



Monterey County Behavioral Health Policy and Procedure

Policy Number	715
Policy Title	Alcohol and Other Drug Programs - Narcotic Treatment Programs
References	See each specific subsection for applicable references
Effective	May 22, 2014

1 **PURPOSE**

2 The purpose of Monterey County Behavioral Health (MCBH) Policy 715 -- Alcohol and Other
3 Drugs (AOD) Programs -- Narcotic Treatment Programs (NTP) is to ensure compliance with all
4 pertinent Federal, State, and local laws and regulations pertaining to the operation of NTPs in
5 Monterey County. This policy primarily references California Code of Regulations, Title 9, Division
6 4, Chapter 4, Subchapters 1-6 but is not meant to exclude any and all other laws, statutes, and
7 regulations pertinent to the operation of DUI treatment programs.

8

9 Policy 715 comprises of the following subsections:

- 10 I. [Terminology and Definitions](#)
- 11 II. [Licensure Requirements](#)
- 12 III. [Licensure of Separate Facilities](#)
- 13 IV. [Licensure of Medication Units](#)
- 14 V. [Protocol for Programs](#)
- 15 VI. [Protocol Amendments and Changes](#)
- 16 VII. [Certification by County Drug Program Administrator](#)
- 17 VIII. [Commencing Program Operation](#)
- 18 IX. [Period of Licensure and Annual License Renewal](#)
- 19 X. [Department Study and Evaluation of Programs](#)
- 20 XI. [Factors to be Included in Evaluation of Programs](#)
- 21 XII. [Program Evaluation Procedures](#)
- 22 XIII. [Inspections](#)
- 23 XIV. [Site Visits](#)
- 24 XV. [Revocation of Program License](#)
- 25 XVI. [Program Administration](#)
- 26 XVII. [Program Director](#)
- 27 XVIII. [Medical Director](#)
- 28 XIX. [Program Physicians](#)
- 29 XX. [Physician Extenders](#)
- 30 XXI. [Counselors](#)
- 31 XXII. [Staff Member Profile](#)
- 32 XXIII. [Staff Training](#)
- 33 XXIV. [Licensed Patient Capacity](#)
- 34 XXV. [Counseling Caseloads](#)

- 35 XXVI. [Confidentiality of Patient Records](#)
- 36 XXVII. [Procedures for Patient Records](#)
- 37 XXVIII. [Content of Patient Records](#)
- 38 XXIX. [Program Rules and Instructions](#)
- 39 XXX. [Program Procedure Manual](#)
- 40 XXXI. [Procedures in Event of Emergency](#)
- 41 XXXII. [Procedures in Event of Patient's Hospitalizations](#)
- 42 XXXIII. [Procedures in the Event of a Client's Incarceration](#)
- 43 XXXIV. [Report of Patient Death](#)
- 44 XXXV. [Prohibition Against Multiple Registration](#)
- 45 XXXVI. [Detection of Multiple Registration at Time of Application for Admission](#)
- 46 XXXVII. [Detection of Multiple Registration by Reviewing Results From Initial Test or Analysis for Illicit Drug Use](#)
- 47
- 48 XXXVIII. [Ongoing Detection of Multiple Registration Using Automated Patient Data System](#)
- 49 XXXIX. [Resolution of Multiple Registration](#)
- 50 XL. [Patient Identification](#)
- 51 XLI. [Patient Identification Card](#)
- 52 XLII. [Duties of Programs in Issuing ID Card](#)
- 53 XLIII. [Control and Security of ID Cards](#)
- 54 XLIV. [Medication Records Keeping](#)
- 55 XLV. [Administration or Dispensing of Medications](#)
- 56 XLVI. [Security of Medication Stocks](#)
- 57 XLVII. [Criteria for Patient Selection](#)
- 58 XLVIII. [Patient Orientation](#)
- 59 XLIX. [Patient Orientation for Female Patients of Childbearing Age](#)
- 60 L. [Patient Consent Form](#)
- 61 LI. [Patient Attendance Requirements](#)
- 62 LII. [Patient Absence](#)
- 63 LIII. [Patient Treatment Plans](#)
- 64 LIV. [Procedures for Collection of Patient Body Specimen](#)
- 65 LV. [Substances to be Tested or Analyzed for in Samples Collected from Patient Body Specimens](#)
- 66
- 67 LVI. [Use of Approved and Licensed Laboratories for Testing or Analyzing Samples Collected from Patient Body Specimens](#)
- 68
- 69 LVII. [Reliability of Tests or Analyses for Illicit Drug Use](#)
- 70 LVIII. [Test or Analysis Records for Illicit Drug Use](#)
- 71 LIX. [Failure of Patients to Provide a Body Specimen](#)
- 72 LX. [Medical Care](#)
- 73 LXI. [Counseling Services in Maintenance Treatment References](#)
- 74 LXII. [Administration of Initial Doses of Medication to New Patients](#)
- 75 LXIII. [Medication Dosage Levels](#)
- 76 LXIV. [Additional Requirements for Pregnant Patients](#)
- 77 LXV. [Take-Home Medication Procedures](#)
- 78 LXVI. [Criteria for Take-Home Medication Privileges](#)
- 79 LXVII. [Step Level Schedules for Take-Home Medication Privileges](#)
- 80 LXVIII. [Take-Home Medication Procedures for Holidays](#)
- 81 LXIX. [Exceptions to Take-Home Medication Criteria and Dosage Schedules](#)
- 82 LXX. [Restricting a Patient's Take-Home Medication Privileges](#)

- 83 LXXI. [Restoring Restricted Take-Home Medication Privileges](#)
- 84 LXXII. [Suspension of Take-Home Medication Privileges by the Department](#)
- 85 LXXIII. [Scheduled Termination of Maintenance Treatment](#)
- 86 LXXIV. [Treatment Termination Procedures](#)
- 87 LXXV. [Patient Fair Hearings](#)
- 88 LXXVI. [Temporary Exceptions](#)

89
90

91 **I. TERMINOLOGY AND DEFINITIONS**

92 **REFERENCES:**

93 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 1, Section 10000
94

95 **POLICY AND PROCEDURES:**

96 It is the policy of MCBH AOD Programs to recognize and utilize terms and definitions contained in
97 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapters 1, Section 10000 (Title
98 9, CCR, Div. 4, Ch. 4., Sub. 1, Section 10000) regarding Narcotics Treatment Programs.

99
100

101 **II. LICENSURE REQUIREMENTS**

102 **REFERENCES:**

103 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 2, Section 10010
104

105 **POLICY AND PROCEDURES:**

106 It is the policy of MCBH AOD Programs that all of its subcontracted NTP and any NTP it may
107 operate directly in the future are licensed by the California Department of Alcohol and Drug
108 Programs in accordance with the California Code of Regulations, Title 9, Division 4, Chapter 4,
109 Subchapters 1, Section 10010 (Title 9, CCR, Div. 4, Ch. 4., Sub. 2, Section 10010).

110
111

112 **III. LICENSURE OF SEPARATE FACILITIES**

113 **REFERENCES**

114 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 2, Section 10015
115

116 **POLICY AND PROCEDURES**

117 It is the policy of MCBH AOD Programs to ensure that if any of its subcontracted NTP or any NTP it
118 may operate directly in the future have a centralized organization structure, consisting of a primary
119 program facility and other program facilities, that both the primary program and each other program
120 must be licensed as separate programs (even though some services may be shared) if:

- 121 1. All of those facilities provide treatment services which exceed the administering or
122 dispensing of medications and the collection of patient body specimens for testing or
123 analysis of samples for illicit drug use.

124
125

126 **IV. LICENSURE OF MEDICATION UNITS**

127 **REFERENCES**

128 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 2, Section 10020

129 **POLICY AND PROCEDURES**

130 It is the policy of MCBH AOD Programs to ensure the following:

- 131 1. Any medication unit operated by its subcontracted providers and any medication unit it
132 may directly operate in the future is approved by the United States Food and Drug
133 Administration (FDA) and licensed by the California Department of Alcohol and Drug
134 Programs (CA ADP);
- 135 2. Medication units meet Title 9, CCR, Div. 4, Ch. 4., Sub. 2, Section 10020 criteria that the
136 location of the medication unit and the area it serves are geographically isolated to such an
137 extent that regular patient travel to the sponsoring program facility is impractical and would
138 cause the patient great hardship.
- 139 3. Treatment services provided in medication units are limited to the administering and
140 dispensing of medications and the collection of patient body specimens for testing or
141 analysis of samples for illicit drug use.
- 142 4. The program's protocol describes how every patient in maintenance treatment that is
143 assigned to the medication unit will participate in the regular treatment provided by the
144 program.
- 145 5. Patient enrollment in a medication unit is of reasonable size in relation to the space
146 available for treatment and the size of the staff at the facility.
- 147 6. Maximum enrollment in a medication unit cannot exceed 30 patients.

148
149

150 **V. PROTOCOL FOR PROGRAMS**

151 **REFERENCES**

152 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 2, Section 10030

153

154 **POLICY AND PROCEDURES**

155 It is the policy of MCBH AOD Programs for its subcontracted NTP or any NTP it may operate
156 directly in the future to maintain a program protocol. This program protocol may be the written
157 protocol submitted to the California Department of Alcohol and Drug Programs (CA ADP) and
158 MCBH AOD during the programs' application for licensure. The protocol must contain the following
159 information:

- 160 1. Plan of operation.
- 161 2. A description of the geographical area to be served by the program.
- 162 3. Population and area to be served.
- 163 4. The estimated number of persons in the described area having an addiction to opiates and
164 an explanation of the basis of such estimate.
- 165 5. The estimated number of persons in the described area having an addiction to opiates that
166 are presently in a narcotic treatment program and other treatment programs.
- 167 6. The number of patients in regular treatment, projected rate of intake, and factors
168 controlling projected intake.
- 169 7. Program goals.
- 170 8. Research goals.
- 171 9. Plan for evaluation.
- 172 10. County Drug Program Administrator's certification.
- 173 11. Letters of community support.
- 174 12. Patient identification system.
- 175 13. Control and security of identification cards.
- 176 14. System to prevent patient's multiple program registration.
- 177 15. Organizational responsibility.
- 178 16. Persons responsible for program.

- 179 17. First-year budget, listing available, pending, or projected funds. Copies of letters verifying
180 funding shall also be submitted with the protocol. Subsequent years' budgets may be
181 submitted as amendments to the original, approved protocol.
- 182 18. Schedule of patient fees.
- 183 19. Duties and responsibilities of each staff member and the relationship between the staffing
184 pattern and the treatment goals.
- 185 20. Each staff member's profile and resume of educational and professional experience.
- 186 21. Duties and responsibilities of the medical director.
- 187 22. Plan for delegation of the medical director's duties, if appropriate.
- 188 23. Training and experience of counselors.
- 189 24. Counselor caseload.
- 190 25. Procedures and criteria for patient selection.
- 191 26. Program rules and instructions.
- 192 27. Facility description.
- 193 28. Initial, medically determined dosage levels.
- 194 29. Decreasing, medically determined dosage levels for patients in detoxification treatment
195 and stable, medically determined dosage levels for patients in maintenance treatment.
- 196 30. Operational procedures.
- 197 31. Procedures, which provide for cooperation with local jails for either detoxification or
198 maintenance treatment while in custody, in the event of patient hospitalization or
199 incarceration.
- 200 32. Procedures in the event of emergency or disaster.
- 201 33. Testing or analysis procedures for illicit drug use which utilize random selection or
202 unannounced
- 203 34. Procedures for scheduled termination, voluntary termination, and involuntary termination
204 for cause, including reasons for termination for cause.
- 205 35. Fair hearings.
- 206 36. Copies of all forms developed and to be used by the proposed program.
- 207 37. Facility address and dimensions.
- 208 38. Amount of space devoted to narcotic treatment, including waiting, counseling, dispensing,
209 and storage areas.
- 210 39. Days and hours of medication dispensing.
- 211 40. Days and hours for other narcotic treatment program services.
- 212 41. Type of services provided and the hours of use, if the facility is also used for purposes
213 other than a narcotic treatment program.
- 214 42. Diagram of the facility housing the narcotic treatment program and an accompanying
215 narrative which describes patient flow. The diagram and narrative shall specify:
- 216 a) Waiting areas.
- 217 b) Office space.
- 218 c) Medication administration area.
- 219 d) Patient body specimen collection locations for testing or analysis of samples for illicit
220 drug use.
- 221 e) Record storage area.
- 222 f) Parking or transportation access.
- 223 g) The relation of the narcotic treatment program to the total facility.
- 224

225 It is the policy of MCBH and its AOD Programs for letters of cooperation to be attached to the
226 program protocol from each NTP which the protocol indicates will provide services or financial

227 support to the program. Such letters shall be listed in the text of the protocol.

228

229 It is the policy of MCBH and its AOD Programs for protocols proposing new NTP or complete
230 revisions of the protocols of approved and licensed programs to be submitted to CA ADP and
231 MCBH AOD on a form furnished by CA ADP.

232

233 It is the policy of MCBH and its AOD Programs for NTP protocols to be current, detailed, specific,
234 and complete to permit evaluation by the CA ADP and MCBH AOD and to provide a basis for
235 compliance inspections or surveys.

236

237

238 **VI. PROTOCOL AMENDMENTS AND CHANGES**

239 **REFERENCES**

240 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapters 2, Section 10035

241

242 **POLICY AND PROCEDURES**

243 It is the policy of MCBH AOD Programs to ensure that subcontracted NTP or any NTP it may
244 operate directly in the future obtain approval from the California Department of Alcohol and Drug
245 Prevent (CA ADP) and MCBH AOD prior to any of the following changes in a program's protocol:

246 1. Any change of location of the program, or of any portion of the program, including any
247 dispensing facility or other unit.

248 2. Any change in the number of authorized patients or facilities.

249 3. Any reduction or termination of services.

250 4. Any change in program sponsor.

251 These changes shall be submitted to CA ADP and MCBH AOD as an amendment to protocol.

252

253 It is the policy of MCBH and its AOD Programs that all other significant changes in the protocol of
254 its subcontracted NTP or any NTP it may operate directly in the future shall be reported to CA ADP
255 and MCBH in writing within 30 days after the date such change becomes effective.

256

257 It is the policy of MCBH and its AOD Programs that each proposed amendment in the protocol of
258 its subcontracted NTP or any NTP it may operate directly in the future shall be accompanied by a
259 written statement of the estimated impact of the proposed amendment or significant change upon
260 the population and area served, funding and budget, staff, and facilities, and upon any other
261 portion of the approved protocol affected by the proposed amendment or significant change. The
262 effective date of implementation of the proposed amendment or significant change shall be
263 included. Amendments or significant changes shall consist of a series of dated page revisions for
264 insertion into the approved protocol.

265

266 It is the policy of MCBH and its AOD Programs that an amendment proposing multiple locations for
267 administering medications shall contain a description of safeguards to prevent multiple
268 administering to one patient from different facilities, a description of the security arrangements to
269 be used in the transfer of medications to and from facilities, and a description of security
270 arrangements to be used at the administering facility.

271

272 It is the policy of MCBH and its AOD Programs that an amendment proposing an increase in the
273 licensed capacity for detoxification or maintenance treatment at a program shall be subject to CA

274 ADP's determination that the program is currently in compliance with applicable state and federal
275 laws and regulations.

276

277

278 **VII. CERTIFICATION BY COUNTY DRUG PROGRAM ADMINISTRATOR**

279 **REFERENCES**

280 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapters 2, Section 10040

281

282 **POLICY AND PROCEDURES**

283 It is the policy of MCBH AOD Programs that all of its subcontracted NTP and any NTP it may
284 operate directly in the future have:

285 1. A completed, original protocol shall be filed with the County Drug Program Administrator,
286 as the NTP's application for original licensure.

