Opioid Treatment Programs (OTP)

2024 Updates for Private Organizations and Public Agencies

Purpose

Individuals who receive treatment with medications for opioid use disorder (MOUD) at ~~participate in~~ Opioid Treatment Programs (OTPs) experience improved health and social, emotional, and vocational functioning; are at ~~,~~ reduced risk of overdose death; ~~achieve optimal productivity,~~ and attain the recovery they seek.

Definition

~~Opioid Treatment Programs (~~OTPs~~)~~ provide comprehensive, person-centered, equitable, and evidence-based treatment for opioid use disorder (OUD) in a safe therapeutic environment. OTPs offer treatment with medications for opioid use disorder and a range of medical, behavioral health, educational, and recovery support services based on the person's preferences, beliefs, values, and needs. ~~opioid treatment and comprehensive medical, psychosocial, and addiction treatment for narcotic-dependent individuals in a therapeutic environment.~~

Services may be provided at the OTP or in its affiliated medication units, including mobile units.

Interpretation: *Throughout this section, family involvement has been emphasized due to the significant impact family engagement has on resilience and recovery. However, family should be defined by the person and their involvement will vary given the age and preferences of the person and as permitted by law.*

For example, due to the importance of family involvement in achieving positive outcomes for youth, all aspects of service delivery should be family-driven when working with this population, accounting for the dynamics of the family as well as the needs of the youth in treatment.

Program models and structures can also impact family involvement. For example, due to the nature of withdrawal management programs, involving family members in the early stages of service delivery may not be possible or appropriate.

Note: *Please see OTP Reference List for the research that informed the development of these standards.*

OTP 1: Person-Centered Logic Model

The organization implements a program logic model that describes how resources and program activities will support the achievement of positive outcomes.

Note: *Please see the Logic Model Template for additional guidance on this standard.*

Self-Study Evidence	On-Site Evidence	On-Site Activities
• See program description completed during intake • Program logic model that includes a list of ~~client~~ outcomes being measured	*No On-Site Evidence*	• Interviews may include: a. Program ~~director~~sponsor ~~a.~~b. Medical director ~~b.~~c. Relevant personnel

OTP 1.01

A program logic model, or equivalent framework, identifies:

1. needs the program will address;
2. available human, financial, organizational, and community resources (~~i.e.~~i.e., inputs);
3. program activities intended to bring about desired results;
4. program outputs (~~i.e.~~i.e., the size and scope of services delivered);
5. desired outcomes (~~i.e.~~i.e., the changes you expect to see in persons served); and
6. expected long-term impact on the organization, community, and/or system.

Examples: *Please see the W.K. Kellogg Foundation Logic Model Development Guide and COA Accreditation's PQI Tool Kit for more information on developing and using program logic models.*

Examples: *Information that may be used to inform the development of the program logic model includes, but is not limited to:*

1. *needs assessments and periodic reassessments; and*
2. *the best available evidence of service effectiveness.*

OTP 1.02

The logic model identifies ~~client~~ desired outcomes in at least two of the following areas:

1. change in clinical status;
2. change in functional status;
3. health, welfare, and safety;
4. permanency of life situation;
5. quality of life;
6. achievement of individual service goals; and
7. other outcomes as appropriate to the program or service population.

Interpretation: *Outcomes data should be disaggregated to identify patterns of disparity or inequity that can be masked by aggregate data reporting. See PQI 5.02 for more information on disaggregating data to track and monitor identified outcomes.*

OTP 2: Personnel

~~Program p~~Personnel have the competency and support needed to provide services and meet the needs of persons served.

Interpretation: *Competency can be demonstrated through education, training, ~~or~~ experience, or licensure. Support can be provided through supervision or other learning activities to improve understanding or skill development in specific areas.*

Self-Study Evidence	On-Site Evidence	On-Site Activities

• List of program personnel that includes:
  ○ Title
  ○ Name
	• Sample job descriptions from across relevant job categories	• Interviews may include:
		  a. Program ~~director~~sponsor

Self-Study Evidence	On-Site Evidence	On-Site Activities
○ Employee, volunteer, or independent contractor ○ Degree or other qualifications ○ Time in current position • See organizational chart submitted during application • Policy addressing employee health and vaccinations • Table of contents of training curricula • Procedures or other documentation relevant to continuity of care and case assignment	• Formal agreements with necessary professionals as applicable • Training curricula • Documentation tracking staff completion of required trainings and/or competencies • Caseload size requirements set by policy, regulation, or contract, when applicable • Documentation of current caseload size per worker	~~a.~~b. Medical Director ~~b.~~c. Relevant personnel • Review personnel files • Verify the employment of, or agreements with, qualified clinicians

OTP 2.01

Direct service personnel are qualified by education, training, and/or experience to fulfill their role within the program and meet all applicable licensing and/or credentialing requirements of their respective professions.

