- (3) Other facility documentation.

**450:70-6-16. Pregnant women**

(a) The OTP shall have written policy and procedure stating the OTP address the

special needs of patients who are pregnant. Prenatal care for pregnant patients must be provided either by the OTP or by referral to appropriate healthcare providers.

(b) An OTP shall ensure that policies and procedures are developed, implemented, and complied with for the treatment of pregnant patients, to include:

(1) Documentation that staff members are educated in the unique needs of pregnant patients,

(2) An OTP shall ensure that a policy and procedures are developed, implemented, and complied with for the treatment of pregnant patients, to include:

(A) Priority is given to pregnant individuals seeking medication assisted opioid treatment;

(B) The reasons for a pregnant individual's denial of admission to an agency are documented;

(C) A pregnant patient is offered prenatal care either at the agency or through referral to a medical practitioner;

(D) The agency shall establish a written agreement with a medical practitioner who is providing prenatal care to a pregnant patient, to include a procedure for exchanging medication assisted opioid treatment and prenatal care information;

(E) A staff member shall educate a pregnant patient who does not obtain prenatal care services for prenatal care;

(F) A staff member shall obtain a written refusal of prenatal care services from a pregnant patient who refuses prenatal care services offered by the agency or a referral for prenatal care;

(G) A pregnant patient receiving comprehensive maintenance treatment before pregnancy shall be maintained at the pre-pregnancy dose of opioid agonist or partial agonist medication, if effective;

(H) A pregnant patient shall be monitored by an agency medical practitioner to determine if pregnancy induced changes in the elimination or metabolism of opioid agonist or partial agonist treatment medication may necessitate an increased or split dose;

(I) A pregnant patient discharged from the agency shall be referred to a medical practitioner and that a staff member document the name, address, and telephone number of the medical practitioner in the patient record; and

(c) Compliance with 70-6-11 may be determined by:

(1) A review of policies and procedures,

(2) Treatment records,

(3) Interviews with staff, and

(4) Other facility documentation.

#### **450:70-6-17. Service phases – Take home doses**

(a) The OTP shall have written policy and procedure describing practices in accordance with the principle that take-home doses of methadone and

buprenorphine are a privilege given only to those individuals who will benefit from them and who have demonstrated responsibility in taking methadone or buprenorphine as prescribed including:

- (1) The requirement of time in treatment as outlined elsewhere in this rule shall be considered as a minimum reference point after which a patient may be considered for take-home privileges.
- (2) Programs must educate the patient regarding safe transportation and storage of methadone as well as emergency procedures in case of accidental ingestion.
- (3) Before take-home privileges are allowed, the patient must have a lock box for transportation of methadone and home storage.
- (4) The program shall address the responsibilities of patients granted take-home medications. The policies shall include methods of assuring patient's appropriate use and storage of medication.
- (5) The program shall address the disposal of take-home bottles for methadone to include;
  - (A) Requiring take-home bottles to be returned to the OTP and to require labels to be intact and the consequences for not returning bottles described.
  - (B) Allowing patient disposal of take-home bottles to include procedures to insure the ability of the OTP to check for diversion by requiring patients to submit used take-home bottles in "call backs".
- (6) Regardless of time in treatment, the medical director, using reasonable judgment, may deny or rescind the take-home medication privileges of a patient.
- (7) All take-home privileges shall be made according to the rules of this section regarding the patients' current phase of treatment.
- (b) Compliance with 450:70-6-17 may be determined by:
  - (1) A review of policies and procedures,
  - (2) Treatment records, and
  - (3) Other facility documentation.

#### **450:70-6-17.1. Service phases – Take home doses, exceptions**

(a) The OTP shall have written policy and procedure stating the medical director may, based on reasonable judgment, grant emergency take-home doses of methadone based on emergency circumstances related to medical, criminal justice, family or employment. The circumstances and basis for the action must be documented in the patient record and should address the concerns outlined in this section.

- (1) Take-home doses of methadone for instate emergencies is limited to a maximum of three (3) doses and out-of-state is limited to a maximum of six (6) doses.
- (2) The medical director may, based on reasonable judgment, grant vacation take-home doses of methadone for up to two (2) weeks per calendar year. The circumstances and basis for the action must be documented in the patient record and should address the concerns outlined in this section.

- (3) All exceptions with take-home medication must be authorized through the exception request process.
- (4) All take-home dosing considerations for patients receiving buprenorphine shall be at the discretion of the medical director and consistent with best medical practice.
- (b) Compliance with 450:70-6-17.1 may be determined by:
  - (1) A review of policies and procedures,
  - (2) Treatment records, and
  - (3) Other facility documentation.