287 2. There shall be attached to the protocol a certification from the County Drug Program
288 Administrator which shall include:

289 a. A certification of need for the proposed narcotic treatment program services.

290 b. A certification that all local ordinances, fire regulations, and local planning agency
291 requirements have been complied with.

292 c. A recommendation for program licensure.

293

294

295 **VIII. COMMENCING PROGRAM OPERATION**

296 **REFERENCES**

297 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapters 2, Section 10050

298

299 **POLICY AND PROCEDURES**

300 It is the policy of MCBH AOD Programs that all of its subcontracted NTP and any NTP it may
301 operate directly in the future shall become operational within six months after the date of licensure
302 by the California Department of Alcohol and Drug Programs (CA ADP). Per Title 9, CCR, Div. 4,
303 Ch. 4., Sub. 2, Section 10030, programs which fail to meet this time limit may reapply for a license
304 by submitting to a letter of explanation or a new protocol to CA ADP.

305

306 It is also the policy of MCBH and its AOD Programs that subcontracted NTP and any NTP it may
307 operate directly in the future shall notify CA ADP in advance of the date the program plans to begin
308 its operations. Each program shall also notify CA ADP of the date such operations actually
309 commence.

310

311

312 **IX. PERIOD OF LICENSURE AND ANNUAL LICENSE RENEWAL**

313 **REFERENCES**

314 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 2, Section 10055

315

316 **POLICY AND PROCEDURES**

317 It is the policy of MCBH AOD Programs that all of its subcontracted NTP and any NTP it may
318 operate directly in the future obtain renewal of their license from the California Alcohol and Drug
319 Programs (CA ADP) on an annual basis. As part of this process, the MCBH AOD Program
320 Administrator will submit to CA ADP the following:

321 1. A certification of need for continued services of the NTP.

322 2. A recommendation for renewal of the license.

323

324 In order to obtain the MCBH AOD certification of need for continued services and a
325 recommendation for renewal of the license, the NTP will submit all documentation requested by
326 MCBH AOD. In addition, the NTP may be subject to a site visit and inspection by MCBH AOD prior
327 to the issuance of the certification of need for continued services and recommendation for renewal
328 of the license.

329

330

331 **X. LICENSING ACTIONS**

332 **REFERENCES**

333 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 2, Section 10055

334

335 **POLICY AND PROCEDURES**

336 It is the policy of MCBH AOD Programs that all of its subcontracted NTP and any NTP it may
337 operate directly in the future to comply with all California Department of Alcohol and Drug
338 Programs (CA ADP) licensing actions pending the outcome of an appeal by the specific NTP to CA
339 ADP of said licensing action.

340

341 "Licensing action" means any administrative action taken by CA ADP which would adversely affect
342 the license of a Narcotic Treatment Program (NTP), including, but not limited to:

- 343 1. Denial of an application for a license;
- 344 2. Denial of a request for renewal or relocation;
- 345 3. Assessment of a civil penalty; or
- 346 4. Suspension or revocation of a license.

347

348 It is the policy of MCBH and its AOD Programs that all of its subcontracted NTP programs and any
349 NTP it may operate directly in the future shall also comply with the following:

- 350 1. MCBH AOD must be informed verbally immediately and in writing in 24 hours by any NTP
351 of all licensing actions undertaken by CA ADP regarding said NTP.
- 352 2. The NTP shall provide MCBH AOD will all information and accompanying documents
353 submitted by the NTP to CA ADP as part of the appeals process outlined in California
354 Code of Regulations, Title 9, Division 4, Chapter 4, Subchapters 1, Section 10057.
- 355 3. The NTP will provide MCBH AOD with the written outcome of the licensing action appeal
356 immediately upon receiving said outcome from CA ADP.

357

358

359 **XI. CALIFORNIA DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS STUDY AND**
360 **EVALUATION OF PROGRAMS**

361 **REFERENCES**

362 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapters 1, Section 10060

363

364 **POLICY AND PROCEDURES**

365 It is the policy of MCBH AOD Programs that all of its subcontracted NTP and any NTP it may
366 operate directly in the future furnish to the California Alcohol and Drug Programs (CA ADP) and
367 MCBH AOD information and reports CA ADP and MCBH AOD may request to facilitate studies and
368 evaluations to determine the effectiveness of each program's effort to aid patients in altering their
369 life styles and eventually eliminate their opiate addiction.

370

371

372 **XII. FACTORS TO BE INCLUDED IN EVALUATION OF PROGRAMS**

373 **REFERENCES**

374 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapters 1, Section

375

376 **POLICY AND PROCEDURES**

377 It is the policy of MCBH AOD Programs that all of its subcontracted NTP and any NTP it may
378 operate directly in the future measure progress by comparing before and after treatment changes
379 including, but not limited to:

380 1. Adherence to program rules.

381 2. Illicit drug use.

382 3. Other drug use including alcohol, prescribed medications, and over-the-counter
383 medications used in accordance with related instructions.

384 4. Employment status.

385 5. Criminal activity.

386 6. The continued active participation in ongoing treatment by patients no longer receiving
387 replacement narcotic therapy.

388 Such comparisons shall be made for each type of treatment or treatment combination that is to be
389 evaluated.

390

391

392 **XIII. PROGRAM EVALUATION PROCEDURES**

393 **REFERENCES**

394 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapters 1, Section

395

396 **POLICY AND PROCEDURES**

397 It is the policy of MCBH AOD Programs that all of its subcontracted NTP and any NTP it may
398 operate directly in the future to:

399 1. Include in its protocol a plan for evaluating the effectiveness of the program which:

400 a. States realistic and clearly defined objectives.

401 b. Shall outline in detail the methodology to be employed.

402 c. Specifies all data to be collected.

403 2. Ensure that the necessary information is collected and recorded in a uniform manner
404 before initiation of treatment and at predetermined intervals during and after termination of
405 treatment.

406 3. Verify required information supplied by the patient, when it is possible to do so.

407

408

409 **XIV. INSPECTIONS**

410 **REFERENCES**

411 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapters 1, Section 10080

412

413 **POLICY AND PROCEDURES**

414 It is the policy of MCBH AOD Programs that all of its subcontracted NTP and any NTP it may
415 operate directly in the future comply with California Alcohol and Drug Programs (CA ADP) and/or
416 MCBH AOD inspections, which are to occur with or without prior notice and not less than annually.

417 These inspections may include:

- 418 1. An examination of all records of the program which pertain to patient care and program
419 management.
420 2. Observation of the program's treatment procedures, interviews with staff and voluntary
421 interviews with patients.
422 3. Any other aspect of the program which is subject to CA ADP and MCBH AOD regulations
423 and upon which licensure is based.

424 When possible, all inspections shall take place in such a way as not to interfere with deliver of
425 treatment services.

426

427

428 **XV. SITE VISITS**

429 **REFERENCES**

430 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapters 1, Section 10085

431

432 **POLICY AND PROCEDURES**

433 It is the policy of MCBH AOD Programs that all of its subcontracted NTP and any NTP it may
434 operate directly in the future comply with California Alcohol and Drug Programs (CA ADP) and/or
435 MCBH AOD site visits, which occur:

- 436 1. Prior to the licensure of new programs.
437 2. Prior to the approval of program facility relocation.
438 3. At least annually and in such other cases as CA ADP or MCBH AOD deems necessary or
439 desirable.

440

441

442 **XVI. REVOCATION OF PROGRAM LICENSE**

443 **REFERENCES**

444 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapters 2, Section 10090

445

446 **POLICY AND PROCEDURES**

447 It is the policy of MCBH AOD Programs that all of its subcontracted NTP and any NTP it operates
448 directly in the future to inform MCBH AOD via immediate verbal report and written report within 24
449 hours if its license is revoked by the California Department of Alcohol and Drug Programs (CA
450 ADP).

451

452

453 **XVII. PROGRAM ADMINISTRATION**

454 **REFERENCES**

455 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapters 3, Section 10095

456

457 **POLICY AND PROCEDURES**

458 It is the policy of MCBH AOD Programs that all of its subcontracted NTP and any NTP it may
459 operate directly in the future to shall maintain a protocol that contain detailed information about the
460 person(s), association(s), or other organization(s) administering or sponsoring the program. For
461 profit making entities, this shall include the owners' names, titles, addresses, telephone numbers,
462 and percentages of ownership. For non-profit entities this shall include the board of directors'
463 names, titles, addresses, and telephone numbers. The California Department of Alcohol and Drug
464 Programs (CA ADP) and MCBH AOD may require supplemental documentation demonstrating
465 organizational stability and responsibility as it relates to continuity of program operation, including a

- 466 description and documentation of the type of legal entity which administers or sponsors the
467 program.
468
469 MCBH AOD, its subcontracted NTP, and any NTP it may operate directly in the future shall also
470 comply with the following:
- 471 1. Regarding program sponsors:
 - 472 a. The program shall submit to CA ADP and MCBH AOD the name of the program
473 sponsor and any other individuals responsible to the CA ADP, MCBH AOD, or other
474 governmental agencies for the operations of the program.
 - 475 b. The program sponsor or an authorized representative, if the program sponsor is other
476 than an individual, shall sign the program's protocol.
 - 477 2. Regarding guarantors of continuity of maintenance treatment:
 - 478 a. Programs offering maintenance treatment shall provide a guarantee that program
479 operation will continue at the licensed program location for up to 90 days following
480 receipt by CA ADP and MCBH AOD of the program's notice of intent to close the
481 program.
 - 482 b. CA ADP and MCBH AOD may require the program to provide a guarantor who will
483 guarantee, in writing, the continued operation of the program as required by this
484 Section.
 - 485 3. Regarding change of entity:
 - 486 a. The program's protocol shall be amended in the event of a change of the public or
487 private entity responsible for administering or funding the program. The amendment
488 shall contain a plan which ensures continuity of patient care.

491 **XVIII. PROGRAM DIRECTOR**

492 **REFERENCES**

493 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapters 3, Section 10105

495 **POLICY AND PROCEDURES**

496 It is the policy of MCBH AOD Programs that all of its subcontracted narcotics treatment programs
497 and any NTP it may operate directly in the future shall have a program director who shall be
498 responsible for:

- 499 4. Submitting protocols, protocol amendments, and reports to the California Alcohol and Drug
500 Programs (CA ADP) and MCBH AOD.
- 501 5. Operating the program.
- 502 6. Integrating staff services as described in the program protocol.
- 503 7. Complying with all regulations and responsibility for compliance and adjustments after
504 inspections by CA ADP and MCBH AOD.
- 505 8. Training and supervising of all staff.
- 506 9. Notifying all patients of their obligations to safeguard take-home medication.
- 507 10. Security of both medications and patient records.

510 **XIX. MEDICAL DIRECTOR**

511 **REFERENCES**

512 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapters 3, Section 10110

513

514 **POLICY AND PROCEDURES**

515 It is the policy of MCBH AOD Programs that all of its subcontracted narcotics treatment programs
516 and any NTP it may operate directly in the future:

- 517 1. Shall have a medical director who is a licensed physician in the State of California. The
518 medical director may also serve as the program director. The medical director shall
519 assume the medical responsibility for all program patients by:
 - 520 a. Signing patient record notes.
 - 521 b. Placing patients in treatment.
 - 522 c. Initiating, altering and terminating replacement narcotic therapy medications and
523 dosage amounts.
 - 524 d. Supervising the administration and dispensing of medications.
 - 525 e. Planning and supervising provision of treatment including regular review and notes in
526 the patients' records.
- 527 2. Other duties and responsibilities of the medical director shall be set forth in the protocol of
528 the specific program.
- 529 3. The medical director may delegate duties as prescribed in the program protocol to another
530 licensed program physician(s) but may not delegate his/her responsibility in (1) above to
531 physician extenders.

532
533
534 **XX. PROGRAM PHYSICIANS**

535 **REFERENCES**

536 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapters 3, Section 10115

537
538 **POLICY AND PROCEDURES**

539 It is the policy of MCBH AOD Programs that all of its subcontracted NTP and any NTP it may
540 operate directly in the future to allow a program physician to delegate his/her duties to other
541 appropriately licensed personnel who are members of the program staff. The nature and extent of
542 such delegation of duties shall be set forth in the treatment program's protocol.

543
544
545 **XXI. PHYSICIAN EXTENDERS**

546 **REFERENCES**

547 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapters 3, Section 10120

548
549 **POLICY AND PROCEDURES**

550 It is the policy of MCBH AOD Programs that all of its subcontracted NTP and any NTP it may
551 operate directly in the future comply with the following standards regarding "physician extenders:"

- 552 1. The term "physician extender" refers to registered nurse practitioners and physicians'
553 assistants only.
- 554 2. The program protocol shall contain documentation regarding physician extenders
555 satisfactory to the California Department of Alcohol and Drug Programs (CA ADP) and
556 MCBH AOD verifying that:
 - 557 a. Nurse practitioners are used as physician extenders in compliance with the licensing
558 and scope of practice requirements listed in Article 8 (commencing with Section 2834),
559 Chapter 6, Division 2, of the California Business and Professions Code and
560 corresponding regulations adopted by the California Board of Registered Nursing, and

561 b. Physician's assistants are used as physician extenders in compliance with the
562 licensing and scope of practice requirements listed in Chapter 7.7 (commencing with
563 Section 3500), Division 2, of the California Business and Professions Code and
564 corresponding regulations adopted by the Medical Board of California.
565

566
567 **XXII. COUNSELORS**
568 **REFERENCES**

569 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapters 3, Section 10125
570

571 **POLICY AND PROCEDURES**

572 It is the policy of MCBH AOD Programs that all of its subcontracted NTP and any NTP it may
573 operate directly in the future comply with the following standards regarding "counselors:"

- 574 1. Counselors may be nurses, psychologists, social workers, psychiatric technicians, trained
575 counselors, or others as long as they have training or experience in treating persons with
576 an opiate addiction.
- 577 2. Program staff who provide counseling services (as defined in California Code of
578 Regulations, Title 9, Division 4, Chapter 8, Subchapter 1, Section 13005) shall be licensed,
579 certified, or registered to obtain certification or licensure pursuant to California Code of
580 Regulations, Title 9, Division 4, Chapter 8 (commencing with Section 13000).
- 581 3. Program staff who provide counseling services (as defined in California Code of
582 Regulations, Title 9, Division 4, Chapter 8, Subchapter 1 3, Section 13005) shall comply
583 with the code of conduct, pursuant to California Code of Regulations, Title 9, Division 4,
584 Chapter 8, Subchapter 3, Section 13060, developed by the organization or entity by which
585 they were registered, licensed, or certified.
- 586 4. The licensee shall maintain personnel records for all staff containing:
 - 587 a. Name, address, telephone number, position, duties, and date of employment; and
 - 588 b. Resumes, applications, and/or transcripts documenting work experience and/or
589 education used to meet the requirements of this regulation.
 - 590 c. Personnel records for staff who provide counseling services (as defined in California
591 Code of Regulations, Title 9, Division 4, Chapter 8, Subchapter 1, Section 13005) shall
592 also contain:
 - 593 i. Written documentation of licensure, certification, or registration to obtain
594 certification pursuant to California Code of Regulations, Title 9, Division 4, Chapter
595 8 (commencing with Section 13000); and
 - 596 ii. A copy of the code of conduct of the registrant's or certified AOD counselor's
597 certifying organization pursuant to California Code of Regulations, Title 9, Division
598 4, Chapter 8, Subchapter 3, Section 13060.

