

5122-40-08

**Monitoring program.**

- (A) Each ~~methadone~~-opioid treatment program shall review state's drug database as described in section 4729.75 of the Revised Code (the prescription drug monitoring program) database maintained by the state board of pharmacy.
- (1) Program physicians, or their designees as allowed by the Ohio board of pharmacy, shall review a patient's information in the database:
- (a) At the patient's intake;
  - (b) At the initiation of treatment;
  - (c) After the initial thirty days of treatment;
  - (d) Prior to any take-home medication being granted excluding take home medication for program closure and federal holidays;
  - (e) When the number of take home doses is increased;
  - (f) Every ninety days;
  - (g) When a patient refuses to participate in a drug screen; and,
  - (h) After any positive drug test indicating any drug screen inconsistent with the patient's treatment plan.
- (2) The physician, or their designees as allowed by the Ohio board of pharmacy, shall review information in the drug database in order to ensure that the patient is not seeking prescription medication from multiple sources. The results obtained from the database shall be maintained with the patient records in accordance with section 4729.86 of the Revised Code.
- (B) All ~~methadone~~-opioid treatment programs shall participate in the central registry for dual enrollment, guest dosing, disaster planning, and administrative efforts.
- (1) The central registry will be administered by the state authority.
- (2) The central registry shall be paid for by the ~~methadone~~-opioid treatment programs through an annual licensing fee that shall be no more than the cost of the central registry. The amount of the fee shall be set by the department on a state fiscal year basis and shall be announced on or before July first of each year.
- (3) ~~By the sixth working day of the month following the month in which the program admits or discharges a patient the program shall report to the central registry,~~

~~for purposes of evaluation, patient admission and discharge data which shall include~~ Within 24 hours of patient admission or discharge, the program shall report to the central registry, patient admission data which shall include:

- (a) Provider identification, including program name, county, and address;
- (b) Patient identification, including:
  - (i) Patient name or initials;
  - (ii) Sex;
  - (iii) Month, day, and year of birth; and,
  - (iv) Race,
- (c) The month, day, and year of admission;
- (d) The month, day, and year of discharge, if applicable;
- (e) The type of admission (e.g. initial admission, transfer from another program, change in treatment service, etc.);
- (f) The type of treatment provided (e.g. detoxification or maintenance);
- (g) The type of medication prescribed;
- (h) The dose of medication; and,
- (i) Medicaid identification, if available.

Programs licensed on June 1, 2017 shall enter the patient information required by this paragraph for current patients by July 1, 2018 or within thirty days of the central registry system being installed by the vendor at the program site, whichever is later.

- (4) A patient's medication and dosage shall be updated within the central registry system at least once a week for disaster planning efforts.
- (C) ~~Metadone~~ Opioid treatment programs shall verify new patients are not enrolled in another program through the central registry.
  - (1) Before a program admits a patient for treatment, the program shall:

- (a) Notify the patient that it cannot provide ~~methadone~~ medication assisted treatment to a patient who is simultaneously receiving ~~opioid agonist or partial opioid agonist~~ medication assisted treatment from another program;
- (b) Require the patient to sign a written statement documenting whether they are currently receiving ~~opioid agonist or partial opioid agonist~~ medication assisted treatment from another program and retain the statement in the patient record. If the patient refuses to sign this statement, the program shall not admit the patient for treatment;
- (c) Require the patient to provide the following information:
  - (i) Full name and any aliases;
  - (ii) Month, day, and year of birth;
  - (iii) Mother's maiden name;
  - (iv) Sex;
  - (v) Race;
  - (vi) Height;
  - (vii) Weight;
  - (viii) Color of hair;
  - (ix) Color of eyes; and
  - (x) Distinguishing markings, such as scars or tattoos.
- (d) Request the patient to voluntarily provide their social security number;
- (e) Require the patient to sign an authorization for disclosure of confidential information, pursuant to 42 C.F.R. 2.34 for the limited purpose of authorizing the program to contact each opioid treatment program within a central registry system and within a radius of two one hundred statute miles to determine if the patient is simultaneously receiving opioid agonist or partial opioid agonist therapy from another program; and,
- (f) Document in the patient record all information provided and authorizations of release of information signed pursuant to this rule.