Examples: *Qualifications will vary based on position and can include ~~one of~~ the following:*

1. *an advanced degree in social work, medicine, psychology, pastoral counseling, marriage and family counseling, mental health or substance use counseling, or psychiatric*

nursing, and ~~in-service or other~~ training in ~~the~~substance use treatment ~~of substance use conditions~~;

2. *a bachelor's degree in social work or a related human service field with specialized training and experience in ~~the area of~~ substance use treatment;*
3. *certification by the designated authority when the state has a mechanism for certifying addiction counselors;*
4. *personal experience ~~with drug use~~in recovery and specialized training and demonstrated skills in ~~the area of~~ substance use treatment; or*
5. *specific and relevant training in ~~the~~ substance use treatment ~~of substance use~~ and a minimum of two years' work experience providing~~in a~~ substance use treatment service*s.

OTP 2.02

~~Personnel~~ Practitioners who administer and dispense medication for opioid use disorder (MOUD)~~treatment medication~~ are:

1. health care professionals~~practitioners~~ licensed ~~and registered under the appropriate federal and~~by the state~~-~~ to administer and/or dispense MOUD~~laws~~; or
2. supervised by a licensed OTP practitioner when permitted by federal and state law.

Interpretation: *In some states, practitioners other than licensed physicians, such as nurse practitioners and physician assistants, are permitted to administer and dispense ~~opioid treatment medications~~MOUD. ~~An "agent" must be a pharmacist, registered nurse, licensed practical nurse, physician assistant, or a healthcare professional authorized by federal and/or state law to administer and dispense opioid treatment medication.~~*

OTP 2.03

Supervisors are qualified by:

1. an advanced degree in a human service field and a minimum of two years' of ~~post-graduate~~ professional experience;
2. specialized training and experience in substance use diagnosis and treatment and additional training in supervision; and/or
3. certification and/or licensure by the designated authority in their state as an approved substance use treatment ~~addiction~~ counseling supervisor.

Interpretation: *Regarding element (b), supervisors of peer support staff should be trained on recognizing and responding to signs of trauma among peer support workers.*

OTP 2.04

A licensed physician with ~~at least one year of experience~~knowledge in addition medicine or addiction psychiatry~~,~~ acts as the~~-~~ medical director responsible for:

a. supervising and administering all medical and behavioral health services; and

b. ensuring compliance with all applicable federal, state, and local laws and regulations.

OTP 2.05

A program sponsor is responsible for the overall operation of the OTP and its employees.

OTP 2.06~~5~~

The clinical team, including social work, medical, psychological, and psychiatric professionals with specialized training in the treatment of substance use disorder:

1. are on staff or available through a formal agreement to provide services and support needed to meet the needs of individuals; and
2. work with the individual, and their family when appropriate, to make level of care, treatment, and termination-of-service decisions ~~with service recipients~~.

OTP 2.07

When staff with lived experience provide peer support to individuals or their families, the organization:

1. clearly defines their roles and responsibilities;
2. includes peer support staff as equal partners on the interdisciplinary team;
3. helps other program personnel understand the position and its purpose at the program;
4. establishes guidelines for recruitment and selection;
5. ensures peer support staff are trained to perform their roles and responsibilities;
6. provides ongoing support and supervision to address any issues that occur, including helping peer support staff manage personal triggers that may arise on the job; and
7. facilitates opportunities for peer support staff to connect and consult with others performing similar roles.

NA The organization does not utilize peer support staff.

~~OTP 2.06~~

~~The medical director and program administrator or sponsor stay current with all applicable federal, state, and local laws and regulations applicable to opioid treatment programs, including those that address technology-based service delivery.~~

FP OTP 2.0~~8~~7~~~~

All direct service personnel who have in-person contact with persons served ~~and consulting providers~~receive pre-employment and post-exposure testing for TB infection and providers recommend~~ are annually screened for tuberculosis and receive~~ a hepatitis B vaccination if personnel~~they~~ are ~~considered to be~~ at risk for exposure to hepatitis.