600
601 **XXIII. STAFF MEMBER PROFILE**
602 **REFERENCES**

603 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapters 3, Section 10130
604

605 **POLICY AND PROCEDURES**

606 It is the policy of MCBH AOD Programs that all of its subcontracted NTP and any NTP it may
607 operate directly in the future comply with the following standards:

- 608 1. For each program director and medical director, the following information shall be

- 609 submitted to the California Department of Alcohol and Drug Programs (CA ADP) and
610 MCBH AOD by the program sponsor:
- 611 a. Professional or license status or vocational aptitude.
 - 612 b. Hours that the staff member will provide to the program.
 - 613 c. Resume showing professional education and practical experience, and training or
614 experience in treating persons with an opiate addiction.
 - 615 d. The procedure for replacement of such staff member in the event of death, retirement,
616 or prolonged sickness.
 - 617 e. The procedure to assure that appropriate staff time will be provided to the program in
618 the event of short term emergency, vacation, or sickness.
- 619 2. For each physician (other than the medical director), nurse practitioner, physician's
620 assistant, registered nurse, licensed vocational nurse, psychiatric technician, counselor,
621 and pharmacist participating in the program, the information required in Subsections (1)(a),
622 (b), (c), (d), and (e) above shall be on file at the program facility and available for CA
623 ADP's and MCBH AOD's review.

624
625

626 **XXIV. STAFF TRAINING**
627 **REFERENCES**

628 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapters 3, Section 10140
629

630 **POLICY AND PROCEDURES**

631 It is the policy of MCBH AOD Programs that all of its subcontracted NTP and any NTP it may
632 operate directly in the future will ensure that staff members are informed regarding the purpose of
633 testing or analysis for illicit drug use, the meaning of the results, and the importance of reliable
634 procedures and reports. Each program will maintain documentation and when each staff member
635 was informed regarding the purpose of testing or analysis for illicit drug use, the meaning of the
636 results, and the importance of reliable procedures and reports. Said documentation shall be made
637 available within a reasonable time upon the request of the California Department of Alcohol and
638 Drug Programs (CA ADP) and MCBH AOD.

639
640

641 **XXV. LICENSED PATIENT CAPACITY**
642 **REFERENCES**

643 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapters 3, Section 10145
644

645 **POLICY AND PROCEDURES**

- 646 It is the policy of Monterey County Behavioral Health (MCBH) and its Alcohol and Other Drug
647 (AOD) Programs to:
- 648 1. Ensure that its subcontracted NTP or any NTP it may operate directly in the future serve
649 no more than the maximum patient capacity specified on the program's license as
650 specified by the California Department of Alcohol and Drug Programs (CA ADP).
 - 651 2. The maximum patient capacity shall apply to a combined total of patients in all treatment
652 modalities (i.e. Detoxification and maintenance), except for those patients from another
653 program that are receiving dosing services on a temporary basis as specified in California
654 Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 5, Section 10295 (Title 9,
655 CCR, Div. 4, Ch. 4., Sub. 5, Section 10295).
 - 656 3. Ensure that when a specific program adjusts the ratio of patients in each treatment

- 657 modality in response to need that the program shall not treat more patients at any one time
658 than the maximum patient capacity specified on the license.
- 659 4. Ensure that all MCBH AOD subcontracted NTP or any NTP it may operate directly in the
660 future adhere to any temporary suspension from admitting new patients issued by the CA
661 ADP for serving more patients over its maximum licensed capacity.
 - 662 5. Receive a copy of the written notification written by NTP notifying the CA ADP that it is
663 within its licensed patient capacity

664
665
666 **XXVI. COUNSELING CASELOADS**

667 **References**

668 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapters 1, Section 10150

669
670 **Policy and Procedures**

671 It is the policy of Monterey County Behavioral Health (MCBH) and its Alcohol and Other Drug
672 (AOD) Programs to ensure that each patient receiving treatment from an NTP is assigned to a
673 counselor. Patient caseloads may vary according to the particular problems of patients and the
674 amount of supportive services used. In addition, MCBH and its AOD Programs will also ensure
675 that each of its subcontracted NTP and any NTP it may operate directly in the future clearly
676 indicate in its protocols the patient caseload per counselor.

677
678
679 **XXVII. CONFIDENTIALITY OF PATIENT RECORDS**

680 **REFERENCES**

681 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 3, Section 10160

682
683 **POLICY AND PROCEDURES**

684 Refer to Monterey County Behavioral Health Policy and Procedure 303 – Medical Record
685 Confidentiality and Policy and Procedure 700 – Alcohol and Other Drug (AOD) Programs,
686 Subsection III – Confidentiality of Client Treatment Records.

687
688
689 **XXVIII. PROCEDURES FOR PATIENT RECORDS**

690 **REFERENCES**

691 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 3, Section 10160

692
693 **POLICY AND PROCEDURES**

694 It is the policy of MCBH AOD Programs that all of its subcontracted NTP and any NTP it may
695 operate directly in the future shall:

- 696 1. Assign consecutive numbers to patients as admitted and shall maintain an individual record for
697 each patient.
- 698 2. Keep patient records in a secure location within the facility.
- 699 3. Transfer data to the patient's record at least monthly if the program keeps a separate record of
700 the type and amount of medication administered or dispensed to a patient on a day-to-day
701 basis.
- 702 4. Each NTP shall submit a sample patient record to the CA ADP and MCBH AOD with its
703 protocol.

704

705

706 **XXIX. CONTENT OF PATIENT RECORDS**

707 **REFERENCES**

708 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 3, Section 10165

709

710 **POLICY AND PROCEDURES**

711 It is the policy of MCBH AOD Programs that all of its subcontracted NTP and any NTP it may
712 operate directly in the future shall document the following in the beneficiaries' records:

- 713 1. Birth date.
- 714 2. Physical examination data, including laboratory results for required tests and analyses.
- 715 3. Evidence of current use of heroin or other opiates.
- 716 4. Date of admission to the program, plan of treatment, and medication orders signed by the
717 physician.
- 718 5. Program's response to a test or analysis for illicit drug use which discloses the absence of
719 both methadone and its primary metabolite (when prescribed by the medical director and
720 the program physician), the presence of any illicit drugs, or abuse of other substances,
721 including alcohol.
- 722 6. Incidence of arrest and conviction or any other signs of retrogression.
- 723 7. Any other patient information which the program finds useful in treating the patient.

724

725 In addition to the requirements set forth above, records for patients in detoxification treatment
726 contain the following:

- 727 1. Documentation of services and treatment provided, as well as progress notes signed by
728 physician, nurse, or counselor; test or analysis results for illicit drug use; and periodic
729 review or evaluation of medical director
- 730 2. For patients who have completed the program, a discharge summary and follow-up
731 notations to allow determination of success or failure of treatment and follow-up.

732

733 In addition to the requirements set forth above, records for patients in maintenance treatment shall
734 contain the following:

- 735 1. Documentation of prior addiction and prior treatment failure
- 736 2. Documentation of services and treatment provided, as well as progress notes, signed by
737 the physician, nurse, or counselor; test or analysis results for illicit drug use and periodic
738 review or evaluation by the medical director. Such review shall be made not less than
739 annually
- 740 3. For any patient who is to be continued on maintenance treatment beyond two years, the
741 circumstances justifying such continued treatment as set forth in California Code of
742 Regulations, Title 9, Division 4, Chapter 4, Subchapter 3, Section 10410
- 743 4. Reasons for changes in dosage levels and medications
- 744 5. For patients who have terminated treatment, a discharge summary and follow-up notations
745 to allow determination of success or failure of treatment.

746

747

748 **XXX. PROGRAM RULES AND INSTRUCTIONS**

749 **References**

750 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 3, Section 10170

751

752 **POLICY AND PROCEDURES**

753 It is the policy of MCBH AOD Programs that all of its subcontracted NTP and any NTP it may
754 operate directly in the future shall develop a set of written rules and instructions which shall be
755 provided to all patients receiving services and to applicants for services prior to program's
756 accepting applicant as patient. Rules and instructions shall include but not be limited to:

- 757 1. Requirements for take-home medication privileges.
- 758 2. Patient body specimen collection requirements for testing or analysis for illicit drug use.
- 759 3. Fees.
- 760 4. Grounds for involuntary termination.
- 761 5. Fair hearing procedures.
- 762 6. Patient rights.
- 763 7. Program hours.
- 764 8. Provision for emergencies.
- 765 9. Other rules and procedures directly affecting the patient.

766
767 Provisions shall be made for patients' acknowledgement of having been provided a copy of the
768 program rules and instructions. The rules and instructions shall be included in the program
769 protocol.

770

771

772 **XXXI. PROGRAM PROCEDURE MANUAL**

773 **REFERENCES**

774 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 3, Section 10175

775

776 **POLICY AND PROCEDURES**

777 It is the policy of MCBH AOD Programs that all of its subcontracted NTP and any NTP it may
778 operate directly in the future shall:

- 779 1. Have a current procedure manual;
- 780 2. Be allowed to utilize the protocol approved by the California Department of Alcohol and
781 Drugs (CA ADP) as the working procedure manual; or
- 782 3. Be allowed to adopt a procedure manual separate from the protocol approved by CA ADP.

783

784 The procedure manual shall set forth detailed information about all facets of program operation.
785 Each treatment staff member shall be familiar with the provisions of the program's protocol and
786 procedure manual.

787

788

789 **XXXII. PROCEDURES IN EVENT OF EMERGENCY OR DISASTER**

790 **REFERENCES**

791 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 3, Section 10180

792

793 **POLICY AND PROCEDURES**

794 It is the policy of MCBH AOD Programs that all of its subcontracted NTP and any NTP it may
795 operate directly in the future shall:

- 796 1. Set forth in its protocol its plan for ensuring the continuity of treatment in the event that an
797 emergency or disaster disrupts the program's normal functions; and
- 798 2. Have an operational telephone number available 24 hours a day for patients to contact a
799 staff member or be directed to an appropriate referral service (e.g., crisis line, hospital
800 emergency room) in the event of an emergency.

801

802

803 **XXXIII. PROCEDURES IN EVENT OF PATIENT'S HOSPITALIZATION**

804 **REFERENCES**

805 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 3, Section 10185

806

807 **POLICY AND PROCEDURES**

808 It is the policy of MCBH AOD Programs that all of its subcontracted NTP and any NTP it may
809 operate directly in the future will ensure, if the program is aware that a patient has been
810 hospitalized, that the program physician attempt to cooperate with the attending physician and the
811 hospital staff in order for the hospital to continue a patient's replacement narcotic therapy.

812

813 As part of the program's efforts to cooperate with the attending physician and hospital staff, the
814 patient's record shall contain documentation of:

- 815 1. The program physician's coordination efforts with the attending physician and the hospital
816 staff; and
- 817 2. The date(s) of hospitalization, reason(s) and circumstances involved.

818

819

820 **XXXIV. PROCEDURES IN THE EVENT OF A PATIENT'S INCARCERATION**

821 **REFERENCES**

822 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 3, Section 10190

823

824 **POLICY AND PROCEDURES**

825 It is the policy of MCBH AOD Programs that all of its subcontracted NTP and any NTP it may
826 operate directly in the future will ensure, if the program is aware that a patient has been
827 incarcerated, that the program physician attempt to cooperate with the jail's medical officer in order
828 to ensure the necessary treatment for opiate withdrawal symptoms, whenever it is possible to do
829 so.

830

831 As part of the program's efforts to cooperate with the jail's medical officer, the patient's records
832 shall contain documentation of:

- 833 1. The program physician's coordination efforts with the jail; and
- 834 2. The date(s) of incarceration, reason(s), and the circumstances involved.

835

836 **XXXV. REPORT OF PATIENT DEATH**

837 **REFERENCES**

838 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 3, Section 10195

839

840

841 **POLICY AND PROCEDURES**

842 It is the policy of MCBH AOD Programs that all of its subcontracted narcotics treatment programs
843 and any NTP it may operate directly in the future shall notify the California Department of Alcohol
844 and Drug Programs (CA ADP) and MCBH AOD within one working day if:

- 845 1. A patient of the program dies at the program site; or
- 846 2. Ingestion of the medication used in replacement narcotic therapy may have been the
847 cause of the patient's death.

848

- 849 For all other patient deaths, the program shall submit to CA ADP and MCBH AOD, within 90
850 calendar days from the date of death, the following:
- 851 1. A death report which is signed and dated by the medical director to signify concurrence
852 with the findings; and
 - 853 2. Any other documentation of the death.

854
855

856 **XXXVI. PROHIBITION AGAINST MULTIPLE REGISTRATION**

857 **REFERENCES**

858 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 4, Section 10205

859

860 **POLICY AND PROCEDURES**

861 It is the policy of MCBH AOD Programs that all of its subcontracted NTP and any NTP it may
862 operate directly in the future shall not accept a patient for treatment if the patient is registered in
863 another narcotic treatment program at this time except as specified in subsection (1) of this
864 regulation.

- 865 1. Programs may provide replacement narcotic therapy to short term (less than 30 days)
866 visiting patients approved to receive services on a temporary basis, in accordance with
867 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapters 1, Section
868 10295, so long as the program complies with the requirements of California Code of
869 Regulations, Title 9, Division 4, Chapter 4, Subchapters 1, Section 10210(d).

870
871

872 **XXXVII. DETECTION OF MULTIPLE REGISTRATION AT TIME OF APPLICATION FOR**
873 **ADMISSION**

874 **REFERENCES**

875 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 4, Section 10210

876

877 **POLICY AND PROCEDURES**

878 It is the policy of MCBH AOD Programs that before any of its subcontracted NTP and any NTP it
879 may operate directly in the future shall accept a patient, the following shall occur:

- 880 1. Notify the patient that it cannot provide replacement narcotic therapy to a patient who is
881 simultaneously receiving this therapy from another program.
- 882 2. Require the patient to sign a written statement documenting whether he/she is currently
883 receiving replacement narcotic therapy from another program and retain the statement in the
884 patient record. If the patient refuses to sign this statement, the program shall not admit the
885 patient for treatment.
- 886 3. Require the patient to provide the following information:
 - 887 a. Full name and any aliases,
 - 888 b. Month, day, and year of birth,
 - 889 c. Mother's maiden name
 - 890 d. Sex,
 - 891 e. Race,
 - 892 f. Height,
 - 893 g. Weight,
 - 894 h. Color of hair,
 - 895 i. Color of eyes,
 - 896 j. Distinguishing markings, such as scars or tattoos

- 897 4. Request the patient to voluntarily provide his/her Social Security number.
- 898 5. Request the patient to sign an authorization for disclosure of confidential information, pursuant
899 to Section 2.34, Part 2, Chapter 1, Title 42 of the Code of Federal Regulations for the limited
900 purpose of authorizing the program to contact each narcotic treatment program within a radius
901 of 50 statute miles to determine if the patient is simultaneously receiving replacement narcotic
902 therapy from another program.
- 903 6. Document in the patient record, in accordance with California Code of Regulations, Title 9,
904 Division 4, Chapter 4, Subchapters 1, Section 10165, all information provided and
905 authorizations of release of information signed pursuant to this subsection.

906

907 Upon completion of the requirements of Subsection (1), the program shall proceed in accordance
908 with the following subsections, as appropriate.

909

910 If the patient states that he/she is currently receiving replacement narcotic therapy from another
911 program and the patient is not approved to receive services on a temporary basis in accordance
912 with California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 5, Sections
913 10205(b) and 10295, before admitting the patient for treatment, the program shall:

- 914 1. Request the patient to sign an authorization for disclosure of confidential information, pursuant
915 to Section 2.34, Title 42 of the Code of Federal Regulations for the limited purpose of
916 authorizing the program to contact the previous program to notify it that the patient has applied
917 for admission for replacement narcotic therapy;
- 918 2. Contact the previous program by telephone and notify the program that the patient has applied
919 for admission for replacement narcotic therapy;
- 920 3. Request the program to cease providing replacement narcotic therapy if it has not already
921 done so;
- 922 4. Request the previous program to provide the new program with written documentation (letter or
923 discharge summary) that it has discharged the patient; and
- 924 a. The previous program shall provide such documentation within 72 hours of receiving the
925 request.
- 926 b. If the previous program states that it has already discharged the patient, the new program
927 may admit the patient for treatment.
- 928 5. Document the following information in writing in the patient's record:
- 929 a. The name of the program contacted,
- 930 b. The date and time of the contact,
- 931 c. The name of the program staff member contacted, and
- 932 d. The results of the contact.

