



Medication Assisted Maintenance Therapy In Residential Treatment and Rehabilitation Services Protocol

PURPOSE

To outline the procedures used in recognizing and providing treatment for patients maintained on methadone at a Narcotic Treatment Program (NTP) and in need of concurrent residential treatment for addiction to non-opioid substances.

POLICY

It is the policy of the Department of Drug and Alcohol Programs (DDAP) and the Drug Enforcement Administration (DEA) to recognize the need for specialized treatment and services for patients being maintained on a narcotic agent for treatment of opioid dependence and in need of residential rehabilitation for the treatment of addiction to non-opioid substances.

BACKGROUND

Numerous studies over the past 30 years have shown that methadone maintenance therapy is one of the most effective forms of treatment for illicit opiate drug use. Methadone maintenance has a dramatic impact upon reducing crime, enhancing social productivity and reducing the spread of viral diseases. Nonetheless, in many instances, the level and intensity of therapeutic intervention – outpatient treatment – provided to patients in NTPs is less than optimal, especially for those with co-occurring addictions, psychiatric disorders, poor recovery environments and low treatment acceptance. In the past, the only option available for methadone patients who were in need of more intensive therapeutic treatment was to withdraw them from methadone and enter them into a program that could provide more structure and support. However, this was often unsuccessful since the majority of those who were in need of more intensive treatment were unwilling to withdraw from methadone.

Therefore, DDAP will approve the placement of patients maintained on methadone in residential drug and alcohol treatment programs for the purpose of either detoxification and/or residential rehabilitation services. Following are the procedures to be used by NTPs and residential facilities providing concurrent treatment.

TRAINING

Prior to implementing treatment for methadone maintained patients in residential rehabilitation, the staff members of both facilities must undergo training on these protocols including a general overview of methadone maintenance treatment. Training will be provided by staff of the NTP and include the following:

1. Regulatory requirements in the use of methadone.
 - a. Federal (CSAT and DEA) requirements and regulations.
 - b. State narcotic treatment requirements and regulations.
2. Clinical needs of NTP patients for residential rehabilitation services.
 - a. Methadone myths and facts.
 - b. Anticipated NTP patient profiles.
 - c. Signs and symptoms indicating when the NTP medical staff need to be consulted.
3. Protocol requirements for the use of methadone in rehabilitation facilities.

The residential facility, at a minimum, will train both clinical and medical staff who will have any role in providing treatment or services to the patient.

ASSESSMENT/INTAKE PHASE

Patient criteria:

1. Enrolled in a NTP for a minimum of six months.
2. Addiction to alcohol or a non-opioid drug which has not responded to traditional outpatient counseling.
3. Approved by the NTP's clinical team for referral to a residential detoxification and/or rehabilitation program.
4. Stabilized on methadone.
5. Meets the American Society for Addiction Medicine (ASAM) Criteria 3.7 WM (PCPC 3A) or 4 WM (PCPC 4A) medically monitored or medically managed inpatient detox or 3.5 (PCPC 3B) or 4 (PCPC 4B) medically monitored or medically managed short-term residential level of care.

NTP responsibilities:

1. The primary counselor at the NTP will have the patient sign all necessary consent to release information forms to allow for review and coordination of treatment with the residential facility.
2. The primary counselor will then schedule a case review with the NTP's clinical team. The patient who is being considered for residential rehabilitation is expected to attend this meeting.
3. The clinical director or designee of the residential facility will be invited to participate in the clinical team review. A "case conference" note will be completed by the primary counselor and will summarize the review of the clinical team.
4. If the patient meets ASAM Criteria and is deemed appropriate by the clinical team for inpatient detoxification or rehabilitation, then a copy of the "case conference" note, the psychosocial summary, the ASAM summary, and a "transfer summary" will be provided to the clinical director or designated staff member of the residential facility.
5. The NTP will provide:
 - a. copy of the most recent physical examination.
 - b. copy of the TB Mantoux test.
 - c. the current methadone dosage.
 - d. copy of the most recent treatment plan update.
 - e. copy of the patient's consent for the NTP staff to participate in case consultations and to communicate with the residential facility on the patient's progress.

Residential facility responsibilities:

1. The clinical director of the residential facility will review the case documentation with the clinical and administrative staff in order to make a decision regarding the admission and level of care of the methadone maintained patient who has been referred.
2. Upon approval of the admission, the clinical director of the residential facility will contact the clinical director of the NTP to arrange the date and time of admission for the patient.
3. On the agreed upon date, the methadone maintained patient will present at or be transported to the residential facility.
4. The residential facility shall designate one staff person (residential staff) per day to be responsible for the methadone. If the facility employs nursing staff, one nurse shall assume this responsibility. If no nurses are employed, then a staff member shall be designated for medication management.
5. The residential facility is responsible for funding authorization.