OTP 2.0~~9~~8~~~~

Personnel are trained on, or demonstrate competency in, the latest information, theories, and proven practices related to the diagnosis and treatment of opioid and other substance use disorders, including:

1. diagnostic criteria for substance use disorders and their severity;
2. the signs and symptoms of withdrawal;
3. ~~the concept of~~ addiction as a disease;
4. the goals of opioid treatment in regard to other drug use;
5. ~~the latest information, theories, and techniques in identification, diagnosis, and treatment of alcohol and other drug problems, including the~~ harm reduction interventions or practices~~model~~;
6. relapse prevention;
7. ~~recognition of co-occurring health and mental health conditions and integrated services available to meet them;~~
8. ~~management of drug~~ overdose prevention and response;
9. ~~special~~ treatment needs of special populations including women, individuals experiencing homelessness, and adolescents;
10. treatment needs of individuals with HIV/AIDS including symptoms, risk-reduction and infection control guidelines, testing, and counseling;
11. criminal justice issues, as appropriate;
12. information on the current drug supply, evolving patterns of drug misuse, and overdose trends; and
13. the benefits and limitations of tests that screen for drug use.~~; and~~

~~10. HIV/AIDS symptoms, risk-reduction and infection control guidelines, testing, and counseling.~~

OTP 2.10

Clinical personnel are trained on, or demonstrate competence in:

a. responding to the diverse needs and characteristics of the service population including but not limited to those related to race, ethnicity, culture, tribal affiliation, religion, sexual orientation, gender identity, abilities, and military service;

b. clarifying the values and preferences of individuals and families and working collaboratively to develop and implement person-centered, recovery-oriented care plans;

c. identifying and building on strengths and protective factors;

d. identifying and responding to the social determinants of health;

e. recognizing and working with people with co-occurring physical health, mental health, and substance use conditions;

f. methods of crisis prevention and intervention, including assessing for and responding to signs of suicide risk or other safety threats/risks; and

g. working with difficult-to-reach or disengaged individuals.

FP OTP 2.1109

There is at least one person on duty at each program site any time persons served are present~~the program is in operation that~~ who has received first aid and age-appropriate CPR training in the previous two years that included an in-person, hands-on CPR skills assessment conducted by a certified CPR instructor.

OTP 2.120

The organization promotes stability and service continuity ~~minimizes the number of workers assigned to the individual over the course of their contact with the organization~~ by:

1. assigning a worker at intake or early in the contact; and
2. minimizing the number of workers assigned to the individual throughout their contact with the organization~~avoiding the arbitrary or indiscriminate reassignment of direct service personnel~~.

Interpretation: *Assignment of a primary counselor is not required for individuals in interim treatment.*

OTP 2.131

Employee workloads support the achievement of ~~client~~ positive outcomes and are regularly reviewed.

Examples: *Factors that may be considered when determining employee workloads include, but are not limited to:*

1. *the qualifications, competencies, and experience of the worker, including the level of supervision needed;*
2. *the work and time required to accomplish assigned tasks and job responsibilities; and*
3. *service volume, accounting for assessed level of needs of persons served.*

OTP 2.14

The organization counteracts the development of compassion fatigue by:

a. helping personnel understand how they can be impacted by stress, distress, and trauma;

b. helping personnel develop the skills and behaviors needed to manage and cope with work-related stressors;

c. encouraging respectful collaboration, coaching, and support among co-workers;

d. examining how the organization's culture and policies can prevent the development of compassion fatigue; and

e. informing personnel about treatment services, as needed.

Examples: *Regarding element (b), organizations can help personnel develop the skills and behaviors that will enable them to: (1) engage in positive thinking; (2) increase their self-awareness; (3) know their limits and needs; (4) practice self-compassion; (5) establish healthy boundaries; (6) effectively communicate about unrealistic and unspoken expectations; (7) identify and manage emotional triggers; (8) have difficult conversations with co-workers and supervisors; (9) practice brain-aware activities to stay regulated; and (10) take time for self-care.*

Regarding element (d), areas to consider include, but are not limited to: (1) supervision; (2) caseload assignment; (3) scheduling; (4) training; (5) crisis response; (6) psychological safety; and (7) healthy and realistic staff expectations and boundaries.

OTP 3: ~~Access to Service~~Screening and Intake

The organization minimizes barriers to starting~~accessing~~ treatment with medication for opioid use disorder. ~~services.~~

Self-Study Evidence	On-Site Evidence	On-Site Activities
• Screening and intake procedures • Eligibility criteria ~~Access procedures~~	• Operating hours • 24/7 emergency coverage schedule for the previous month if provided directly~~*No On-Site Evidence*~~ • Community resource and referral list	• Interviews may include: a. Program ~~director~~sponsor ~~a.~~b. Medical director ~~b.~~c. Relevant personnel • Review case records • Observe facility

OTP 3.01

The organization provides a welcoming environment for people to receive treatment with medication for opioid use disorder that is conducive to rehabilitation, and services are available:

1. during hours that are based on the needs of the service population; and
2. 24 hours a day, seven days a week for emergencies, either directly or through partnerships with community providers.