933

934 If the patient states that he/she is a visiting patient approved to receive services on a temporary
935 basis in accordance with California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter
936 5, Sections 10205(b) and 10295, before providing replacement narcotic therapy to the patient the
937 program shall:

- 938 1. Contact the other program to determine that it has not already provided the patient with
939 replacement narcotic therapy for the same time period and that it will not do so; and
- 940 2. Document the following information in writing in the patient's medication orders:
- 941 a. The name of the program contacted,
- 942 b. The date and time of the contact,
- 943 c. The name of the program staff member contacted, and
- 944 d. The results of the contact.

945

946 If the patient states that he/she is not currently receiving replacement narcotic therapy from another
947 program, the program shall proceed in accordance with California Code of Regulations, Title 9,
948 Division 4, Chapter 4, Subchapters 4, Section 10215.

949

950

951 **XXXVIII. DETECTION OF MULTIPLE REGISTRATION BY REVIEWING RESULTS FROM**
952 **INITIAL TEST OR ANALYSIS FOR ILLICIT DRUG USE**

953 **REFERENCES**

954 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 4, Section 10215

955

956 **POLICY AND PROCEDURES**

957 It is the policy of MCBH AOD Programs that all of its subcontracted NTP and any NTP it may
958 operate directly in the future comply with the following:

- 959 1. If, at the time of admission, the patient documents that he/she is not currently receiving
960 replacement narcotic therapy from another program, the program shall review the results of the
961 patient's initial test or analysis for illicit drug use to determine the presence of methadone or its
962 primary metabolite. The program may admit the patient prior to receipt of these results.
- 963 2. If the results of the test or analysis for illicit drug use indicate the presence of methadone or its
964 primary metabolite, the program shall ask the patient if, during the preceding 72 hours, he/she
965 received the medication while hospitalized or if he/she was discharged from an inpatient or
966 outpatient narcotic treatment program. If the patient states that he/she was hospitalized or
967 discharged during the preceding 72 hours, the program shall proceed in accordance with
968 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 4, Section 10210(c).
969 If the patient states that he/she was not hospitalized or discharged during the preceding 72
970 hours, the program shall proceed in accordance with subsections (3), (4), and (5).
- 971 3. If the results of the test or analysis for illicit drug use indicate the presence of methadone or its
972 primary metabolite and the patient has signed an authorization for disclosure of confidential
973 information as requested in California Code of Regulations, Title 9, Division 4, Chapter 4,
974 Subchapter 4, Section 10210(a)(5), the program shall take the following action within 15 days
975 of admitting the patient to the program:
 - 976 a. Contact each narcotic treatment program within a radius of 50 statute miles to determine if
977 the patient is simultaneously receiving replacement narcotic therapy from another
978 program, and
 - 979 b. Provide to each program the information provided by the patient per California Code of
980 Regulations, Title 9, Division 4, Chapter 4, Subchapter 4, 10210(a)(3) and (a)(4).
- 981 4. Each program receiving information provided in accordance with subsection (3) of this
982 regulation shall review its records to determine if it has provided replacement narcotic therapy
983 to the patient.
 - 984 a. If the program has never provided replacement narcotic therapy to the patient or if it is no
985 longer providing this therapy to the patient, the program shall so notify the inquiring
986 program in writing within 72 hours of receipt of the notification.
 - 987 b. If the program is still providing replacement narcotic therapy to the patient, the program
988 shall proceed in accordance with the requirements of California Code of Regulations, Title
989 9, Division 4, Chapter 4, Subchapters 4, section 10225.
- 990 5. The inquiring program shall document the following information in writing in the patient record:
 - 991 a. The name of each program contacted,
 - 992 b. The date,

- 993 c. The time of the contact, if made by telephone,
- 994 d. The name of the program staff member contacted, and
- 995 e. The results of the contact.

996
997

998 **XXXIX. ONGOING DETECTION OF MULTIPLE REGISTRATION USING AUTOMATED**
999 **PATIENT DATA SYSTEM**

1000 **REFERENCES**

1001 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 4, Section 10220

1002

1003 **POLICY AND PROCEDURES**

1004 It is the policy of MCBH AOD Programs that all of its subcontracted NTP and any NTP it may
1005 operate directly in the future comply with the following:

- 1006 1. Consistent with the provision of Section 2.53, Title 42 of the Code of Federal Regulations, by
1007 the sixth working day of the month following the month in which the program admits or
1008 discharges a patient, the program shall report to the Department in writing for purposes of
1009 evaluation, patient admission and discharge data which shall include:
 - 1010 a. Provider identification, including program name, county, and address;
 - 1011 b. Patient identification, including:
 - 1012 i. Patient name or initials,
 - 1013 ii. Sex,
 - 1014 iii. Month, day, and year of birth;
 - 1015 iv. Race,
 - 1016 c. The month, day, and year of admission,
 - 1017 d. The month, day, and year of discharge,
 - 1018 e. The type of admission (e.g. initial admission, transfer from another program, change in
1019 treatment service, etc.)
 - 1020 f. The type of treatment provided (e.g. detoxification or maintenance), and
 - 1021 g. The type of medication prescribed.
 - 1022 2. The California Department of Alcohol and Drug Programs (CA ADP) shall include patient data
1023 reported by each program in its automated patient data collection system.
 - 1024 3. If the CA ADP 's analysis of the automated patient data indicates that a patient is registered in
1025 more than one program, CA ADP shall send written notification of multiple registration to each
1026 program in which the patient is registered. The notification shall list all narcotic treatment
1027 programs in which the patient is simultaneously registered.
 - 1028 4. When a program receives notification from CA ADP that a patient is registered in another
1029 narcotic treatment program, the notified program shall determine if it is currently providing
1030 replacement narcotic therapy to the patient.
 - 1031 a. If the program is no longer providing this therapy to the patient, the program shall so notify
1032 the CA ADP in writing within 72 hours of receipt of the notification.
 - 1033 b. If the program is still providing this therapy to the patient, the program shall proceed in
1034 accordance with the provisions of California Code of Regulations, Title 9, Division 4,
1035 Chapter 4, Subchapter 4, Section 10225.

1036
1037

1038 **XL. RESOLUTION OF MULTIPLE REGISTRATION**

1039 **REFERENCES**

1040 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 4, Section 10225

1041

1042 **POLICY AND PROCEDURES**

1043 It is the policy of MCBH AOD Programs that when any of its subcontracted NTP or any NTP it may
1044 operate directly in the future determines that it is providing replacement narcotic therapy to a
1045 patient who is simultaneously receiving this therapy from one or more other programs, all of the
1046 involved programs shall immediately:

- 1047 1. Confer to determine which program will accept sole responsibility for the patient;
- 1048 2. Revoke the patient's take-home medication privileges in accordance with the provisions of
1049 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 5, Section
1050 10390; and
- 1051 3. Notify the California Alcohol and Drug Program's (CA ADP) Narcotic Treatment Program
1052 Licensing Branch and MCBH AOD by telephone within 72 hours of such determination.

1053

1054 The program which agrees to accept sole responsibility for the patient shall continue to provide
1055 replacement narcotic therapy.

1056

1057 Each of the other programs shall:

- 1058 1. Immediately discharge the patient from the program;
- 1059 2. Document in the patient's record why the patient was discharged from the program;
- 1060 3. Provide to the new program, within 72 hours of discharge, written documentation (letter or
1061 discharge summary) that it has discharged the patient.
- 1062 4. Send written notification of the discharge to the CA ADP and MCBH AOD within 72 hours
1063 of the discharge.

1064

1065 If CA ADP determines that neither program has accepted sole responsibility for the patient, the CA
1066 ADP shall:

- 1067 1. Designate one program which shall accept sole responsibility for the patient, and
- 1068 2. Order the remaining programs to proceed in accordance with the provisions of California
1069 Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 4, Section 10225.

1070

1071

1072 **XLI. PATIENT IDENTIFICATION**

1073 **REFERENCES**

1074 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 4, Section 10235

1075

1076 **POLICY AND PROCEDURES**

1077 It is the policy of MCBH AOD Programs that when any of its subcontracted NTP or any NTP it may
1078 operate directly in the future shall describe in its protocol and use a system of patient identification
1079 which shall insure that each patient is properly identified and that his/her medication dose is not
1080 administered or dispensed to another person.

1081

1082

1083 **XLII. PATIENT IDENTIFICATION CARD**

1084 **REFERENCES**

1085 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 4, Section 10240

1086

1087 **POLICY AND PROCEDURES**

1088 It is the policy of MCBH AOD Programs that when any of its subcontracted NTP or any NTP it may

- 1089 operate directly in the future shall comply with the following:
- 1090 1. Each program shall make known to each patient the availability of a completed identification
 - 1091 card which shall be supplied by the program.
 - 1092 2. Identification cards shall be numbered consecutively.
 - 1093 3. Identification cards shall contain the following items:
 - 1094 a. The patient's name
 - 1095 b. The patient's record number
 - 1096 c. The patient's physical description
 - 1097 d. The patient's signature
 - 1098 e. A full-face photograph of the patient
 - 1099 f. The program's name, address, 24-hour phone number, and signature of the program
 - 1100 director or designee.
 - 1101 g. The issuance and expiration dates of the card
 - 1102 4. Patients shall not be required to carry the identification card when away from the program
 - 1103 premises.
 - 1104 5. Patients may be required by the program to carry the identification card while on the program's
 - 1105 premises.
 - 1106 6. Each program shall set forth in its protocol the system the program will use to insure:
 - 1107 a. Accurate documentation of the voluntary use of identification cards.
 - 1108 b. Recovery of the voluntary identification cards.
 - 1109 c. That a means of identification is used to assure positive identification of the patient and a
 - 1110 correct recording of attendance and/or medication.

1111
1112

1113 **XLIII. DUTIES OF PROGRAM IN ISSUING ID CARD**

1114 **REFERENCES**

1115 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 4, Section 10245

1116

1117 **POLICY AND PROCEDURES**

1118 It is the policy of MCBH AOD Programs that when any of its subcontracted NTP or any NTP it may
1119 operate directly in the future shall complete all the following steps when issuing an identification
1120 card to each patient:

- 1121 1. Complete the card by entering the required patient and program information on the card.
- 1122 2. Determine that the patient information entered on the card is accurate and consistent with
- 1123 the information in the patient's records.
- 1124 3. Require the patient to sign the card under the direct observation of a member of the
- 1125 program staff. The staff member shall compare the signature with at least one other
- 1126 document signed by the patient to determine that the signature is valid. A valid driver's
- 1127 license may be used for this purpose.
- 1128 4. Attach to the card a full-face photograph of the patient, which provides sufficient detail for
- 1129 clear identification. A second full-face photograph shall be retained by the program for
- 1130 patient identification purposes.
- 1131 5. Laminate the card in a clear plastic to prevent alteration.

1132
1133

1134 **XLIV. CONTROL AND SECURITY OF ID CARDS**

1135 **REFERENCES**

1136 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 4, Section

1137

1138 **POLICY AND PROCEDURES**

1139 It is the policy of MCBH AOD Programs that when any of its subcontracted NTP or any NTP it may
1140 operate directly in the future shall set forth in its protocol its system of control and security for the
1141 maintenance of its supply of identification card forms. Each program shall make an attempt to
1142 reclaim and retain a patient's identification card whenever a patient is discharged from a program
1143 or whenever he/she receives a replacement card.

1144

1145

1146 **XLV. MEDICATIONS RECORD KEEPING**

1147 **REFERENCES**

1148 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 4, Section 10255

1149

1150 **POLICY AND PROCEDURES**

1151 It is the policy of MCBH AOD Programs that when any of its subcontracted NTP or any NTP it may
1152 operate directly in the future shall:

- 1153 1. Maintain accurate records of medications used in replacement narcotic therapy traceable to
1154 specific patients, showing dates, quantity, and batch code marks of the medications.
 - 1155 a. These records shall be maintained by a physician, pharmacist, or health professional
1156 authorized to compound, administer, or dispense medications used in replacement
1157 narcotic therapy.
 - 1158 b. These records shall be retained for a period of three years.
- 1159 2. Describe in its protocol all of the following information for medications used in replacement
1160 narcotic therapy:
 - 1161 a. The records which will be kept to reconcile, on a daily basis, the amount of medications
1162 received, on hand, and administered or dispensed to patients
 - 1163 b. The names of individuals who will actually compound medications used in replacement
1164 narcotic therapy and who administer or dispense the patient medication.
 - 1165 c. The source or supplier of these medications and the form of medications to be purchased
1166 for the program.
 - 1167 d. The name of the person who will purchase these medications and documentation of the
1168 federal authorization to do so.
 - 1169 e. The name and function of anyone, other than a staff member, who handles these
1170 medications.
 - 1171 f. The method used to transfer these medications within and between facilities
 - 1172 g. Security provisions at every location in which these medications will be stored or diluted,
1173 and the names of individuals who have access to keys and safe combinations where these
1174 medications are stored.

1175

1176

1177 **XLVI. ADMINISTRATION OR DISPENSING OF MEDICATIONS**

1178 **REFERENCES**

1179 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 4, Section 10260

1180

1181 **POLICY AND PROCEDURES**

1182 It is the policy of MCBH AOD Programs that when any of its subcontracted NTP or any NTP it may
1183 operate directly in the future shall comply with the following:

- 1184 1. The program physician shall be responsible for administering or dispensing to patients all

- 1185 medications used in replacement narcotic therapy
- 1186 2. Under the program physician's direction, appropriately licensed program personnel may
1187 administer or dispense these medications to patients as authorized by Section 11215 of the
1188 Health and Safety Code.
- 1189 3. Each program shall use the procedures when administering or dispensing medications used
1190 for replacement narcotic therapy:
- 1191 a. These medications shall be administered or dispensed to patients orally in liquid
1192 formulation.
- 1193 b. Medication doses ingested at the program facility shall be diluted in a solution which
1194 has a volume of not less than two ounces. Take-home medication doses given to
1195 patients in maintenance treatment shall be diluted in a solution which has a volume of
1196 not less than one ounce.
- 1197 c. A program staff member shall observe ingestion of each medication dose administered
1198 at the program facility
- 1199 d. Each program shall devise precautions to prevent diversion of these medications
- 1200 e. Methadone shall be available seven days a week.
- 1201 f. No patient shall be allowed to access a program's supply of medications, act as an
1202 observer in the collection of patient body specimens used for testing or analysis of
1203 samples for illicit drug use, or handle these specimens.
- 1204
- 1205

1206 **XLVII. SECURITY OF MEDICATION STOCKS**

1207 **REFERENCES**

1208 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 4, Section 10265

1209

1210 **POLICY AND PROCEDURES**

1211 It is the policy of MCBH AOD Programs that when any of its subcontracted NTP or any NTP it may
1212 operate directly in the future shall:

- 1213 1. Maintain security over stocks of medications used in replacement narcotic therapy, over
1214 the manner in which they are administered or dispensed, over the manner in which they
1215 are distributed, and over the manner in which they are stored to guard against theft and
1216 diversion.
- 1217 2. Ensure compliance with the security standards for the distribution and storage of controlled
1218 substances as set forth in Sections 1301.72 through 1301.76, Title 21, Code of Federal
1219 Regulations.
- 1220
- 1221

1222 **XLVIII. CRITERIA FOR PATIENT SELECTION**

1223 **REFERENCES**

1224 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapters 1, Section 10270

1225

1226 **POLICY AND PROCEDURES**

1227 It is the policy of MCBH AOD Programs that any of its subcontracted NTP or any NTP it may
1228 operate directly in the future shall comply with the following:

- 1229 1. Before admitting an applicant to detoxification or maintenance treatment, the medical director
1230 shall either conduct a medical evaluation or document his or her review and concurrence of a
1231 medical evaluation conducted by the physician extender. At a minimum this evaluation shall
1232 consist of:

