

Missouri Division of Alcohol and Drug Abuse

| | | |
|--|---|--|
| Bulletin Number: FY08–Clinical-06 | CLINICAL SERVICES BULLETIN | Effective Date: April 1, 2008 |
| <i>New</i> | Subject: Methadone Continuity of Care Between OTP and Agencies Providing Residential Support | Number of Pages: 2 |

1. Opioid Treatment Programs (OTP) must establish appropriate Methadone dosing options for consumers enrolled in treatment with Residential Support. The OTP shall enroll the consumer and maintain documentation of Methadone dosing in compliance with 9 CSR 10-7.070 and 9 CSR 30-3.130. Continuity of care can be accomplished by either transporting the consumer to the OTP or OTP staff transporting methadone to the treatment agency providing Residential Support. The following establishes a protocol for either of these options.

1.1 **Transporting Consumer to OTP:** The treatment program offering Residential Support services may transport the consumer and a staff observer to pick up the methadone medication.

1.1.1 The OTP initiates the Methadone Chain of Custody Record.

1.1.2 The treatment program offering Residential Support services transports the consumer with a lock box, key and a staff member to the OTP to obtain carry out Methadone doses. The carry out Methadone doses will not be given if the consumer comes alone. Only that day's dose will be given if the consumer comes alone.

1.1.3 The consumer will check labels of his/her carry out Methadone doses and then place them in the lockbox. The consumer will lock the box at the OTP. The locked box will be given to the Residential Support program staff member in the consumer's presence. No Methadone doses will be given to a Residential Support program staff member if consumer is not present.

1.1.4 Residential Support program staff member and consumer will return to the program where the locked box will be placed in the medication room and remain locked until the time for the consumer's next Methadone dose. Treatment agencies must document receipt of the methadone in accordance with their agency's policies and procedures.

1.1.5 When applicable, the previous week's Methadone Chain of Custody Record must be returned to the OTP prior to new doses being administered.

1.2 **Delivery of Methadone to the treatment program:** The OTP may deliver Methadone doses to the treatment program providing Residential Support.

1.2.1 The OTP initiates the Methadone Chain of Custody Record.

1.2.2 The OTP will contact the treatment program to arrange a delivery time.

1.2.3 Residential Support program staff and consumer will receive the carry out Methadone doses.

1.2.4 The consumer will confirm accuracy of labels on the Methadone doses and place them in his/her locked box and turn the locked box over to the program

staff member. Residential Support program staff member will secure the locked box in the locked medication room.

- 1.2.5 When applicable, the previous week's Methadone Chain of Custody Record is provided to OTP staff upon delivery of the new methadone doses.
2. Consumers must be observed taking their medication by trained staff and the self-administration appropriately documented in according with 9 CSR 10-7.070 Medications.
 - 2.1 The consumer will ingest the Methadone dose and speak to staff observing the self-administration following the ingestion of Methadone. Staff and consumers will sign the Methadone Chain of Custody Record upon each daily dose being self-administered.
 - 2.2 Empty bottles must be saved and returned to the OTP. Consumers not returning bottles may be charged a \$5.00 fee by the OTP for each bottle not returned and it may affect their ability to have carry out privileges.
 - 2.3 If a consumer leaves without completion of a treatment with Residential Support program, the physician orders for carry out Methadone doses are void.
 - 2.3.1 Medication carry outs were given with the understanding the consumer would receive treatment with Residential Support and would be observed self-administering the medication. When the consumer leaves treatment with Residential Support, the Methadone dose carry out order is immediately discontinued.
 - 2.3.2 Staff shall immediately notify the OTP the consumer has left the treatment with Residential Support program.
 - 2.3.3 **Any unused Methadone, along with the self-administration record, must be returned to the OTP and must never be given to the consumer to take with them.**
 - 2.3.4 The treatment with Residential Support program completes the Methadone Chain of Custody Record and returns it to the OTP upon discontinuing observation of the consumer's self-administration of Methadone.
3. If the consumer returns, the Residential Support program will notify the OTP and new orders will be obtained and new Methadone carry out doses will be issued.
4. A weekly report of the consumer's progress in treatment shall be forwarded to the OTP which includes the following data that is applicable:
 - 4.1 Alert in treatment sessions and participates appropriately
 - 4.2 Cooperative or appears motivated
 - 4.3 Attends all therapeutic sessions daily
 - 4.4 Sleeping in group, appears over medicated
 - 4.5 Complaining of cravings, aches and pains
5. The Methadone Chain of Custody Form used in these protocols is attached on the following page.

METHADONE CHAIN-OF-CUSTODY RECORD

Date: _____

Opioid Treatment Program: _____

Opioid Treatment Program Dispensing Nurse: _____

Number of Doses to be Delivered: _____

Dates Medication Provided: From _____ To _____

Name of Person Transporting Medication: _____

License Number of Person Transporting Medication: _____

Date Medication Received: _____ Number of Doses Received: _____

Medication Received Covering: _____ to _____

Comments: _____

Signature of Person Transporting Medication

Signature of Person Receiving Medication

Consumer's Signature

DATE OF SELF-ADMINISTRATION AND INITIALS OF CONSUMER RECEIVING MEDICATION

| Date | Consumer Signature | Staff Observing Self-Administration |
|-------|--------------------|-------------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Original to OTP
Copy to Residential Support Program