Interpretation: *The OTP is responsible for ensuring individuals and their families are educated on how to access needed crisis and emergency services when the program is closed.*

OTP 3.02

No person~~Individuals~~ under 18 years of age may receive treatment with medication for opioid use disorder without the consent of a parent or legal guardian unless permitted under state law. ~~are eligible for treatment only if they have experienced two documented, unsuccessful attempts at short-term detoxification or drug-free treatment.~~

~~**NA** *The organization does not provide treatment to service recipient under 18 years of age.*~~

OTP 3.03

The organization does not serve individuals receiving services from other OTPs, except ~~in extenuating circumstances~~when it has been determined that the individual is not able to access care at the OTP in which they are enrolled, and the case record contains:

1. results of a review to determine if the person is enrolled in another OTP; and
2. justification for seeking treatment at another OTP ~~of extenuating circumstances~~ as determined by the medical director or ~~physician~~licensed OTP practitioner at the OTP of record~~, when they exist~~.

Examples: *Circumstances that may prevent an individual from accessing care from their OTP can include travel for work or family events, temporary relocation, or the temporary closure of an OTP.*

FPOTP 3.04

Prompt, responsive intake practices:

1. gather information necessary to identify critical service needs and/or determine when a more intensive service is necessary;
2. identify emergency situations and facilitate immediate access to stabilization and harm reduction activities;
3. give priority to pregnant individuals and individuals with urgent needs;
4. support timely initiation of services for routine needs; and
5. provide referral to appropriate resources when individuals cannot be served or cannot be served promptly.

Interpretation: *A confirmation of pregnancy should be requested for priority access to treatment.*

Examples: *Regarding element (b), emergency situations can include drug overdose, impairment, or severe withdrawal.*

FPOTP 3.054

Individuals participate in an initial medical screening conducted by a licensed practitioner to ensure there are no contraindications to treatment with medications for opioid use disorder and that they:~~At admission, a physician, or another qualified medical practitioner, documents that~~

1. meet diagnostic criteria for an active moderate to severe opioid use disorder (OUD);
2. are in OUD remission; or
3. are at high risk for recurrence or overdose.

~~opioid treatment is medically necessary based on a determination that the individual:~~

~~has been dependent on opiates for at least one year before admission, except in extenuating circumstances set forth in federal, state, and local law or regulation; and/or~~

~~1. is physically dependent upon a narcotic drug, using accepted medical criteria, such as those listed in the Diagnostic and Statistical Manual for Mental Disorders.~~

Interpretation*: A medical screening conducted outside the OTP or by a non-OTP provider no more than 7 days prior to OTP admission satisfies the requirements of this standard as long as*

it was conducted by a licensed medical provider and the results have been reviewed and verified by the licensed OTP practitioner.

Interpretation: *The initial medical screening may be conducted using telehealth platforms if the medical provider determines that this method will allow for an adequate evaluation of the individual. When evaluating individuals for treatment with methadone, audio-visual methods of telehealth must be used. When evaluating individuals for treatment with buprenorphine or naltrexone, audio-only platforms are acceptable.*

~~**Examples:** *Extenuating circumstances may include release from penal institutions, pregnancy, and prior treatment history.*~~

OTP 3.06~~5~~

A licensed OTP practitioner~~physician~~ assesses each ~~service recipient~~person to ensure that ~~he or she~~they:

1. ~~ha~~ves~~s~~ voluntarily chosen ~~opioid~~ treatment with medications for opioid use disorder;
2. ~~and~~ understand~~s~~ all relevant facts concerning their use; ~~of opioid treatment medication.~~ and
3. ~~1.~~ have provided informed consent to treatment.

OTP 4: ~~Intake and~~ Assessment

The organization's ~~intake and~~ assessment practices ensure that individuals receive prompt and responsive access to appropriate services.

Self-Study Evidence	On-Site Evidence	On-Site Activities
~~• Screening and intake procedures~~ • Assessment procedures • Copy of assessment tool(s)	• ~~Community resource and referral list~~ No on-site evidence	• Interviews may include: a. Program sponsor ~~a.~~b. Medical director ~~b.~~c. Relevant personnel

Self-Study Evidence	On-Site Evidence	On-Site Activities
		~~c.~~d.Persons served • Review case records

~~OTP 4.01~~

~~Individuals are screened and informed about:~~

1. ~~how well their request matches the organization's services; and~~
2. ~~what services will be available and when.~~

~~**NA** *Another organization is responsible for screening, as defined in a contract.*~~

~~FP~~ ~~OTP 4.02~~

~~Prompt, responsive intake practices:~~

1. ~~gather information necessary to identify critical service needs and/or determine when a more intensive service is necessary;~~
2. ~~give priority to pregnant women, and individuals with urgent needs and emergency medical or psychiatric situations;~~
3. ~~facilitate the identification of individuals and families with co-occurring conditions and multiple needs;~~
4. ~~support timely initiation of services; and~~
5. ~~provide placement on a waiting list or referral to appropriate resources when individuals cannot be served or cannot be served promptly.~~

OTP 4.01~~3~~

Persons served participate in an individualized, trauma-informed, culturally- and linguistically-responsive assessment that is:

1. ~~completed within~~ 14 calendar days following the initiation of treatment with medications for opioid use disorder~~established timeframes~~;~~ ~~
1. ~~updated as needed based on the needs of persons served; and~~

2. conducted through a combination of standardized and validated tools, interviews, discussion, and observation;
3. inclusive of information, screenings, and assessments provided by partnering or referring providers, when deemed clinically relevant and appropriate by a licensed OTP practitioner;
4. focused on information pertinent tofor meeting the person's service requests and objectives; and
2.5. updated as needed based on the needs of persons served.