- 1233 a. A medical history which includes the applicant's history of illicit drug use;
- 1234 b. Laboratory tests for determination of narcotic drug use, tuberculosis, and syphilis (unless
- 1235 the medical director has determined the applicant's subcutaneous veins are severely
- 1236 damaged to the extent that a blood specimen cannot be obtained); and
- 1237 c. A physical examination which includes:
- 1238 i. An evaluation of the applicant's organ systems for possibility of infectious diseases;
- 1239 pulmonary, liver, or cardiac abnormalities; and dermatologic sequelae of addiction;
- 1240 ii. A record of the applicant's vital signs (temperature, pulse, blood pressure, and
- 1241 respiratory rate);
- 1242 iii. An examination of the applicant's head, ears, eyes, nose, throat (thyroid), chest
- 1243 (including heart, lungs, and breasts), abdomen, extremities, skin, and general
- 1244 appearance;
- 1245 iv. An assessment of the applicant's neurological system; and
- 1246 v. A record of an overall impression which identifies any medical condition or health
- 1247 problem for which treatment is warranted.
- 1248 2. Before admitting an applicant to either detoxification or maintenance treatment, the medical
- 1249 director shall:
- 1250 a. Document the evidence, or review and concur with the physician extender's
- 1251 documentation of evidence, used from the medical evaluation to determine physical
- 1252 dependence (except as specified in paragraphs(4)(f)(i) and (4)(f)(ii) of this Section) and
- 1253 addiction to opiates; and
- 1254 b. Document his or her final determination concerning physical dependence (except as
- 1255 specified in paragraphs (4)(f)(i) and (4)(f)(ii) of this Section) and addiction to opiates.
- 1256 3. Detoxification Treatment.
- 1257 The program shall determine which applicants with an addiction to opiates are accepted as
- 1258 patients for detoxification treatment subject to the following minimum criteria which shall be
- 1259 documented in the patient records:
- 1260 a. Certification of fitness for replacement narcotic therapy by a physician.
- 1261 b. Determination by a program physician that the patient is currently physically dependent on
- 1262 opiates. Evidence of current physical dependence shall include:
- 1263 i. Observed signs of physical dependence, which shall be clearly and specifically noted
- 1264 in the patient's record.
- 1265 ii. Results of an initial test or analysis for illicit drug use shall be used to aid in
- 1266 determining current physical dependence, and shall be noted in the patient's record.
- 1267 Results of the initial test or analysis may be obtained after commencement of
- 1268 detoxification treatment.
- 1269 c. Patients under the age of 18 years shall have the written consent of their parent(s) or
- 1270 guardian prior to the administration of the first medication dose.
- 1271 d. At least seven days shall have elapsed since termination of the immediately preceding
- 1272 episode of detoxification treatment. A program may not knowingly admit a patient who
- 1273 does satisfy this requirement.
- 1274 e. The patient's signed statement that at least seven days have elapsed since termination of
- 1275 the immediately preceding episode of detoxification treatment may, if reliable, be
- 1276 acceptable evidence of compliance with the requirement of Subsection (3)(d) above.
- 1277 f. The applicant is not in the last trimester of pregnancy.
- 1278 4. Maintenance Treatment.
- 1279 a. The program shall determine which applicants with an addiction to opiates are accepted as
- 1280 patients for maintenance treatment subject to the following minimum criteria which shall be

- 1281 entered in the patients' records:
- 1282 b. Confirmed documented history of at least two years of addiction to opiates. The method to
- 1283 be used to make confirmations shall be stated in the protocol. The program shall maintain
- 1284 in the patient record documents, such as records of arrest or treatment failures, which are
- 1285 used to confirm two years of addiction to opiates. Statements of personal friends or family
- 1286 shall not be sufficient to establish a history of addiction. With prior Department approval,
- 1287 the program may make an exception to this requirement only if the program physician
- 1288 determines, based on his or her medical training and expertise, that withholding treatment
- 1289 constitutes a life- or health-endangering situation. The program physician shall document
- 1290 the reason for this determination in the patient record.
- 1291 c. Confirmed history of two or more unsuccessful attempts in withdrawal treatment with
- 1292 subsequent relapse to illicit opiate use. The methods used to make confirmations and the
- 1293 types of documentation to be maintained in the patient's record shall be stated in the
- 1294 protocol. At least seven days shall have elapsed since completion of the immediately
- 1295 preceding episode of withdrawal treatment if it is to be used to satisfy this Subsection.
- 1296 d. A minimum age of 18 years.
- 1297 e. Certification by a physician of fitness for replacement narcotic therapy based upon physical
- 1298 examination, medical history, and indicated laboratory findings. Plans for correction of
- 1299 existing medical problems should be indicated.
- 1300 f. Evidence of observed signs of physical dependence.
- 1301 i. An applicant who has resided in a penal or chronic care institution for one month or
- 1302 longer may be admitted to maintenance treatment within one month of release without
- 1303 documented evidence to support findings of physical dependence, provided the
- 1304 person would have been eligible for admission before he or she was incarcerated or
- 1305 institutionalized and, in the clinical judgment of the medical director or program
- 1306 physician, treatment is medically justified.
- 1307 ii. Previously treated patients who voluntarily detoxified from maintenance treatment may
- 1308 be admitted to maintenance treatment without documentation of current physical
- 1309 dependence within six months after discharge, if the program is able to document prior
- 1310 maintenance treatment of six months or more and, in the clinical judgment of the
- 1311 medical director or program physician, treatment is medically justified. Patients
- 1312 admitted pursuant to this Subsection may, at the discretion of the medical director or
- 1313 program physician, be granted the same take-home step level they were on at the time
- 1314 of discharge.
- 1315 g. Pregnant patients who are currently physically dependent on opiates and have had a
- 1316 documented history of addiction to opiates in the past may be admitted to maintenance
- 1317 treatment without documentation of a two-year addiction history or two prior treatment
- 1318 failures, provided the medical director or program physician, in his or her clinical judgment,
- 1319 finds treatment to be medically justified.
- 1320 5. Pregnant patients admitted pursuant to (4)(f) immediately above shall be reevaluated by the
- 1321 program physician not later than 60 days following termination of the pregnancy in order to
- 1322 determine whether continued maintenance treatment is appropriate.
- 1323 6. All information used in patient selections shall be documented in the patients' records.
- 1324 7. The protocol for each program shall set forth all procedures and criteria used to satisfy the
- 1325 requirements of this Subsection.
- 1326
- 1327

1328 **XLIX. PATIENT ORIENTATION**

1329 **REFERENCES**

1330 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 5, Section 10280

1331

1332 **POLICY AND PROCEDURES**

1333 It is the policy of MCBH AOD Programs that when any of its subcontracted NTP or any NTP it may
1334 operate directly in the future shall:

- 1335 1. Advise patients of the nature and purpose of treatment which shall include but shall not be
1336 limited to the following information.
- 1337 a. The addicting nature of medications used in replacement narcotic therapy.
 - 1338 b. The hazards and risks involved in replacement narcotic therapy.
 - 1339 c. The patient's responsibility to the program.
 - 1340 d. The program's responsibility to the patient.
 - 1341 e. The patient's participation in the program is wholly voluntary and the patient may terminate
1342 his/her participation in the program at any time without penalty.
 - 1343 f. The patient will be tested for evidence of use of opiates and other illicit drugs.
 - 1344 g. The patient's medically determined dosage level may be adjusted without the patient's
1345 knowledge, and at some later point the patient's dose may contain no medications used in
1346 replacement narcotic therapy.
 - 1347 h. Take-home medication which may be dispensed to the patient is only for the patient's
1348 personal use.
 - 1349 i. Misuse of medications will result in specified penalties within the program and may also
1350 result in criminal prosecution.
 - 1351 j. The patient has a right to a humane procedure of withdrawal from medications used in
1352 replacement narcotic therapy and a procedure for gradual withdrawal is available.
 - 1353 k. Possible adverse effects of abrupt withdrawal from medications used in replacement
1354 narcotic therapy.
 - 1355 l. Protection under the confidentiality requirements.
- 1356 2. Make provisions for patient acknowledgement of orientation in the patient records.

1357

1358

1359 **L. PATIENT ORIENTATION FOR FEMALE PATIENTS OF CHILDBEARING AGE**

1360 **REFERENCES**

1361 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 5, Section 10285

1362

1363 **POLICY AND PROCEDURES**

1364 It is the policy of MCBH AOD Programs that when any of its subcontracted NTP or any NTP it may
1365 operate directly in the future shall:

- 1366 1. Provide the following orientation to female patients of childbearing age:
- 1367 a. Knowledge of the effects of medications used in replacement narcotic therapy on pregnant
1368 women and their unborn children is presently inadequate to guarantee that these
1369 medications may not produce significant or serious side effects.
 - 1370 b. These medications are transmitted to the unborn child and may cause physical
1371 dependence.
 - 1372 c. Abrupt withdrawal from these medications may adversely affect the unborn child.
 - 1373 d. The use of other medications or illicit drugs in addition to medications used in replacement
1374 narcotic therapy may harm the patient and/or unborn child.
 - 1375 e. The patient should consult with a physician before nursing.

- 1376 f. The child may show irritability or other ill effects from the patient's use of these medications
1377 for a brief period following birth.
1378 2. Make provisions for patient acknowledgement of orientation in the patient records.
1379
1380

1381 **LI. PATIENT CONSENT FORM**

1382 **REFERENCES**

1383 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 5, Section 10290
1384

1385 **POLICY AND PROCEDURES**

1386 It is the policy of MCBH AOD Programs that when any of its subcontracted NTP or any NTP it may
1387 operate directly in the future shall:

- 1388 1. Ensure that each patient attest to voluntary participation in a program by signing FDA form
1389 2635 (7/93), Consent to Treatment with an Approved Narcotic Drug, documenting his/her
1390 informed consent.
1391 2. Ensure that the patient reads and understands the consent form, explain program rules,
1392 and supply the patient with copies of the consent form and program rules.
1393 3. Reissue rules and instructions to the patient and require that the patient resign the consent
1394 form if a patient is admitted to a new treatment episode after a previous episode of
1395 treatment was terminated by the program physician and the discharge was noted in the
1396 patient's record.
1397
1398

1399 **LII. PATIENT ATTENDANCE REQUIREMENTS**

1400 **REFERENCES**

1401 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 5, Section 10295
1402

1403 **POLICY AND PROCEDURES**

1404 It is the policy of MCBH AOD Programs that any of its subcontracted NTP or any NTP it may
1405 operate directly in the future shall comply with the following:
1406

1407 A patient shall report to the same program to which he or she was admitted unless prior approval is
1408 obtained from the patient's medical director or program physician to receive services on a
1409 temporary basis from another narcotic treatment program. The approval shall be noted in the
1410 patient's record and shall include the following documentation:

- 1411 1. The patient's signed and dated consent for disclosing identifying information to the
1412 program which will provide services on a temporary basis;
1413 2. A medication change order by the referring medical director or program physician
1414 permitting the patient to receive services on a temporary basis from the other program for
1415 a length of time not to exceed 30 days; and
1416 3. Evidence that the medical director or program physician for the program contacted to
1417 provide services on a temporary basis has accepted responsibility to treat the visiting
1418 patient, concurs with his or her dosage schedule, and supervises the administration of the
1419 medication, subject to California Code of Regulations, Title 9, Division 4, Chapter 4,
1420 Subchapters 1, Section 10210(d).
1421
1422

1423 **LIII. PATIENT ABSENCE**

1424 **REFERENCES**

1425 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 5, Section 10300

1426

1427 **POLICY AND PROCEDURES**

1428 It is the policy of MCBH AOD Programs that any of its subcontracted NTP or any NTP it may

1429 operate directly in the future shall comply with the following:

1430 1. Patient in Detoxification Treatment.

1431 a. If a patient in detoxification treatment misses appointments for three consecutive days or
1432 more without notifying the program, the patient's episode of treatment may be terminated
1433 by the medical director or program physician and the discharge shall be noted in the
1434 record.

1435 b. A patient in detoxification treatment that is discharged pursuant to Subsection (1)(a) may
1436 be continued in treatment by the program physician if medically indicated, based upon
1437 establishment of a legitimate reason for absence. The reasons for continuation of
1438 treatment shall be documented in the patient's record.

1439 2. Patient in Maintenance Treatment.

1440 a. If a patient in maintenance treatment misses appointments for two weeks or more without
1441 notifying the program, the patient's episode of treatment shall be terminated by the medical
1442 director or program physician and the discharge shall be noted in the patient's record.

1443 b. If the discharged patient returns for care and is accepted into the program, the patient shall
1444 be admitted as a new patient and documentation for the new admission shall be noted in
1445 the patient's record.

1446

1447

1448 **LIV. PATIENT TREATMENT PLANS**

1449 **REFERENCES**

1450 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 5, Section 10305

1451

1452 **POLICY AND PROCEDURES**

1453 It is the policy of MCBH AOD Programs that any of its subcontracted NTP or any NTP it may
1454 operate directly in the future shall comply with the following:

1455 1. The primary counselor shall enter in the patient's record his or her name and the date the
1456 patient was assigned to the counselor.

1457 2. Detoxification Treatment Plan Requirements.

1458 Programs shall develop an individualized treatment plan for each patient which shall
1459 include:

1460 a. Provisions to assist the patient to understand illicit drug addictions and how to deal with
1461 them.

1462 b. Provisions for furnishing services to the patient as needed when the period of
1463 detoxification treatment is completed.

1464 c. The treatment services required and a description of the role they play in achieving the
1465 stated goals.

1466 d. The type and frequency of scheduled counseling services.

1467 3. Maintenance Treatment Plan Requirements.

1468 Programs shall develop an individualized treatment plan for each patient.

1469 4. Prior to developing a patient's initial maintenance treatment plan, as required in paragraph (5)
1470 of this section, the primary counselor shall complete and document in the patient's record a

- 1471 needs assessment for the patient which shall include:
- 1472 a. A summary of the patient's psychological and sociological background, including his or her
- 1473 educational and vocational experience.
- 1474 b. An assessment of the patient's needs for:
- 1475 i. Health care as recorded within the overall impression portion of the physical
- 1476 examination;
- 1477 ii. Employment;
- 1478 iii. Education;
- 1479 iv. Psychosocial, vocational rehabilitation, economic, and legal services.
- 1480 5. Within 28 calendar days after initiation of maintenance treatment the primary counselor shall
- 1481 develop the patient's initial maintenance treatment plan which shall include:
- 1482 a. Goals to be achieved by the patient based on the needs identified in Subsection (4) of this
- 1483 and with estimated target dates for attainment in accordance with the following:
- 1484 i. Short-term goals are those which are estimated to require ninety (90) days or less for
- 1485 the patient to achieve; and
- 1486 ii. Long-term goals are those which are estimated to require a specified time exceeding
- 1487 ninety (90) days for the patient to achieve.
- 1488 b. Specific behavioral tasks the patient must accomplish to complete each short-term and
- 1489 long-term goal.
- 1490 c. A description of the type and frequency of counseling services that are to be provided to
- 1491 the patient, as required in California Code of Regulations, Title 9, Division 4, Chapter 4,
- 1492 Subchapter 5, Section 10345.
- 1493 d. An effective date based on the day the primary counselor signed the initial treatment plan.
- 1494 6. The primary counselor shall evaluate and update the patient's maintenance treatment plan
- 1495 whenever necessary or at least once every three months from the date of admission. This
- 1496 updated treatment plan shall include:
- 1497 a. A summary of the patient's progress or lack of progress toward each goal identified on the
- 1498 previous treatment plan.
- 1499 b. New goals and behavioral tasks for any newly identified needs, and related changes in the
- 1500 type and frequency of counseling services as required in California Code of Regulations,
- 1501 Title 9, Division 4, Chapter 4, Subchapter 5, Section 10345.
- 1502 c. An effective date based on the day the primary counselor signed the updated treatment
- 1503 plan.
- 1504 7. The supervising counselor shall review the initial maintenance treatment plan, along with the
- 1505 corresponding needs assessment, and all updated maintenance treatment plans within
- 1506 fourteen (14) calendar days from the effective dates and shall countersign these documents to
- 1507 signify concurrence with the findings.
- 1508 8. The medical director shall review the initial maintenance treatment plan, along with the
- 1509 corresponding needs assessment, and all updated maintenance treatment plans within
- 1510 fourteen (14) calendar days from the effective dates and shall record the following:
- 1511 a. Countersignature to signify concurrence with the findings; and
- 1512 b. Amendments to the plan where medically deemed appropriate.