ADMISSION/TREATMENT PHASE

Methadone management:

1. On the day the patient is scheduled for admission to the residential facility, the patient will present at the NTP to be medicated. The patient will be given the key or the combination to the lock box used to store the methadone at the residential facility. The NTP nursing staff shall retain one key or record the combination in a locked, secure area. The patient will then travel to the residential facility, or be transported there by program staff of either the NTP or residential facility.
2. No more than seven doses of the patient's methadone will be dispensed in bottles with prescription labels and placed in a lock box by the NTP nurse and witnessed by either the patient or a second NTP staff person.
3. After the methadone has been placed in the lock box, the director or designee will arrange for the transportation of the lock box containing the methadone to the residential facility. **Only the medical staff, nurses or director of the NTP may transport the methadone.** Along with the lock box containing the methadone, there will be a medication verification form.
4. The NTP assumes all responsibility for the transportation of the methadone to and from the residential facility.
5. Upon arrival at the residential facility, the NTP staff member will be escorted to the area where the lock box will be stored in a locked container designated solely for the storage of the methadone. The designated residential staff will be given the lock box containing no more than seven doses of methadone. **The box will be opened by the patient in the presence of the NTP staff person and the residential staff. The number of methadone doses will be verified by the NTP staff, residential staff and the patient. All will sign a medication record verifying the number of doses contained in the lock box.**
6. The residential staff will open the designated locked file/cabinet and the lock box will be placed in it and the file/cabinet will be relocked.
7. Each morning, before 10 AM, while in residential treatment, the patient will go to the medication area to receive his/her medication. The designated residential staff and the patient will sign the medication verification form and then the residential staff will unlock the file/cabinet which contains the lock box. The patient will then unlock the lock box and take one bottle of methadone from the box. The patient will consume the dose in the presence **and direct observation of the designated residential staff. The designated staff member must use the following procedures:**
 - a. Staff will remove the lock box from the secure area and the patient will unlock the box.
 - b. Staff will observe the patient as he/she removes the bottle dated for that day from the lock box.

- c. Staff will observe the patient as he/she opens the bottle and ingests the medication.
 - d. The patient will be offered water to rinse the bottle and drink.
 - e. Staff will observe the patient as he/she drinks water and will engage the patient in conversation.
 - f. Staff will observe the patient as he/she places the empty bottle back in the box and locks it.
 - g. Staff will return the lock box to the secure container and lock it.
8. On the day the patient consumes the sixth dose of methadone, the residential staff will contact the medical staff at the NTP to arrange for the pick up of the empty bottles and the delivery of no more than seven doses of methadone for the patient on the seventh day.
 9. When a new supply of methadone is delivered to the residential facility, a member of the residential facility staff will escort the NTP staff member to the storage area. The NTP staff member will give the new supply of methadone to the patient in the presence of the residential staff. **The patient, NTP staff and residential staff, will verify the inventory in the box** and all sign a receipt for the medication. The NTP staff member will then be given the empty bottles and the medication verification log which will be returned to the NTP. If a patient leaves the residential facility against medical advice (AMA), a member of the residential staff will immediately contact the Director of Nursing or Director at the NTP to arrange for the pick up of any unused methadone and the lock box.

Treatment phases:

1. **The NTP's Medical Director/physician has sole responsibility for the determination of methadone dose and schedule.** Any questions or issues that the residential facility staff may have regarding the patient's methadone dose must be addressed directly with the NTP's Medical Director/physician.
2. Patients in this program are to be mainstreamed. They are not to be segregated into a distinct track. This treatment model is an integrated treatment model.
3. If NA or AA attendance is part of the rehabilitation program, meetings open to the concept of methadone maintenance must be selected.
4. **Detoxification:** While remaining on methadone and during detoxification from "secondary" substances, patients will reside in a designated detox unit. During this time, patients will participate in the detoxification programming which provides educational materials, videos and lectures. When indicated, a psychiatric consultation should be requested to determine if the patient has co-occurring mental health issues. Patients at this level of care generally will not be permitted to attend activities outside the facility.
5. **Rehabilitation:** Patients in this phase of treatment will participate in all scheduled functions along with other residential patients. Such functions include:
 - Community meetings.