Interpretation: *For an assessment to be trauma-informed, the organization understands and recognizes the role of traumatic life events in the development of substance use disorders. Personnel should focus on the person's experiences and strengths rather than deficits and weaknesses. Adopting this assumption at all levels of treatment ensures that the organization actively prevents instances that could potentially lead to re-traumatization.*

~~**Interpretation:** *The Assessment Matrix – Private, Public, Canadian, Network determines which level of assessment is required for COA's Service Sections. The assessment elements of the Matrix can be tailored according to the needs of specific individuals or service design.*~~

OTP 4.02

The full psychosocial assessment includes:

a. a behavioral health evaluation of mental health and substance use symptoms or disorders, their severity, and treatment history;
~~Persons served are screened for:~~
b. a brief screen for trauma history and recent incidents of trauma followed by referral for a comprehensive, evidence-based trauma assessment conducted by an appropriately qualified individual when indicated;
c. screening for high-risk behaviors related to HIV/AIDS, sexually transmitted diseases, multi drug-resistant tuberculosis, and other infectious diseases;
d. individual values, preferences, strengths, risks, and protective factors;
e. social determinants of health; and
f. a risk evaluation to assess risk of suicide, self-injury, neglect, exploitation, and violence towards others.

Interpretation: *The Assessment Matrix – Private, Public, Canadian, Network determines which level of assessment is required for COA Accreditation's Service Sections. The assessment elements of the Matrix can be tailored according to the needs of specific individuals or service design.*

Interpretation: *Personnel that conduct evaluations should be aware of the indicators of a potential trafficking victim, including, but not limited to, evidence of mental, physical, or sexual abuse; physical exhaustion; working long hours; living with an employer or many people in a confined area; unclear family relationships; a heightened sense of fear or distrust of authority; the presence of an older significant other or pimp; loyalty or positive feelings towards an abuser;*

an inability or fear of making eye contact; chronic running away or homelessness; possession of excess amounts of cash or hotel keys; and an inability to provide a local address or information about parents.

Examples: *Substance use assessments may examine a variety of factors in the person's substance use history including age at first use; routes of ingestion; history of tolerance, withdrawal, drug mixing, and overdose; and information on current patterns of use such as which drugs the person uses, comorbid alcohol and tobacco use, and the frequency, recency, and intensity of use.*

Interpretation: ~~*Individuals known to use Benzodiazepines, even when prescribed, should be counseled as to their risk and provided with overdose prevention education and medication to counter the effects in the event of opioid overdose.*~~

FP OTP 4.034

Within 14 calendar days of initiating treatment, ~~E~~each person ~~admitted to the program~~ receives a comprehensive, in-person physical examination ~~medical evaluation~~ by a licensed practitioner, ~~physician, or a qualified medical practitioner under the supervision of the medical director, within 14 days of admission~~ that includes, but is not limited to~~, the following baseline information~~:

1. a full medical history~~, including history of narcotic dependence~~
2. ~~1.~~ screening for co-occurring medical conditions, including pregnancy;
3. ~~2.~~ evidence of current physical dependence; and
4. ~~3.~~ clinically necessary laboratory testing as determined by the OTP practitioner. ~~examinations, including a serological test for syphilis, a tuberculin skin test, and a toxicology test to analyze drug dependence;~~
5. ~~4. determination of the presence of infectious diseases or organ abnormalities;~~
6. ~~5.~~ 4. ~~determination of vital signs, general appearance, and condition; and~~
7. ~~6. family, economic, occupational, and housing needs.~~

Interpretation: *A physical exam conducted outside the OTP or by a non-OTP provider no more than 7 days prior to the OTP admission can satisfy the requirements of this standard as long as it was conducted by a licensed medical provider and the results have been reviewed and verified by the licensed OTP practitioner.*

Interpretation: *Regarding element d, laboratory and other testing drawn within 30 days prior to the initiation of treatment with medications for opioid use disorder or up to 14 calendar days after the initiation of treatment can be considered as part of the full history and examination.*

Refusal of laboratory testing for co-occurring medical conditions should not prevent a person from accessing treatment unless the licensed OTP practitioner determines that their refusal has the potential to negatively affect treatment outcomes.