1513

1514

1515 **LV. PROCEDURES FOR COLLECTION OF PATIENT BODY SPECIMEN**

1516 **REFERENCES**

1517 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 5, Section 10310

1518

1519 **POLICY AND PROCEDURES**

1520 It is the policy of MCBH AOD Programs that any of its subcontracted NTP or any NTP it may
1521 operate directly in the future shall:

- 1522 1. Set forth in its protocol a plan for collection of patient body specimens for testing or analysis of
1523 samples for illicit drug use that describes the procedures to be used for:
 - 1524 a. Assuring the reliability of its body patient specimen collection procedure.
 - 1525 b. Storage of body patient specimens in a secure place to avoid substitution.
 - 1526 c. The substances for which samples of patient body specimens are to be analyzed pursuant
1527 to California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 5, Section
1528 10315.
 - 1529 d. Usage of test or analysis results in patient evaluation and treatment.
- 1530 2. Ensure that patient body specimens are collected in sufficient quantity to permit retesting or
1531 analysis of samples, if necessary.
- 1532 3. Describe in its protocol the method to be used to validate collection of patient body specimens
1533 and sample testing or analysis procedures.
- 1534 4. Describe in its protocol a plan for collection of patient body specimens which incorporates the
1535 elements of randomness and surprise and/or requires daily collection if the program is
1536 providing maintenance treatment.
- 1537 5. Perform a test or analysis for illicit drug use at least monthly for every patient in maintenance
1538 treatment.
- 1539 6. For programs providing detoxification treatment, perform a test or analysis for illicit drug use at
1540 the time of admission and any other time deemed necessary by the attending physician.

1541

1542

1543 **LVI. SUBSTANCES TO BE TESTED OR ANALYZED FOR IN SAMPLES COLLECTED FROM**
1544 **PATIENT BODY SPECIMENS**

1545 **REFERENCES**

1546 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 5, Section 10315

1547

1548 **POLICY AND PROCEDURES**

1549 It is the policy of MCBH AOD Programs that any of its subcontracted NTP or any NTP it may
1550 operate directly in the future:

- 1551 1. Shall have samples collected from each patient body specimen tested or analyzed for
1552 evidence of the following substances in a patient's system:
 - 1553 a. Methadone and its primary metabolite.
 - 1554 b. Opiates.
 - 1555 c. Cocaine.
 - 1556 d. Amphetamines.
 - 1557 e. Barbiturates.
- 1558 2. May have samples collected from each patient body specimen tested or analyzed for evidence
1559 of other illicit drugs if those drugs are commonly used in the area served by the program.

1560

1561

1562 **LVII. USE OF APPROVED AND LICENSED LABORATORIES FOR TESTING OR ANALYZING**
1563 **SAMPLES COLLECTED FROM PATIENT BODY SPECIMENS**

1564 **REFERENCES**

1565 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 5, Section 10320

1566

1567 **POLICY AND PROCEDURES**

1568 It is the policy of MCBH AOD Programs that any of its subcontracted narcotics treatment programs
1569 or any narcotics treatment programs it may operate directly in the future shall utilize the services of
1570 a laboratory that is licensed and certified by the State Department of Health Services as a
1571 Methadone Drug Analysis Laboratory, pursuant to the provisions of Group 5.5 (commencing with
1572 Section 1160), Subchapter 1, Chapter 2, Division 1, Title 17, of the California Code of Regulations,
1573 and is currently included on the list of licensed and certified laboratories which is available from:

1574

1575 Food and Drug Laboratory Branch

1576 Division of Food, Drug, and Radiation Safety

1577 Department of Health Services

1578 850 Marina Bay Parkway, G365

1579 Richmond, CA 94804-4603

1580 Phone: (510) 412-6280

1581 Email: <mailto:fdlb.info@cdph.ca.gov>

1582 Website: <http://www.cdph.ca.gov/programs/DFDRS/Pages/FDLB-Contact.aspx>

1583

1584

1585 **LVIII. RELIABILITY OF TESTS OR ANALYSES FOR ILLICIT DRUG USE**

1586 **REFERENCES**

1587 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 5, Section 10325

1588

1589 **POLICY AND PROCEDURES**

1590 It is the policy of MCBH AOD Programs that any of its subcontracted NTP or any NTP it may
1591 operate directly in the future shall participate in and maintain records pursuant to a quality control
1592 program, prescribed by the California Department of Health Services pursuant to Section 10292,
1593 Title 17, California Code of Regulations, to examine the reliability of tests or analyses for illicit drug
1594 use and their results.

1595

1596

1597 **LIX. TEST OR ANALYSIS RECORDS FOR ILLICIT DRUG USE**

1598 **REFERENCES**

1599 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 5, Section 10330

1600

1601 **POLICY AND PROCEDURES**

1602 It is the policy of MCBH AOD Programs that any of its subcontracted NTP or any NTP it may
1603 operate directly in the future shall maintain test or analysis records for illicit drug use which contain
1604 the following information for each patient:

1605 1. The date the patient body specimen was collected;

1606 2. The test or analysis results; and

1607 3. The date the program received the results of the test or analysis.

1608

1609

1610 **LX. FAILURE OF PATIENTS TO PROVIDE A BODY SPECIMEN**

1611 **REFERENCES**

1612 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 5, Section 10335

1613

1614 **POLICY AND PROCEDURES**

1615 It is the policy of MCBH AOD Programs that any of its subcontracted NTP or any NTP it may
1616 operate directly in the future shall proceed as though the patient's sample from his or her body
1617 specimen disclosed the presence of an illicit drug(s) when a patient fails to provide a body
1618 specimen when required. Such failures shall be noted in the patient's records.

1619

1620

1621 **LXI. MEDICAL CARE**

1622 **REFERENCES**

1623 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 5, Section 10340

1624

1625 **POLICY AND PROCEDURES**

1626 It is the policy of MCBH AOD Programs that any of its subcontracted NTP or any NTP it may
1627 operate directly in the future shall comply with the following:

1628 1. If a program is not physically located in a hospital that has agreed to provide any needed
1629 care for opiate addiction-related problems for the program's patients, the program sponsor
1630 shall enter into an agreement with a hospital official to provide general medical care for
1631 both inpatients and outpatients who may require such care.

1632 2. Neither the program sponsor nor the hospital shall be required to assume financial
1633 responsibility for the patient's medical care.

1634

1635

1636 **LXII. COUNSELING SERVICES IN MAINTENANCE TREATMENT REFERENCES**

1637 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 5, Section 10345

1638

1639 **POLICY AND PROCEDURES**

1640 It is the policy of MCBH AOD Programs that any of its subcontracted NTP or any NTP it may
1641 operate directly in the future shall comply with the following:

1642 1. Upon completion of the initial treatment plan, the primary counselor shall arrange for the
1643 patient to receive at the licensed program a minimum of 50 (fifty) minutes of counseling
1644 services per calendar month, except as allowed in Subsection (5), and shall be in accordance
1645 with the following:

1646 2. A counseling session shall qualify for the requirement in Subsection (1) of this regulation if:

1647 a. The program staff member conducting the session meets minimum counselor
1648 qualifications, as specified in California Code of Regulations, Title 9, Division 4, Chapter 4,
1649 Subchapter 3, Section 10125.

1650 b. The session is conducted in a private setting in accordance with all applicable federal and
1651 state regulations regarding confidentiality.

1652 c. The format of the counseling session shall be one of the following:

1653 i. Individual session, with face-to-face discussion with the patient, on a one-on-one
1654 basis, on issues identified in the patient's treatment plan.

1655 ii. Group session, with a minimum of four patients and no more than ten patients and
1656 having a clear goal and/or purpose that is a common issue identified in the treatment
1657 plans of all participating patients.

1658 iii. Medical psychotherapy session, with face-to-face discussion conducted by the medical
1659 director on a one-on-one basis with the patient, on issues identified in the patient's
1660 treatment plan.

1661 3. The following shall not qualify as a counseling session for the requirement in Subsection (1) of
1662 this regulation:

- 1663 a. Interactions conducted with program staff in conjunction with dosage administration.
1664 b. Self-help meetings, including the 12-step programs of Narcotic Anonymous, Methadone
1665 Anonymous, Cocaine Anonymous, and Alcoholics Anonymous.
1666 c. Educational sessions, including patient orientation sessions specified in California Code of
1667 Regulations, Title 9, Division 4, Chapter 4, Subchapters 1, Sections 10280 and 10285.
1668 d. Administrative intervention regarding payment of fees.
1669 4. The counselor conducting the counseling session shall document in the patient's record within
1670 14 (fourteen) calendar days of the session the following information:
1671 a. Date of the counseling session;
1672 b. Type of counseling format (i.e., individual, group, or medical psychotherapy);
1673 c. The duration of the counseling session in ten-minute intervals, excluding the time required
1674 to document the session as required in Subsection (d)(4) of this regulation; and
1675 d. Summary of the session, including one or more of the following:
1676 i. Patient's progress towards one or more goals in the patient's treatment plan.
1677 ii. Response to a drug-screening specimen which is positive for illicit drugs or is negative
1678 for the replacement narcotic therapy medication dispensed by the program.
1679 iii. New issue or problem that affects the patient's treatment.
1680 iv. Nature of prenatal support provided by the program or other appropriate health care
1681 provider.
1682 v. Goal and/or purpose of the group session, the subjects discussed, and a brief
1683 summary of the patient's participation.
1684 5. The medical director may adjust or waive at any time after admission, by medical order, the
1685 minimum number of minutes of counseling services per calendar month as specified in
1686 Subsection (1). The medical director shall document the rationale for the medical order to
1687 adjust or waive counseling services in the patient's treatment plan as specified in California
1688 Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 5, Section 10305(h).
1689
1690

1691 **LXIII. ADMINISTRATION OF INITIAL DOSES OF MEDICATION TO NEW PATIENTS**
1692 **REFERENCES**

1693 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 5, Section 10350
1694

1695 **POLICY AND PROCEDURES**

1696 It is the policy of MCBH AOD Programs that any of its subcontracted NTP or any NTP it may
1697 operate directly in the future shall comply with the following:

- 1698 1. The program physician shall administer or supervise administration of the initial dose of a
1699 medication used in replacement narcotic therapy.
1700 2. The new patient shall be observed to ingest this initial dose and shall continue to be
1701 observed for a period of time prescribed by the medical director or program physician.
1702 3. If the requirements contained in Subsection (2) of this regulation are delegated to a staff
1703 member as authorized by Section 11215 of the Health and Safety Code to administer or
1704 dispense medications, that staff member shall notify the medical director or program
1705 physician immediately of any adverse effects, and document in the patient's record the
1706 length of time he/she observed the new patient and the outcome of the observation.
1707 4. The initial dose shall be sufficient to control symptoms of withdrawal but shall not be so
1708 great as to cause sedation, respiratory depression, or other effects of acute intoxication.
1709 5. Programs shall specify in their protocols details of planned initial doses.
1710 6. If a program admits a patient who was receiving replacement narcotic therapy from

1711 another program the previous day, the initial dosage level requirement provided in
1712 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 5, Section 10355
1713 and the observation requirement contained in Subsections (2) and (3) of this regulation do
1714 not apply.

1715

1716

1717 **LXIV. MEDICATION DOSAGE LEVELS**

1718 **REFERENCES**

1719 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 5, Section 10355

1720

1721 **POLICY AND PROCEDURES**

1722 It is the policy of MCBH AOD Programs that any of its subcontracted NTP or any NTP it may
1723 operate directly in the future shall comply with the following:

1724 1. Detoxification Dosage Levels.

1725 a. The medical director or program physician shall individually determine each patient's
1726 medication schedule based on the following criteria:

1727 i. Medications shall be administered daily under observation;

1728 ii. Dosage levels shall not exceed that which is necessary to suppress withdrawal
1729 symptoms; and

1730 iii. Schedules shall include initial, stabilizing, and reducing dosage amounts for a period
1731 of not more than 21 days.

1732 b. The medical director or program physician shall record, date, and sign in the patient's
1733 record each change in the dosage schedule with reasons for such deviations.

1734 2. Detoxification Dosage Levels Specific to Methadone

1735 a. The first-day dose of methadone shall not exceed 30 milligrams unless:

1736 i. The dose is divided and the initial portion of the dose is not above 30 milligrams; and

1737 ii. The subsequent portion is administered to the patient separately after the observation
1738 period prescribed by the medical director or program physician.

1739 b. The total dose of methadone for the first day shall not exceed 40 milligrams unless the
1740 medical director or program physician determines that 40 milligrams is not sufficient to
1741 suppress the patient's opiate abstinence symptoms, and documents in the patient's record
1742 the basis for his/her determination.

1743 3. Maintenance Dosage Levels.

1744 a. Each program furnishing maintenance treatment shall set forth in its protocol the medical
1745 director or program physician's procedures for medically determining a stable dosage level
1746 that:

1747 i. Minimizes sedation.

1748 ii. Decreases withdrawal symptoms.

1749 iii. Reduces the potential for diversion of take-home medication.

1750 b. Deviations from these planned procedures shall be noted by the medical director or
1751 program physician, with reason for such deviations, in the patient's record.

1752 c. The medical director or program physician shall review the most recent approved product
1753 labeling for up-to-date information on important treatment parameters for each medication.
1754 Deviation from doses, frequencies, and conditions of usage described in the approved
1755 labeling shall be justified in the patient's record.

1756 d. The medical director or program physician shall review each patient's dosage level at least
1757 every three months.

1758 4. Maintenance Dosage Levels Specific to Methadone.