- (2) If the program receives the consent in paragraph (C)(1)(e) of this rule, it shall disclose to the central registry the information provided by the patient in paragraph (C)(1)(c) of this rule upon:
- (a) Accepting the patient for treatment;
  - (b) Changing the dosage being administered or dispensed to the patient; or,
  - (c) When the treatment is interrupted for a duration of greater than one week, resumed, or terminated.
- (3) If the patient states that they are currently receiving ~~opioid agonist or partial opioid agonist therapy~~ medication assisted treatment from another program and the patient is not approved to receive services on a temporary basis before admitting the patient for treatment, the program shall:
- (a) Require the patient to sign an authorization of disclosure of confidential information, pursuant to 42 C.F.R. 2.34 for the limited purpose of authorizing the program to contact the previous program to notify it that the patient has applied for admission for ~~methadone~~ medication assisted treatment;
  - (b) Provide patient education materials about the transfer process, including but not limited to the length of time associated with the transfer process, responsibilities of the patient, responsibilities of each agency; and client rights to be re-admitted to the transferring agency if space is available;
  - ~~(b)~~(c) Contact the previous program by telephone and notify the program that the individual has applied for admission for ~~methadone~~ medication assisted treatment;
  - (d) Request information to be transferred from the previous program to the admitting program within 72 hours that includes medication type; medication dosage; length of time in treatment; current take home regimen or phase level; and most recent urine drug screen results;
  - ~~(e)~~(e) Request the program to cease providing ~~opioid agonist or partial opioid agonist~~ medication assisted treatment if it has not already done so, and only if the admitting program has documentation to verify medication type and dosage;
  - ~~(e)~~(f) Request the previous program to provide the new program with written documentation (letter or discharge summary) that it has discharged the patient; and the previous program shall provide such information within

seventy-two hours of receiving the request. If the previous program states that it has already discharged the patient, the new program may admit the patient for treatment; and,

~~(e)~~(g) Document the following information in writing in the patient's record:

- (i) The name of the program contacted;
- (ii) The date and time of the contact;
- (iii) The name of the program staff member contacted; and,
- (iv) The results of the contact.

(4) If the patient states that they are a visiting patient approved to receive services on a temporary basis, before providing ~~methadone~~ medication assisted treatment to the patient the program shall:

(a) Contact the other program to determine that it has not already provided the patient with ~~opioid agonist or partial opioid agonist~~ medication assisted treatment therapy for the same time period and that it will not do so; and,

(b) Document the following information in writing in the patient's medication orders:

- (i) The name of the program contacted;
- (ii) The date and time of the contact;
- (iii) The name of the program staff member contacted; and,
- (iv) The results of the contact.

(5) If the patient states that they are not currently receiving ~~opioid agonist or partial opioid agonist therapy~~ medication assisted therapy from another program, the program shall proceed with patient admission procedures.

(6) When a program determines that it is providing ~~methadone~~ medication assisted treatment to a patient who is simultaneously receiving this therapy from one or more other programs, all of the involved programs shall immediately:

- (a) Confer to determine which program will accept sole responsibility for the patient;
- (b) Revoke the patient's take-home medication privileges; and,

- (c) Notify the state authority by telephone within seventy-two hours of such determination.
- (7) The program which agrees to accept sole responsibility for a patient with multiple enrollments shall continue to provide ~~methadone~~ medication assisted treatment. Each of the other programs involved shall:
- (a) Immediately discharge the patient from the program;
  - (b) Document in the patient's record why the patient was discharged from the program;
  - (c) Provide to the new program, within seventy-two hours of the discharge, written documentation (letter or discharge summary) that it has discharged the patient; and,
  - (d) Send written notification of the discharge to the state authority within seventy-two hours of the discharge.
- (8) If the state authority determines that there is patient who is enrolled in multiple programs, and none of the programs has accepted sole responsibility for the patient, the state authority shall:
- (a) Designate one program which shall accept sole responsibility for the patient; and,
  - (b) Order the remaining programs to proceed in accordance with paragraph (C) (7) of this rule.
- (D) ~~A methadone~~ An opioid treatment program that has followed the requirements of paragraph (C) of this rule has complied with the requirement to check for patient dual enrollment, regardless of whether or not the patient is actually dually enrolled in another program.

Effective: 1/1/2019

Five Year Review (FYR) Dates: 6/1/2022

CERTIFIED ELECTRONICALLY

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Certification

11/05/2018

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Date

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