Examples: *Nationally recognized evidence-based guidelines published by the American Society of Addiction Medicine and by the Substance Abuse and Mental Health Services*

Administration include practice recommendations for conducting physical exams and laboratory testing.

~~FP~~ **~~OTP 4.05~~**

~~Persons served are screened for:~~

1. ~~high-risk behaviors related to HIV/AIDS, sexually transmitted diseases, multi drug-resistant tuberculosis, and other infectious diseases;~~
2. ~~patterns of other drug use, including Benzodiazepines;~~
3. ~~presence of co-occurring health and mental health conditions; and~~
4. ~~issues related to criminal activities.~~

~~Interpretation:~~ ~~*Individuals known to use Benzodiazepines, even when prescribed, should be counseled as to their risk and provided with overdose prevention education and medication to counter the effects in the event of opioid overdose.*~~

~~Interpretation:~~ ~~*Individuals identified as having mental health needs should receive integrated treatment directly or through referral to a cooperating service provider.*~~

OTP 4.04

The organization completes a comprehensive safety assessment when an individual expresses suicidal ideation using an assessment tool, the worker's professional judgment, and the person's input and active involvement, paying specific attention to their:

a. suicidal desire;

b. intent to die and any identified method and plan;

c. suicidal capability, including history of attempts and available means; and

d. buffers/protective factors.

Interpretation: *The safety assessment should be an engaging, collaborative process between personnel and the person that retains the individual's autonomy and choice to the greatest extent possible. Over-reliance on a single, standardized suicide assessment tool to predict future suicidal behavior and risk level may not provide an accurate assessment of a person's suicide risk. People do not always accurately report suicidal ideation when asked, and suicidal desire and intent may vary widely at any given moment.*

OTP 5: Care~~Service~~ Planning and Monitoring

Each person participates in the development and ongoing review of a care~~service~~ plan that is the basis for delivery of appropriate services and support.

Self-Study Evidence	On-Site Evidence	On-Site Activities
• ~~Service~~ Care planning and monitoring procedures	*No On-Site Evidence*	• Interviews may include: a. Program sponsor ~~a.~~b. Medical director ~~b.~~c. Relevant personnel ~~c.~~d. Persons served • Review case records

OTP 5.01

An assessment-based ~~service~~ care plan is developed ~~in a timely manner~~within 14 calendar days of initiating treatment with the full participation of persons served, and their familiesy when appropriate, and includes:

1. the person's behavioral health, physical health, and social service needs and goals, including those related to social determinants of health~~agreed upon goals, including education, vocational, and employment goals, desired outcomes, and timeframes for achieving them~~;
2. agreed upon actions, including harm reduction activities, to achieve their goals and desired outcomes;
~~2.~~3. ~~recommendations for medical, psychosocial, economic, legal, or other support~~ services and supports to be provided, their recommended frequency, the schedule for their provision, and by whom they will be provided;
~~3. possibilities for maintaining and strengthening family relationships and other informal social networks;~~
4. procedures for expedited care~~service~~ planning when a crisis or urgent need is identified; and
5. documentation of the individual's or family's participation in care planning and their written, verbal, or electronic consent to treatment~~the individual's signature~~.

Interpretation: *Regarding element a, social service needs and goals should include those related to education, vocational training, and employment; finances; legal issues; housing; and other recovery support services as appropriate to the preferences and needs of the person.*

Interpretation: *Although personnel should help identify available services and their potential risks and benefits and participate in evaluating options, persons served should be the primary planners of their goals and objectives and have the right to make their own decisions regarding what services and supports will be provided and by whom.*

~~OTP 5.02~~

~~The organization works in active partnership with persons served to:~~

1. ~~assume a service coordination role, as appropriate, when the need has been identified and no other organization has assumed that responsibility;~~
2. ~~ensure that they receive appropriate advocacy support;~~
3. ~~assist with access to the full array of services to which they are eligible; and~~
4. ~~mediate barriers to services within the service delivery system.~~

FPOTP 5.02

The organization determines whether a crisis plan is necessary and, when indicated, engages individuals, and their families when appropriate, in crisis and/or safety planning that:

a. is individualized and centered around strengths;
b. identifies individualized warning signs of a crisis;
c. identifies coping strategies and sources of support that can be implemented during a suicidal crisis, as appropriate;
d. specifies interventions that may or may not be implemented to help the individual de-escalate and promote stabilization; and
e. does not include “no-suicide” or “no-harm” contracts.