- 1759 a. The medical director or program physician shall ensure that the first-day dose of
1760 methadone shall not exceed 30 milligrams unless:
1761 i. The dose is divided and the initial portion of the dose is not above 30 milligrams; and
1762 ii. The subsequent portion is administered to the patient separately after the observation
1763 period prescribed by the medical director or program physician.
1764 b. The total dose of methadone for the first day shall not exceed 40 milligrams unless the
1765 medical director or program physician determines that 40 milligrams is not sufficient to
1766 suppress the patient's opiate abstinence symptoms, and documents in the patient's record
1767 the basis for his/her determination.
1768 c. A daily dose above 100 milligrams shall be justified by the medical director or program
1769 physician in the patient's record.
1770 d. Daily dosage levels above 180 milligrams are prohibited, as specified in Sections 11218
1771 and 11219, Division 10, Health and Safety Code.
1772 5. Maintenance Dosage Levels Specific to LAAM.
1773 a. The medical director or program physician shall ensure that the initial dose of LAAM to a
1774 new patient whose tolerance for the drug is unknown does not exceed 40 milligrams,
1775 unless:
1776 i. The dose is divided, with the initial portion of the dose not above 40 milligrams and the
1777 subsequent portion administered to the patient separately after the observation period
1778 prescribed by the medical director or program physician; or
1779 ii. The patient's tolerance for the medication is known by the medical director or program
1780 physician and he/she documents in the patient's record the basis for this
1781 determination.
1782 b. The medical director or program physician shall ensure that the initial dose of LAAM to a
1783 patient stabilized on replacement narcotic therapy and administered methadone on the
1784 previous day is less than or equal to 1.3 times the patient's daily methadone dose, not to
1785 exceed 120 milligrams.
1786 c. After a patient's tolerance to LAAM is established, LAAM shall be administered no more
1787 frequently than every other day.
1788 d. A dose above 140 milligrams shall be justified by the medical director or program physician
1789 in the patient's record.
1790 e. Dosage levels above 200 milligrams are prohibited, as specified in Sections 11218 and
1791 11219, Division 10, Health and Safety Code.
1792 6. Dosage Schedule Following Patient Absence.
1793 After a patient has missed three (3) or more consecutive doses of replacement narcotic
1794 therapy, the medical director or program physician shall provide a new medication order
1795 before continuation of treatment.
1796 7. Changes in the Dosage Schedule.
1797 Only the medical director or program physician is authorized to change the patient's
1798 medication dosage schedule, either in person, by verbal order, or through other electronic
1799 means.
1800
1801

1802 **LXV. ADDITIONAL REQUIREMENTS FOR PREGNANT PATIENTS**

1803 **REFERENCES**

1804 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 5, Section 10360

1805

1806 **POLICY AND PROCEDURES**

1807 It is the policy of MCBH AOD Programs that any of its subcontracted narcotics treatment programs
1808 or any narcotics treatment programs it may operate directly in the future shall comply with the
1809 following:

1810

1811 1. Within fourteen (14) calendar days from the date of the primary counselor's knowledge that the
1812 patient may be pregnant, as documented in the patient's record, the medical director shall
1813 review, sign, and date a confirmation of pregnancy. Also within this time frame, the medical
1814 director shall document his or her:

1815 a. Acceptance of medical responsibility for the patient's prenatal care; or

1816 b. Verification that the patient is under the care of a physician licensed by the State of
1817 California and trained in obstetrics and/or gynecology.

1818 2. The medical director shall document a medical order and his or her rationale for determining
1819 LAAM to be the best choice of therapy for the patient prior to:

1820 a. Placing a pregnant applicant on LAAM therapy; or

1821 b. Continuing LAAM therapy after confirmation of a patient's pregnancy. The medical director
1822 shall conduct a physical examination of this patient, as specified in California Code of
1823 Regulations, Title 9, Division 4, Chapter 4, Subchapters 1, Section 10270(a)(3), prior to
1824 documenting a medical order to continue LAAM therapy.

1825 3. Within fourteen (14) calendar days from the date the medical director confirmed the pregnancy,
1826 the primary counselor shall update the patient's treatment plan in accordance with California
1827 Code of Regulations, Title 9, Division 4, Chapter 4, Subchapters 1, Section 10305. The nature
1828 of prenatal support reflected in subsequent updated treatment plans shall include at least the
1829 following services:

1830 a. Periodic face-to-face consultation at least monthly with the medical director or physician
1831 extender designated by the medical director;

1832 b. Collection of patient body specimens at least once each calendar week in accordance with
1833 collection procedures specified in California Code of Regulations, Title 9, Division 4,
1834 Chapter 4, Subchapter 5, Section 10310.

1835 c. Prenatal instruction as specified in paragraph (4) of this Section.

1836 4. The medical director or licensed health personnel designated by the medical director shall
1837 document completion of instruction on each of the following prenatal topics:

1838 a. Risks to the patient and unborn child from continued use of both illicit and legal drugs,
1839 including premature birth.

1840 b. Benefits of replacement narcotic therapy and risks of abrupt withdrawal from opiates,
1841 including premature birth.

1842 c. Importance of attending all prenatal care visits.

1843 d. Need for evaluation for the opiate addiction-related care of both the patient and the
1844 newborn following the birth.

1845 e. Signs and symptoms of opiate withdrawal in the newborn child and warning that the patient
1846 not share take-home medication with the newborn child who appears to be in withdrawal.

1847 f. Current understanding related to the risks and benefits of breast-feeding while on
1848 medications used in replacement narcotic therapy.

1849 g. Phenomenon of postpartum depression.

1850 h. Family planning and contraception.

1851 i. Basic prenatal care for those patients not referred to another health care provider, which
1852 shall include instruction on at least the following:

1853 i. Nutrition and prenatal vitamins.

1854 ii. Child pediatric care, immunization, handling, health, and safety.

- 1855 5. If a patient repeatedly refuses referrals offered by the program for prenatal care or refuses
1856 direct prenatal services offered by the program, the medical director shall document in the
1857 patient's record these repeated refusals and have the patient acknowledge in writing that she
1858 has refused these treatment services.
- 1859 6. Within fourteen (14) calendar days after the date of the birth and/or termination of the
1860 pregnancy, the medical director shall document in the patient's record the following
1861 information:
- 1862 a. The hospital's or attending physician's summary of the delivery and treatment outcome
1863 for the patient and offspring; or
 - 1864 b. Evidence that a request for information as specified in paragraph (6)(a) of this Section
1865 was made, but no response was received.
- 1866 7. Within fourteen (14) calendar days from the date of the birth and/or termination of the
1867 pregnancy, the primary counselor shall update the patient's treatment plan in accordance with
1868 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapters 5, Section 10305.
1869 The nature of pediatric care and child immunization shall be reflected in subsequent updated
1870 treatment plans until the child is at least three (3) years of age.

1871

1872

1873 **LXVI. TAKE-HOME MEDICATION PROCEDURES**

1874 **REFERENCES**

1875 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 5, Section 10365

1876

1877 **POLICY AND PROCEDURES**

1878 It is the policy of MCBH AOD Programs that any of its subcontracted NTP or any NTP it may
1879 operate directly in the future shall ensure compliance with the following procedures when granting
1880 take-home medication privileges to a patient in maintenance treatment:

- 1881 1. The medical director or program physician shall determine the quantity of take-home
1882 medication dispensed to a patient.
- 1883 2. The program shall instruct each patient of his/her obligation to safeguard the take-home
1884 medication.
- 1885 3. The program shall utilize containers for take-home doses which comply with the special
1886 packaging requirements as set forth in Section 295.2, Title 21, Code of Federal
1887 Regulations.
- 1888 4. The program shall label each take-home dosage container indicating:
 - 1889 a. The facility's name and address;
 - 1890 b. The telephone number of the program;
 - 1891 c. The 24-hour emergency telephone number if different from Subsection (b);
 - 1892 d. The name of the medication;
 - 1893 e. Name of the prescribing medical director or program physician;
 - 1894 f. The name of the patient;
 - 1895 g. The date issued; and
 - 1896 h. A warning: Poison--May Be Fatal to Adult or Child; Keep Out of Reach of Children.
1897 The program may put other information on the label provided it does not obscure the
1898 required information.
- 1899 5. The program should provide take-home medication in a non-sweetened liquid containing a
1900 preservative so patients can be instructed to keep the take-home medication out of the
1901 refrigerator to prevent accidental overdoses by children and fermentation of the liquid.

1902

1903

1904 **LXVII. CRITERIA FOR TAKE-HOME MEDICATION PRIVILEGES**

1905 **REFERENCES**

1906 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 5, Section 10370

1907

1908 **POLICY AND PROCEDURES**

1909 It is the policy of MCBH AOD Programs that any of its subcontracted NTP or any NTP it may
1910 operate directly in the future shall comply with the following:

- 1911 1. Self-administered take-home medication shall only be provided to a patient if the medical
1912 director or program physician has determined, in his or her clinical judgment, that the
1913 patient is responsible in handling narcotic medications, and has documented his or her
1914 rationale in the patient's record. The rationale shall be based on consideration of the
1915 following criteria:
- 1916 a. Absence of use of illicit drugs and abuse of other substances, including alcohol;
 - 1917 b. Regularity of program attendance for replacement narcotic therapy and counseling
1918 services;
 - 1919 c. Absence of serious behavioral problems while at the program;
 - 1920 d. Absence of known criminal activity, including the selling or distributing of illicit drugs;
 - 1921 e. Stability of the patient's home environment and social relationships;
 - 1922 f. Length of time in maintenance treatment;
 - 1923 g. Assurance that take-home medication can be safely stored within the patient's home;
1924 and
 - 1925 h. Whether the rehabilitative benefit to the patient derived from decreasing the frequency
1926 of program attendance outweighs the potential risks of diversion.
- 1927 2. The medical director or program physician may place a patient on one of the six take-
1928 home medication schedules, as specified in California Code of Regulations, Title 9,
1929 Division 4, Chapter 4, Subchapter 5, Section 10375, only when at least the additional
1930 following criteria have been met:
- 1931 a. Documentation in the patient's record that the patient is participating in gainful
1932 vocational, educational, or responsible homemaking (i.e., primary care giver, retiree
1933 with household responsibilities, or volunteer helping others) activity and the patient's
1934 daily attendance at the program would be incompatible with such activity;
 - 1935 b. Documentation in the patient's record that the current monthly body specimen
1936 collected from the patient is both negative for illicit drugs and positive for the narcotic
1937 medication administered or dispensed by the program; and
 - 1938 c. No other evidence in the patient's record that he or she has used illicit drugs, abused
1939 alcohol, or engaged in criminal activity within:
 - 1940 i. The last 30 days for those patients being placed on step level schedules I through
1941 V, as specified in California Code of Regulations, Title 9, Division 4, Chapter 4,
1942 Subchapter 5, Section 10375(a)(1),(2),(3),(4), and (5); and
 - 1943 ii. The last year for those patients being placed on step level schedule VI, as
1944 specified in California Code of Regulations, Title 9, Division 4, Chapter 4,
1945 Subchapter 5, Section 10375(a)(6).
- 1946 3. Patients on a daily dose of methadone above 100 milligrams are required to attend the
1947 program at least six days per week for observed ingestion irrespective of provisions
1948 specified in California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 5,
1949 Section 10375 (a)(2),(3),(4),(5), and (6), unless the program has received prior written
1950 approval from the California Department of Alcohol and Drug Programs (CA ADP).

- 1951 4. Take-home doses of LAAM are not permitted under any circumstances, including any of
1952 the provisions for take-home medication as specified in California Code of Regulations,
1953 Title 9, Division 4, Chapter 4, Subchapters 5, Sections 10365, 10370, 10375, 10380,
1954 10385 and 10400.

1955

1956

1957 **LXVIII. STEP LEVEL SCHEDULES FOR TAKE-HOME MEDICATION PRIVILEGES**

1958 **REFERENCES**

1959 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 5, Section 10375

1960

1961 **POLICY AND PROCEDURES**

1962 It is the policy of MCBH AOD Programs that any of its subcontracted NTP or any NTP it may
1963 operate directly in the future shall comply with the following:

1964 1. A patient shall not be placed on a take-home medication schedule or granted a step level
1965 increase until he or she has been determined responsible in handling narcotic medications
1966 as specified in California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 5,
1967 Section 10370(a). Each program shall adhere to the following schedules with respect to
1968 providing a patient with take-home medication privileges permitted under California Code
1969 of Regulations, Title 9, Division 4, Chapter 4, Subchapter 5, Section 10370(b):

1970 a. Step I Level--After three months of continuous maintenance treatment, the medical
1971 director or program physician may grant the patient not more than a one-day take-
1972 home supply of medication. The patient shall attend the program at least six times a
1973 week for observed ingestion.

1974 b. Step II Level--After six months of continuous maintenance treatment, the medical
1975 director or program physician may grant the patient not more than a two-day take-
1976 home supply of medication. The patient shall attend the program at least five times a
1977 week for observed ingestion.

1978 c. Step III Level--After nine months of continuous treatment, the medical director or
1979 program physician may grant the patient not more than a two-day take-home supply of
1980 medication. The patient shall attend the program at least four times a week for
1981 observed ingestion.

1982 d. Step IV Level--After one year of continuous treatment, the medical director or program
1983 physician may grant the patient not more than a two-day take-home supply of
1984 medication. The patient shall attend the program at least three times a week for
1985 observed ingestion.

1986 e. Step V Level--After two years of continuous treatment, the medical director or program
1987 physician may grant the patient not more than a three-day take-home supply of
1988 medication. The patient shall attend the program at least two times a week for
1989 observed ingestion.

1990 f. Step VI Level--After three years of continuous treatment, the medical director or
1991 program physician may grant the patient not more than a six-day take-home supply of
1992 medication. The patient shall attend the program at least once each week for observed
1993 ingestion.

1994 2. Nothing in this Section shall prevent any program from establishing in its individual
1995 protocol any take-home medication requirement which is more stringent than is specified in
1996 the schedule contained herein.

1997 3. In the case of a patient who transfers to the program from another program without a break
1998 in treatment, the new medical director or program physician may consider the time the

1999 patient has spent at the former program when considering the patient's eligibility for take-
2000 home medication privileges, as well as for advancement to a new step level. But in no
2001 case shall any patient be placed, upon admission, at a step level higher than that which
2002 was occupied in the former program immediately before transferring to the new program.
2003

2004

2005 **LXIX. TAKE-HOME MEDICATION PROCEDURES FOR HOLIDAYS**

2006 **REFERENCES**

2007 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 5, Section 10380

2008

2009 **POLICY AND PROCEDURES**

2010 It is the policy of MCBH AOD Programs that any of its subcontracted narcotics treatment programs
2011 or any narcotics treatment programs it may operate directly in the future shall comply with the
2012 following:

- 2013 1. A program whose maintenance treatment modality is not in operation due to the program's
2014 observance of an official State holiday, as specified in Subsection (c) of this regulation,
2015 may provide take-home medication according to the following procedures:
- 2016 a. Patients receiving take-home medication who are scheduled to attend the program on
2017 the holiday may be provided one (1) additional day's supply on the last day of dosing
2018 at the program before the holiday; and
 - 2019 b. Patients not receiving take-home medication may be provided a one (1) day supply on
2020 the day before the holiday.
- 2021 2. A patient shall not receive take-home medication under the provisions of Subsection (1) of
2022 this regulation and shall be continued on the same dosage schedule if:
- 2023 a. The additional dose would result in the patient receiving more than a six-day supply of
2024 medication;
 - 2025 b. The additional dose would result in the patient receiving more than one take-home
2026 dose per week at a dosage level above 100 milligrams, except as provided in
2027 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 5, Section
2028 10370(c); or
 - 2029 c. The medical director or program physician has included the patient within a list of all
2030 patients that, in his or her clinical judgment, have been determined currently not
2031 responsible in handling narcotic medications, based on consideration of the criteria
2032 specified in California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter
2033 5, Section 10370(a). This list shall be maintained with the daily reconciliation
2034 dispensing record for the holiday.
- 2035 3. The official State holidays are:
- 2036 a. New Year's Day - January 1
 - 2037 b. Martin Luther King's Birthday - Third Monday in January
 - 2038 c. Lincoln's Birthday - February 12
 - 2039 d. Washington's Birthday - Third Monday in February
 - 2040 e. Memorial Day - Last Monday in May
 - 2041 f. Independence Day - July 4
 - 2042 g. Labor Day - First Monday in September
 - 2043 h. California Admission Day - September 9
 - 2044 i. Columbus Day - Second Monday in October
 - 2045 j. Veterans Day - November 11
 - 2046 k. Thanksgiving Day - Fourth Thursday in November

- 2047 I. Christmas Day - December 25
2048 4. With prior written approval of the California Department of Alcohol and Drug Programs (CA
2049 ADP), a program may exchange other days of special local or ethnic significance on a one-
2050 for-one basis with the holidays listed in Subsection (3) of this regulation.
2051

2052

2053 **LXX. EXCEPTIONS TO TAKE-HOME MEDICATION CRITERIA AND DOSAGE SCHEDULES**
2054 **REFERENCES**

2055 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 5, Section 10385
2056

2057

2057 **POLICY AND PROCEDURES**

2058 It is the policy of MCBH AOD Programs that any of its subcontracted NTP or any NTP it may
2059 operate directly in the future shall comply with the following:

