Each methadone program shall have written policies or procedures that include, but are not limited to, the following:

1. Admission criteria for adolescents and adults for methadone maintenance and detoxification, including at a minimum:
   a. Determination by an individual qualified to diagnose by their scope of practice that the patient is currently dependent on an opioid drug according to the current diagnostic and statistical manual for mental disorders or the international statistical classification of diseases and related health problems;
   b. The patient became dependent on an opioid drug at least one year before admission to the opioid program. This requirement may be waived by the medical director or other authorized program physician if the patient has been released from a penal institution within the past six months, is pregnant (as verified by the medical director or other authorized program physician) or has been discharged from a methadone program within the last two years; and,
   c. A patient under eighteen years of age shall have two documented unsuccessful attempts at short-term detoxification or alcohol and other drug treatment within a twelve-month period and must have written consent for maintenance from a parent or legal guardian.

2. Admission procedures for methadone maintenance and detoxification;

3. Procedures for providing counseling on preventing exposure to and the transmission of tuberculosis, hepatitis type B and C, and human immunodeficiency virus (HIV) disease for each patient admitted or readmitted to maintenance or detoxification treatment;

4. Policy or procedure that establish ratios of primary counselors to patients that are in accordance with the requirements for counselors in rule 5122-40-09 of the Administrative Code.

5. Policies and procedures that treatment will meet the standards of medical care for opioid treatment services established by the American society of addiction medicine, 2015 edition, or other nationally recognized standards organization selected by the director.

6. Procedures for the ordering, delivery, receipt and storage of methadone medication;

7. Policy or procedure for the security alarm system that includes, but is not limited to, the following:
   a. Provisions for testing the alarm system; and,
   b. Provisions for documenting the testing of the alarm system.

8. Policy or procedure which specifies which staff will have access to the program's methadone supply;

9. Procedures for administering methadone medication in accordance with the requirements of rule 5122-40-06 of the Administrative Code;

10. Procedures for dispensing methadone medication, including days and hours, in accordance with the requirements of rule 5122-40-06 of the Administrative Code;

11. Policy or procedure for days and hours for non-medication dispensing program services;

12. Policies and procedures for the involuntary termination of methadone patients in accordance with the
requirements of rule 5122-40-14 of the Administrative Code;

(13) Procedures for referring or providing prenatal services to pregnant methadone patients in accordance with the requirements of rule 5122-40-06 of the Administrative Code;

(14) Policies and procedures for take-home doses of methadone medication in accordance with the requirements of rule 5122-40-06 of the Administrative Code;

(15) Policy or procedure for urinalysis for methadone patients in accordance with the requirements of rule 5122-40-11 of the Administrative Code;

(16) Policies and procedures for urinalysis for employees of the methadone program;

(17) Procedure for cleaning the methadone medication areas;

(18) Policies and procedures for missed methadone administration appointments;

(19) Policies and procedures stating that methadone medication shall not be provided to a patient who is known to be currently receiving methadone medication from another methadone program with the exception of guest dosing patients whose need for methadone maintenance has been verified by the medical director or other authorized program physician of both the methadone maintenance program where the patient is currently enrolled and at the program where the patient is requesting to receive services;

(20) Policies and procedures related to disaster planning, pursuant to rule 5122-40-12 of the Administrative Code;

(21) Policies and procedures relating to a diversion control plan, pursuant to rule 5122-40-10 of the Administrative Code; and,

(22) Policies and procedures for accessing the state’s drug database pursuant to section 4729.75 of the Revised Code, pursuant to rule 5122-40-08 of the Administrative Code.

(B) An individual client record shall be maintained for each client, and contain the following:

(1) Date of each visit that the patient makes to the program;

(2) Date, time, and amount of methadone medication administered or dispensed along with the printed name and original signature of the service provider;

(3) Medical history;

(4) Documentation of physical examination and results;

(5) Results of a serological test for syphilis;

(6) Results of tubercular skin test;

(7) Results of a urinalysis for drug determination at the time of admission and the results of each subsequent urinalysis;

(8) Assessment in accordance with chapter 5122-29 of the Administrative Code;

(9) Individualized treatment plan in accordance with chapter 5122-27 of the Administrative Code;
(10) Progress notes in accordance with chapter 5122-27 of the Administrative Code;

(11) Documentation of counseling on preventing exposure to tuberculosis, hepatitis type B and C, and the transmission of human immunodeficiency virus (HIV) disease;

(12) Documentation of provision of the following when the individual has been assessed as in need of these services, either directly or through referral to adequate and reasonably accessible community resources:
   (a) Vocational rehabilitation services;
   (b) Employment services; and.
   (c) Education services.

(13) Documentation to reflect that the program has attempted to determine whether or not the patient is enrolled in any other opioid agonist or partial opioid agonist maintenance program. This documentation may be stored in either the client record or the central registry system;

(14) Documentation to reflect verification by the medical director or other authorized program physician of the need for opioid agonist medication for guest dosing patients;

(15) Information required by Chapter 5122-27 of the Administrative Code; and,

(16) Documentation of any check of the prescription drug monitoring program data pursuant to rule 5122-40-08 of the Administrative Code.

(C) Methadone patient records shall be maintained for at least seven years from the last date of administering or dispensing a controlled substance.