- Daily lectures Monday through Friday.
 - Recreational activities.
 - Appropriate AA/NA meetings.
 - Therapeutic family programs.
 - Individual counseling sessions as needed with a minimum of one per week.
 - Group therapy as scheduled. Samples of topics might include:
 - Dual diagnosis.
 - Methadone and the dually diagnosed patient.
 - Self-medicating and the dual diagnosis patient.
 - The interaction of methadone with illicit substances.
 - The interaction of methadone with psychotropic medication(s).
- 6 Movement to and through each level of care must be supported by the ASAM Criteria.
- 7 Drug Screens: Methadone patients who are participating in a residential treatment program will be required to submit at least one drug screen per month. The NTP has the sole responsibility for this. If a patient is in the residential facility for three weeks, the NTP will make arrangements to obtain the urine sample; or, if the NTP has an approved exception, an oral fluid swab if the NTP physician determines that is appropriate. The NTP shall use the approved laboratory for testing the sample. The NTP shall provide the residential facility with a copy of the results if the patient is in residential treatment during the time the results are received.

COORDINATION OF CARE BETWEEN TREATMENT PROGRAMS

1. The NTP clinical director or the patient's counselor must participate in the clinical evaluations/reviews of their patients at the residential facility. It is preferred that participation be in person unless transportation and distance preclude this. In that case, the NTP staff member may participate via conference call.
2. The residential clinical director or assigned residential staff must maintain individual and group progress notes, treatment plans, and the treatment plan updates. Copies of this documentation will be placed in the patient's chart at the NTP.
3. Discharge planning and the development of aftercare plans must be coordinated with the NTP either in the staff meetings at the residential facility or by telephone while the patient is still in residential treatment. At the time of discharge, the patient will be informed that he/she is to resume treatment at the NTP the following day. The NTP is to be notified of the patient's discharge prior to the actual date. Confirmation of this notification must be documented and placed in the patient's chart. The NTP is responsible for providing treatment services post-discharge. **The rehabilitation facility is not to refer the patient to another level of care.** The NTP may provide up to 19 hours of counseling weekly under its outpatient license (ASAM). Any aftercare referrals other than a direct return to outpatient methadone maintenance will be the responsibility of the NTP. However, the residential facility may make recommendations for

referral as part of the discharge plan.

4. Upon discharge from the residential facility, copies of progress notes, record of services, treatment plan and updates, discharge summary, final aftercare plan and recommended level of care according to ASAM criteria must be forwarded to the NTP and placed in the patient's chart.
5. If treatment exceeds 30 days, then progress notes, record of services, and treatment plan and updates must be forwarded to the NTP monthly.

EXCEPTIONS

1. The NTP must request an exception for off-site dosing on the SAMHSA/CSAT website: [https://otp-extranet.samhsa.gov/request/\(S\(r11a1gkpytc4t2hewoao40sf\)\)/default.aspx](https://otp-extranet.samhsa.gov/request/(S(r11a1gkpytc4t2hewoao40sf))/default.aspx)
2. The NTP will provide a copy of the approved exception to the residential facility.
3. The residential facility will request any needed exceptions from the Single County Authority and managed care entities to permit funding of patients enrolled simultaneously in two levels of care.

INCIDENT REPORTING

Both the facility and NTP are required to investigate and minimally report the following specific incidents for patients in concurrent care. The incident report form provided by the Division or the facility's own form may be filed using only the patient's identification number; the patient's name is never to be sent to the Division.

1. Discrepancy in the amount of methadone.
 - a. Residential facility responsibility.

In the event that there is a shortage discovered in the patient's medication inventory, the residential facility will immediately commence an internal investigation to include an immediate search of the facility for the missing bottle(s) and interview clients and staff ensuring security of the remaining methadone.

 - 1) Simultaneously, the facility will contact the NTP and DDAP and provide the following information:
 - When was the discrepancy was noted?
 - How much medication is missing?
 - What steps have been taken to investigate the occurrence of the discrepancy?
 - An incident report will be filed with DDAP

- b. The NTP program will:
 - 1) Immediately contact the responsible DEA office, reporting on the event and advising the responsible DEA agent of the steps taken to investigate the incident.
 - 2) Prepare and transport replacement medication to the residential facility.
 - 3) Note the discrepancy in the NTP's internal documentation and inventory.

- 2. Patient leaves residential treatment: If patients leave the residential treatment against medical advice (AMA), require hospitalization, other institutionalization, or are administratively discharged, the residential director or other designated staff member will immediately notify the NTP. The NTP will provide the residential facility staff with 24/7 contact information to facilitate this requirement.

- 3. Other incidents: Any other incidents involving the patient while at the residential facility will be processed using that program's usual reporting procedures, with the exception that the incident report will be provided to the NTP who will maintain a copy in the patient's chart. This includes the required reporting of incidents contained in Licensing Alert 5-97 and 28 Pa. Code §715.28.

By signing this document, both the NTP and the residential treatment facility agree to follow the protocol.

Name
 NTP
 Date

Name
 Residential Facility
 Date