Interpretation: *For people who have been deemed to be at high risk of suicide, a safety plan includes a prioritized written list of coping strategies and sources of support that people can use before or during a suicidal crisis. The safety plan should be developed once it has been determined that no immediate emergency intervention is required.*

Examples: *Organizations may also provide family members with information on crisis prevention. For example, Mental Health First Aid is a one-day training that can prepare someone to recognize, understand, and respond to a person’s mental health crisis.*

OTP 5.03

The organization ~~worker and a supervisor, or a clinical, service, or peer team,~~ partners with the individual, and their family when appropriate, to review their case at least quarterly or more frequently ~~depending on the needs of persons served~~when indicated, to ~~assess~~:

1. assess ~~service~~ care plan implementation;
2. review progress toward achieving goals and desired outcomes; ~~and~~
3. ~~the continuing appropriateness of~~ evaluate the person's continued need for and engagement with psychosocial supports and services, including recovery supports~~the agreed upon service goals~~; and

~~3.~~4. make necessary adjustments to the care plan.

~~**Interpretation:** *When experienced workers are conducting reviews of their own cases, the worker's supervisor must review a sample of the worker's evaluations as per the requirements of the standard.*~~

~~OTP 5.04~~

~~The worker and individual, and his or her family when appropriate:~~

~~1. review progress toward achievement of agreed upon goals; and~~

~~2. sign revisions to service goals and plans.~~

OTP 6: Community Education and Outreach~~Services~~

The organization fosters a culture of community responsiveness by conducting education and outreach activities and acting promptly to address identified concerns. ~~informs the community about its services, remains informed about community needs and resources, and identifies the mutual benefits of supporting individuals in their recovery.~~

Self-Study Evidence	On-Site Evidence	On-Site Activities
• Communications plan and/or procedures for responding to public inquiries	• Community education and outreach~~Public education and community relations informational~~ materials	• Interviews may include: a. Program sponsor ~~a. director~~

Self-Study Evidence	On-Site Evidence	On-Site Activities
~~*No Self-Study Evidence*~~	• Examples of ~~public~~ mechanisms~~relations efforts~~ used to ~~solicit~~ receive community ~~views~~ opinions and input	b. Relevant personnel

OTP 6.01

~~A public education and c~~Community education and outreach activities~~relations service component~~:

1. ee~~educate~~s the public about the positive impact ~~value of~~ treatment with medications for opioid use disorder (MOUD) has on the community and its residents~~opioid treatment~~; and

~~1.~~ establish~~es~~ mechanisms to receive~~hear~~ community opinions~~views~~ and input~~ssues~~ regarding~~about~~ treatment with ~~opioid~~ MOUD~~treatment~~ and the organization's presence in the community; and

2. aim to address and resolve community concerns.

~~aims to address and resolve community concerns.~~

~~1.~~

~~1. builds community support; and~~

~~2. provides information about the organization.~~

Examples: *Ongoing communication with community leaders and members of the public allows the organization to communicate information on its initiatives, policy and advocacy efforts, proactive problem-solving efforts, and stories of success. This builds public awareness of the positive work being done by the organization, which can mobilize public support for policy issues or changes that impact the organization's work.*

OTP 6.02

Personnel are familiar with the organization's communications plan and/or procedures, including position-specific guidelines for responding to inquiries from the media and the public.

~~OTP 6.02~~

~~A public education and community relations service component also:~~

1. ~~serves as a community resource for substance use and related health, mental health, and social issues;~~
2. ~~establishes mechanisms to hear community views and issues about opioid treatment and the organization's presence in the community; and~~
3. ~~aims to address and resolve community concerns.~~

OTP 7: Service Elements

Services promote recovery and wellness and are responsive to individual ~~strengths~~ preferences, needs, and goals.

Interpretation: *Counseling, vocational training, employment, economic, legal, educational, and other recovery support services are not required to be offered to individuals in interim treatment.*

Self-Study Evidence	On-Site Evidence	On-Site Activities
• Procedures for referring individuals for services • Procedures for integrating physical and behavioral health treatment either directly or through involvement with a cooperating service provider • Procedures for evaluating referral resources • Procedures for coordinating with the criminal justice system	• ~~Service agreements and formal referral arrangements~~Documentation of agreements with external providers, when applicable • Educational materials or other documentation of information provided to persons served	• Interviews may include: a. Program sponsor ~~a.~~b. Medical director ~~b.~~c. Relevant personnel ~~c.~~d. Persons served • Review case records

~~OTP 7.01~~

~~The organization provides, directly or by formal arrangement:~~

~~1. substance use counseling that is coordinated with other counseling and services;~~

~~2. access to physicians with knowledge of appropriate prescribing practices for individuals with addiction;~~

~~3. activities that address the importance of drug and alcohol-free lifestyles and de-emphasize the role of intoxicants; and~~

~~4. activities that address issues of particular concern to women, including intimacy, intimate partner violence, physical trauma, sexual trauma, prevention of exposure to and transmission of HIV/AIDS and other STDs, child care, pregnancy, and family planning.~~

~~1.~~

~~**Examples:** *Formal arrangements can include service agreements and formal referral arrangements.*~~

OTP 7.01

The organization provides substance use counseling and psychoeducation services that are person-centered, recovery-focused, and:

1. recognize individual preferences, beliefs, values, and goals;
2. utilize evidence-based or culturally-relevant, evidence-supported approaches tailored to the ages and abilities of persons served; and
3. are not a condition of receiving treatment with medications for opioid use disorder.