#### **450:70-6-17.2. Service phases – General**

(a) The OTP shall have written policy and procedure describing structured phases of treatment and rehabilitation to support patient progress and to establish requirements regarding patient attendance and service participation. The requirements listed below for each phase indicate minimum requirements and the frequency and extent of treatment and rehabilitation services may be increased, based on individual patient need and unless otherwise indicated in this chapter.

- (1) Advancement in phase and/or increased take-home privilege shall not occur without significant compliance with all current treatment plan goals.
- (2) Advancement in phase and/or increased take-home privilege shall not occur if there are consistent or consecutive positive urine drug screens.
- (3) Reduction in phase and/or decreased take-home privilege shall occur if there are consistent or consecutive positive urine drug screens and/or substantial non-compliance with the individualized service plan.
- (4) For patients to be eligible for Phase IV or above they must be:
  - (A) be employed full time,
  - (B) be a full time student (at least twelve (12) semester hours),
  - (C) be retired, or
  - (D) have proof of disability.
- (5) Prior to the patient advancing in Phase and/or receiving take-home medication, the patient shall demonstrate a level of stability as evidenced by:
  - (A) absence of alcohol and other drug abuse,
  - (B) regularity of program attendance,
  - (C) absence of significant behavior problems,
  - (D) absence of recent criminal activities, and
  - (E) employment, actively seeking employment or attending school if not retired, disabled, functioning as a homemaker, or otherwise producing evidence of economic stability.
- (b) Compliance with 450:70-6-17.2 may be determined by:
  - (1) A review of policies and procedures,
  - (2) Treatment records, and
  - (3) Other facility documentation.

#### **450:70-6-17.3. Service phases – Phase I**

(a) Phase I consists of a minimum ninety (90)-day period in which the patient



attends the program for observation of medication assisted opioid treatment daily or at least six (6) days a week. Phase I take-home dosage privileges are limited to a single dose each week including take home dosages required due to regularly scheduled clinic closures. All approved holidays allow an additional take-home dosage. The patient shall ingest all other doses under appropriate supervision at the clinic.

(1) During Phase I, the patient shall participate in a minimum of four (4) sessions of therapy or rehabilitation services per month with at least one (1) session being individual therapy or rehabilitation service and/or case management.

(2) During Phase I, the service plan shall be reviewed and updated a minimum of once monthly.

(b) Compliance with 450:70-6-17.3 may be determined by:

(1) A review of policies and procedures,

(2) Treatment records, and

(3) Other facility documentation.

#### **450:70-6-17.4. Service phases – Phase II**

(a) Phase II is designated for patients who have been admitted more than ninety (90) days, and who have successfully met all Phase I criteria.

(1) During Phase II, the program may issue no more than two (2) take-home doses of methadone at a time including take-home dosages required due to regular and/or holiday scheduled clinic closures. With the exception of any take-home doses, the patient shall ingest all other doses under appropriate supervision at the clinic.

(2) The patient shall participate in at least two (2) therapy or rehabilitation service sessions per month during the first ninety (90) days of Phase II, with at least one (1) of the sessions being individual therapy or rehabilitation service and/or case management.

(3) After the initial ninety (90) days in Phase II, the patient shall participate in at least one (1) session of individual therapy or rehabilitation service per month.

(4) The service plan shall be reviewed and updated at least once every three (3) months during Phase II.

(b) Compliance with 450:70-6-17.4 may be determined by:

(1) A review of policies and procedures,

(2) Treatment records, and

(3) Other facility documentation.

#### **450:70-6-17.5. Service phases – Phase III**

(a) Phase III is designated for patients who have been admitted more than six (6) months and who have successfully completed Phase II criteria.

(1) During Phase III, the program may issue no more than four (4) take-home doses of methadone plus closed and holiday days.

(2) The patient shall participate in at least one (1) session of individual therapy or rehabilitation service and/or case management per month during

Phase III.

(3) The service plan shall be reviewed and updated at least every six (6) months during Phase III or more frequently if circumstances warrant.

(b) Compliance with 450:70-6-17.5 may be determined by:

- (1) A review of policies and procedures,
- (2) Treatment records, and
- (3) Other facility documentation.

**450:70-6-17.6. Service phases – Phase IV**

(a) Phase IV is designated for patients who have been admitted more than nine (9) months and who have successfully met progressive Phase III criteria.

(1) During Phase IV, the program may issue one (1) week take-home doses plus closed and holiday days.

(2) The patient shall participate in at least one (1) session of individual therapy or rehabilitation service and/or case management per month during this phase.

(3) The service plan shall be reviewed and updated at least every six (6) months during this phase.