- 2060 1. The medical director or program physician may grant an exception to take-home
2061 medication criteria and dosage schedules as set forth in California Code of Regulations,
2062 Title 9, Division 4, Chapter 4, Subchapter 5, Sections 10370(b) and 10375 for any of the
2063 following reasons:
2064 a. The patient has a physical disability or chronic, acute, or terminal illness that makes
2065 daily attendance at the program a hardship. The program must verify the patient's
2066 physical disability or illness, and include medical documentation of the disability or
2067 illness in the patient's record. The patient shall not be given at any one time, more than
2068 a two-week take-home supply of medication.
2069 b. The patient has an exceptional circumstance, such as a personal or family crisis, that
2070 makes daily attendance at the program a hardship. When the patient must travel out of
2071 the program area, the program shall attempt to arrange for the patient to receive his or
2072 her medication at a program in the patient's travel area. The program shall document
2073 such attempts in the patient's record. The patient shall not be given at any one time,
2074 more than a one-week take-home supply of medication.
2075 c. The patient would benefit, as determined by the medical director or program physician,
2076 from receiving his or her medication in two split doses, with one portion dispensed as a
2077 take-home dose, when the medical director or program physician has determined that
2078 split doses would be more effective in blocking opiate abstinence symptoms than an
2079 increased dosage level.
2080 2. Prior to granting an exception to California Code of Regulations, Title 9, Division 4,
2081 Chapter 4, Subchapter 5, Sections 10370(b) and 10375, the medical director or program
2082 physician shall determine that the patient is responsible in handling narcotic medications
2083 as specified in California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 5,
2084 Section 10370(a).
2085 3. The medical director or program physician shall document in the patient's record the
2086 granting of any exception and the facts justifying the exception.
2087 4. The California Department of Alcohol and Drug Programs (CA ADP) may grant additional
2088 exceptions to the take-home medication requirements contained in this Section in the case
2089 of an emergency or natural disaster, such as fire, flood, or earthquake.
2090

2091

2092

2092 **LXXI. RESTRICTING A PATIENT'S TAKE-HOME MEDICATION PRIVILEGES**

2093 **REFERENCES**

2094 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 5, Section 10390

2095

2096 **POLICY AND PROCEDURES**

2097 It is the policy of MCBH AOD Programs that any of its subcontracted NTP or any NTP it may
2098 operate directly in the future shall comply with the following:

- 2099 1. The medical director or program physician shall restrict a patient's take-home medication
2100 privileges by moving the patient back at least one step level on the take-home medication
2101 schedule for any of the following reasons:
- 2102 a. Patients on step level schedules I through V who have submitted at least two
2103 consecutive monthly body specimens which have tested positive for illicit drugs and/or
2104 negative for the narcotic medication administered or dispensed by the program, unless
2105 the program physician invalidates the accuracy of the test results.
 - 2106 b. Patients on step level schedule VI who have submitted at least two monthly body
2107 specimens within the last four consecutive months which have tested positive for illicit
2108 drugs and/or negative for the narcotic medication administered or dispensed by the
2109 program, unless the program physician invalidates the accuracy of the test results.
 - 2110 c. Patients, after receiving a supply of take-home medication, are inexcusably absent
2111 from or miss a scheduled appointment with the program without authorization from the
2112 program staff.
 - 2113 d. The patient is no longer a suitable candidate for take-home medication privileges as
2114 presently scheduled, based on consideration of the criteria specified in California Code
2115 of Regulations, Title 9, Division 4, Chapter 4, Subchapter 5, Section 10370(a).
- 2116 2. Nothing in this regulation shall prevent a medical director or program physician from
2117 ordering a revocation of a patient's take-home medication privileges for any of the reasons
2118 specified in Subsection (1), or for any other reasons, including:
- 2119 a. The patient is sharing, giving away, selling, or trading the medication administered or
2120 dispensed by the program.
 - 2121 b. The patient attempts to register in another narcotic treatment program.
 - 2122 c. The patient alters or attempts to alter a test or analysis for illicit drug use.
- 2123 3. The medical director or program physician shall order the restriction or revocation within
2124 fifteen (15) days from the date the program has obtained evidence for any of the reasons
2125 identified in Subsections (1) and (2).
2126
2127

2128 **LXXII. RESTORING RESTRICTED TAKE-HOME MEDICATION PRIVILEGES**

2129 **REFERENCES**

2130 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 5, Section 10400
2131

2132 **POLICY AND PROCEDURES**

2133 It is the policy of MCBH AOD Programs that any of its subcontracted NTP or any NTP it may
2134 operate directly in the future shall comply with the following:

- 2135 1. The medical director or program physician, when restoring each step of a patient's
2136 restricted take-home medication privileges, shall:
- 2137 a. Determine that the patient is responsible for handling narcotic medications, as
2138 specified in Section 10370(a).
 - 2139 b. Ensure that the patient has completed at least a 30-day restriction, and the most
2140 recent monthly body specimen collected from the patient is both negative for illicit
2141 drugs and positive for the narcotic medication administered or dispensed by the
2142 program when restoring the following:

- 2143 i. Step level schedule I through V which was restricted due to drug-screening test or
2144 analysis results.
- 2145 c. Ensure that at least the previous three (3) consecutive monthly body specimens
2146 collected from the patient are both negative for illicit drugs and positive for the narcotic
2147 medication administered or dispensed by the program when restoring the following:
- 2148 i. Step level schedule VI which was restricted due to drug-screening test or analysis
2149 results.
- 2150 ii. Any step which was restricted due to an unexcused absence after receiving a
2151 supply of take-home medication.
- 2152 2. This Section shall not be used to circumvent the requirements of California Code of
2153 Regulations, Title 9, Division 4, Chapter 4, Subchapter 5, Section 10375. No patient shall
2154 be advanced to a step level pursuant to this Section unless he/she has previously been at
2155 such step level after having satisfied the requirements of California Code of Regulations,
2156 Title 9, Division 4, Chapter 4, Subchapter 5, Section 10375(a).
- 2157
- 2158

2159 **LXXIII. SUSPENSION OF TAKE-HOME MEDICATION PRIVILEGES BY THE DEPARTMENT**
2160 **REFERENCES**

2161 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 5, Section 10405

2162

2163 **POLICY AND PROCEDURES**

2164 It is the policy of MCBH AOD Programs that any of its subcontracted NTP or any NTP it may
2165 operate directly in the future shall comply with any suspension ordered by the California
2166 Department of Alcohol and Drug Programs (CA ADP) regarding all or any part of the program's
2167 take-home medication orders. Programs will also comply with CA ADP's decision to revoke or
2168 restrict the take-home medication privileges of any individual patient. Suspension by CA ADP may
2169 occur only when a program fails to comply with any applicable regulation or statute regarding
2170 treatment requirements, medication handling, security of medications, or take-home medication
2171 procedures.

2172

2173

2174 **LXXIV. SCHEDULED TERMINATION OF MAINTENANCE TREATMENT**

2175 **REFERENCES**

2176 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 5, Section 10410

2177

2178 **POLICY AND PROCEDURES**

2179 It is the policy of MCBH AOD Programs that any of its subcontracted narcotics treatment programs
2180 or any narcotics treatment programs it may operate directly in the future shall comply with the
2181 following:

- 2182 1. The medical director or program physician shall discontinue a patient's maintenance
2183 treatment within two continuous years after such treatment is begun unless he or she
2184 completes the following:
- 2185 a. Evaluates the patient's progress, or lack of progress in achieving treatment goals as
2186 specified in California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter
2187 5, Section 10305(f)(1); and
- 2188 b. Determines, in his or her clinical judgment, that the patient's status indicates that such
2189 treatment should be continued for a longer period of time because discontinuance
2190 from treatment would lead to a return to opiate addiction.

- 2191 2. Patient status relative to continued maintenance treatment as specified in paragraph (a) of
2192 this Section shall be re-evaluated at least annually after two continuous years of
2193 maintenance treatment.
- 2194 3. The medical director or program physician shall document in the patient's record the facts
2195 justifying his or her decision to continue the patient's maintenance treatment as required by
2196 Subsections (1) and (2).
- 2197 4. Each program shall submit in its protocol a specific plan for scheduled termination of
2198 maintenance treatment indicating an average period for a maintenance treatment episode
2199 before such scheduled termination. This termination plan shall include information on
2200 counseling, and any other patient support which will be provided during withdrawal.
2201
2202

2203 **LXXV. TREATMENT TERMINATION PROCEDURES**

2204 **REFERENCES**

2205 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 5, Section 10415
2206

2207 **POLICY AND PROCEDURES**

2208 It is the policy of MCBH AOD Programs that any of its subcontracted NTP or any NTP it may
2209 operate directly in the future shall comply with the following:

- 2210 1. A patient may voluntarily terminate participation in a program even though termination may
2211 be against the advice of the medical director or program physician.
- 2212 2. If the medical director or program director determines that the patient's continued
2213 participation in the program creates a physically threatening situation for the staff or other
2214 patients, the patient's participation may be terminated immediately.
- 2215 3. A patient's participation in a program may be involuntarily terminated by the medical
2216 director or program physician for cause.
- 2217 4. If a program utilizes disciplinary proceedings which include involuntary termination for
2218 cause, the program shall include in its protocol reasons and procedures for involuntarily
2219 terminating a patient's participation in the program. The procedures shall provide for:
- 2220 a. Explanation to the patient of when participation may be terminated for cause.
2221 b. Patient notification of termination.
2222 c. Patient's right to hearing.
2223 d. Patient's right to representation.
- 2224 5. If the program elects not to terminate for cause, the protocol shall state that patients shall
2225 not be involuntarily terminated for cause except as provided in (2) above.
- 2226 6. Except as noted in (2) above, either voluntary or involuntary termination shall be
2227 individualized, under the direction of the medical director or program physician, and take
2228 place over a period of time not less than 15 days, unless:
- 2229 a. The medical director or program physician deems it clinically necessary to terminate
2230 participation sooner and documents why in the patient's record;
2231 b. The patient requests in writing a shorter termination period; or
2232 c. The patient is currently within a 21-day detoxification treatment episode.
- 2233 7. The program shall complete a discharge summary for each patient who is terminated from
2234 treatment, either voluntarily or involuntarily. The discharge summary shall include at least
2235 the following:
- 2236 a. The patient's name and date of discharge;
2237 b. The reason for the discharge; and
2238 c. A summary of the patient's progress during treatment.

2239
2240
2241
2242
2243
2244
2245
2246
2247
2248
2249
2250
2251
2252
2253
2254
2255
2256
2257
2258
2259
2260
2261
2262
2263
2264
2265
2266
2267
2268
2269
2270
2271
2272
2273
2274
2275
2276
2277
2278
2279
2280
2281
2282
2283
2284
2285
2286

LXXVI. PATIENT FAIR HEARINGS

REFERENCES

California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 5, Section 10420

POLICY AND PROCEDURES

It is the policy of MCBH AOD Programs that any of its subcontracted narcotics treatment programs or any narcotics treatment programs it may operate directly in the future shall comply with the following:

1. The protocol for each program shall contain a detailed description of the pre-termination fair hearing procedures. The protocol shall provide that a patient has a right to a pre-termination fair hearing in all cases of involuntary termination from the program for cause where continued participation in the program does not create a physically threatening situation for staff or other patients. The procedures shall include but not be limited to:
 - a. Identification of reasons for termination, as stated in program rules, which may include:
 - i. Diversion of medications used in replacement narcotic therapy.
 - ii. Violence or threat of violence to program staff or other patients in the program.
 - iii. Multiple registrations.
 - b. Written notification to the patient of pending termination, containing:
 - i. Reasons for termination.
 - ii. Explanation of right to pretermination fair hearing, which shall explain to the patient that such rights must be exercised within 48 hours of written notice.
 - c. Provision for continuance of patient's treatment status pending decision upon the hearing.
 - d. Explanation of the patient's rights during the hearing to:
 - i. Be represented at the hearing by a person or attorney of their choice.
 - ii. Call witnesses on their behalf, who need not be under oath.
 - iii. Examine witnesses presented by the program.
 - e. Release of medical information in the patient's file to the patient or to the patient's representative at least 48 hours prior to the hearing.
 - i. Medical information requests by the patient shall be in the form of a signed consent to release of information.
 - ii. Medical information to be released to the patient or patient's representative shall be approved by the physician in charge of the patient.
2. The protocol shall state whether the patient is entitled to a hearing before a panel or before a single hearing officer. If the protocol states that the patient is entitled to a hearing before a panel, a single hearing officer may not be substituted for the panel without the consent of the patient. In the case of a hearing before a panel, a majority vote of the panel is necessary to terminate a person from the program.
3. The program shall select the hearing officer or panel from impartial persons not directly involved with the patient's care.
4. A hearing shall be scheduled within seven working days from the time the patient requests a hearing.
5. Unless the program protocol requires a higher standard of proof, a patient's participation in a program shall be terminated for cause only after the hearing officer or panel finds by a preponderance of the evidence presented that the reason stated in the notice justifies termination.

- 2287 6. The hearing officer or panel shall render a decision not later than the first working day
2288 following the hearing. The program shall keep a permanent record of the proceedings. The
2289 permanent record of the proceedings may be a tape recording. The decision shall be made
2290 in writing and shall be based solely on the evidence presented at the hearing. The decision
2291 shall include a summary of the proceedings and the formal findings and conclusions of the
2292 hearing officer or panel.
2293 a. A copy of the record of the proceedings and/or the hearing decision shall be provided
2294 to the patient upon request.
2295 b. Copies of all written materials, including all evidence introduced at the hearing, shall
2296 be retained for one year.
2297 7. A patient may appeal an adverse action of a hearing officer or panel by means of a writ of
2298 mandate pursuant to Section 1094.5, Code of Civil Procedures.
2299
2300

2301 **LXXVII. TEMPORARY EXCEPTIONS**

2302 **REFERENCES**

2303 California Code of Regulations, Title 9, Division 4, Chapter 4, Subchapter 6, Section 10425
2304

2305 **Policy and Procedures**

2306 It is the policy of MCBH AOD Programs that any of its subcontracted narcotics treatment programs
2307 or any narcotics treatment programs it may operate directly in the future to comply with temporary
2308 exceptions to the regulations approved and issued by the California Department of Alcohol and
2309 Drug Programs (CA ADP). CA ADP may grant temporary exceptions to the regulations adopted in
2310 California Code of Regulations, Title 9 if it determines that such action is justified and would
2311 improve treatment services or afford greater protection to the health, safety or welfare of patients,
2312 the community, or the general public. No exception will be issued by CA ADP and accepted by
2313 MCBH AOD if it is contrary to or less stringent than the federal laws and regulations which govern
2314 narcotic treatment programs. Any exception(s) issued by CA ADP and accepted by MCBH AOD
2315 shall be subject to all of the following requirements:

- 2316 1. Such exceptions shall be limited to program licensees operating in compliance with
2317 applicable laws and regulations;
2318 2. Requests for exceptions shall be formally submitted in writing to CA ADP and printed
2319 copies of such request will be provided to MCBH AOD;
2320 3. Exceptions shall be limited to a one-year period unless an extension is formally granted by
2321 the Department;
2322 4. No exception may be granted until CA ADP has requested and evaluated a
2323 recommendation from the County Drug Program Administrator and all applicable fees have
2324 been received;
2325 5. The program applicant shall comply with all CA ADP and MCBH AOD requirements for
2326 maintaining appropriate records or otherwise documenting and reporting activity;
2327 6. The formal approval of the CA ADP shall contain an accurate description of the
2328 exception(s) granted and the terms and conditions to be observed by the licensee and a
2329 copy of such formal approval will be provided to MCBH AOD immediately and prior to
2330 implementation of the exception; and
2331 7. Exception(s) shall be voided by the CA ADP if the licensee fails to maintain compliance
2332 with this or with other applicable laws and regulations that govern narcotic treatment
2333 programs.