(b) Compliance with 450:70-6-17.6 may be determined by:

- (1) A review of policies and procedures,
- (2) Treatment records, and
- (3) Other facility documentation.

**450:70-6-17.7. Service phases – Phase V**

(a) Phase V is designated for patients who have been admitted for more than one (1) year.

(1) During Phase V, the program may issue two (2) weeks maximum take-home doses.

(2) The patient shall participate in at least one (1) session of individual therapy or rehabilitation service or case management per month during this phase.

(3) The service plan shall be reviewed and updated at least every six (6) months during this phase.

(b) Compliance with 450:70-6-17.7 may be determined by:

- (1) A review of policies and procedures,
- (2) Treatment records, and
- (3) Other facility documentation.

**450:70-6-17.8. Service phases – Phase VI**

(a) Patients who meet criteria for Phase VI, and who have been admitted to treatment for a minimum of one (1) year, and who are receiving thirty (30) days of take-home doses on July 1, 2007 shall be allowed to continue to be eligible to receive thirty (30) days of take-home doses of methadone after July 1, 2007.

(1) If this patient is reduced in phase, the privilege of thirty (30) days take-home medication shall be withdrawn.

(2) Once lost, the privilege to receive thirty (30) days of take-home medication

shall not be available again.

(3) If patient with the privilege to receive thirty (30) days of take-home medication changes clinics, it shall be the decision of the receiving clinic to either continue or ignore the continuation of the thirty (30) take-home medication privilege.

(b) Phase VI is designated for patients who voluntarily seek medically supervised withdrawal and abstinence from all drugs, including methadone as prescribed. A patient may enter this phase at any time in the treatment and rehabilitation process.

(1) During Phase VI, the medical director determines take-home doses based on stability.

(2) During Phase VI, the LBHP, Licensure Candidate or CADC determines the frequency of therapy or rehabilitation service sessions with input from the patient. At the onset of Phase VI, the patient may require an increased level of therapy or rehabilitation service and other support services.

(3) The LBHP or Licensure Candidate and patient develop a continuing care plan prior to the successful completion of treatment.

(c) The OTP shall have written policy and procedure stating these guidelines when a patient is transferring to another clinic or level of care.

(1) The admitting program shall obtain from the patient an authorization for disclosure of confidential information, for the purpose of obtaining accurate and current information concerning the patient's treatment at the former program.

(2) The medical director or program physician shall not allow the patient to attend the clinic less frequently than the most recent schedule allowed at the former program unless:

(A) Copies of the patient's records are obtained to sufficiently document the patient's satisfactory adherence to all relevant federal and state regulations for the required time in treatment; and

(B) the physician has completed an evaluation of the patient.

(3) At a minimum, staff from the admitting program shall document in the patient record and staff from the transferring program must provide the following information before the initial dose of methadone or buprenorphine is administered to a transfer patient:

(A) The last date and amount of opioid treatment medication drug administered or dispensed at the former program;

(B) The length of time in continuous treatment;

(C) The most recent record of clinic attendance;

(D) The name, address, and telephone number of the program contacted;

(E) The date and time of the contact; and

(F) The name of the program employee furnishing the information.

(d) Compliance with 450:70-6-17.8 may be determined by:

(1) A review of policies and procedures,

(2) Treatment records, and

(3) Other facility documentation.

## **PART 4. PEER RECOVERY SUPPORT SERVICES**

### **450:70-6-18. Peer recovery support services**

- (a) Peer recovery support services are an optional service within certified Opioid Treatment Programs. If provided, the facility shall have written policies specific to peer recovery support services.
- (b) Peer recovery support services shall be provided in accordance with OAC 450: 53 and other provisions stipulated in OAC 450 and state statute and shall:
  - (1) Be based on an individualized, recovery-focused service philosophy that allows individuals the opportunity to learn to manage their own recovery and advocacy process;
  - (2) Recognize the unique value of services being provided by persons with lived experience who are able to demonstrate their own hopefulness and recovery;
  - (3) Enhance the development of natural supports, coping skills, and other skills necessary to function as independently as possible in the community, including, but not limited to assisting re-entry into the community after a hospitalization or other institutional settings.
- (c) Peer Recovery Support Services shall be provided only by staff certified as a Peer Recovery Support Specialist (PRSS) in accordance with OAC 450:53.
- (d) The facility shall retain records to verify compliance with training and certification requirements of each provider of this service.
- (e) Facilities offering these services shall have provisions in place for direct supervision and other supports for staff providing this service.
- (f) Compliance with this Section shall be determined by a review of the following: clinical records, policy and procedures, and facility personnel records.