Interpretation: Counseling s*ervices must be provided directly or through a documented agreement with a partnering provider.*

FPOTP 7.02

The organization provides:

1. counseling on preventing exposure to, and transmission of, HIV, viral hepatitis, and sexually transmitted infections (STIs);
2. referral for testing for HIV and other infectious diseases when indicated; and
3. referral for services and treatment when individuals receive a positive test result.

OTP 7.03~~2~~

Persons served, and adults with whom they live, are educated about program guidelines, rules, and regulations including:

~~1. program guidelines, rules, and regulations;~~

~~noncompliance and discharge procedures.~~

~~2. the nature of addictive disorders;~~

~~3. signs and symptoms of overdose and when to seek emergency assistance;~~

~~4. the dangers of cross-tolerance;~~

~~5. dependency substitution and self-medication;~~

~~6. therapeutic effects of opioid treatment medication;~~

~~7. common myths about opioid treatment medication;~~

~~8. the benefits of treatment and the recovery process;~~

~~9. dispensing medication; and~~

1. ~~toxicology~~drug testing expectations and procedures; and

~~10.~~2. conduct or behaviors that could result in administrative discharge.

OTP 7.04

Persons served, and the adults with whom they live, are educated about the nature of addictive disorders and the use of medications for opioid use disorder (MOUD) including:

1. dependency substitution and self-medication;
2. therapeutic effects of ~~opioid treatment medication~~MOUD;
1. common myths about ~~opioid treatment medication~~MOUD; and
3.
2. ~~the benefits of treatment and the recovery process.;~~
4.

~~dispensing medication; and~~

FP OTP 7.05

Persons served, and the adults with whom they live, are educated about the dangers of continued alcohol, tobacco, or drug use including:

1. cross-tolerance and other risks of continued use during treatment with medication for opioid use disorder;
2. ~~counseling on~~ the importance of treatment adherence and honest communication with the licensed OTP practitioner~~provider~~;
3. information on the current drug supply and overdose trends;
4. harm reduction supports, services, and activities;

5. signs and symptoms of overdose, administering opioid antagonist medications, and when to seek emergency assistance; and

6. clinical support and other treatment options including recommended FDA-approved medications for smoking, alcohol, or other drug cessation when available.

OTP 7.063

~~Persons served~~ Persons served have access to the following services as appropriate to their needs, preferences, and goals~~receive~~:

~~1. infectious disease prevention and risk reduction information and education;~~

~~2. counseling on the importance of treatment adherence and honest communication with the provider;~~

~~3. counseling on HIV infection and other infectious diseases and referral for testing;~~

~~4. intensive clinical support for continued active use of alcohol and other drugs, including tobacco;~~

~~5. supplemental psychotherapy services or referrals for co-occurring mental health disorders;~~

~~6. support, information, and referral when seeking alternative therapies;~~

~~7.~~1. ~~access to~~ vocational training~~rehabilitation~~, ~~evaluation,~~ education, and employment ~~training~~ services; and

~~8.~~2. additional screening, assessment, and treatment services~~access to parenting workshops~~.~~;~~

~~access to support and specialized recovery groups if the person and his/her family is affected by HIV/AIDS; and~~

~~9. noncompliance and discharge procedures.~~

Interpretation: *Services must be provided directly or through a documented agreement with a partnering provider.*

~~OTP 7.04~~

~~The organization uses multiple models of care in the treatment process to meet individual needs and embraces a recovery-oriented system of care framework that is:~~

~~1. person-centered;~~

~~2. strengths-based;~~

~~3. culturally-responsive;~~

~~4. facilitative and self-directed;~~

~~5. supported by formal and informal resources; and~~

~~6. ongoing.~~

~~**Examples:** *The organization may organize treatment in a group format based on the characteristics of a particular population, for example, by gender, age, sexual orientation, or racial, ethnic, and cultural background.*~~

OTP 7.0~~5~~7

Individuals are actively connected with peer support services appropriate to their request or need for service~~The organization provides, either directly or by referral., peer support and self-help services.~~

Interpretation: *Connections to outside self-help/mutual aid groups should not be limited to providing the time and location for a meeting. Organizations can support acclimation to a new group by, for example, discussing meeting protocols and what to expect prior to attending, accompanying individuals and families to their first meeting, and encouraging them to make connections with peers while at the meeting.*

~~**Examples:** *Peer support refers to services provided by individuals who have shared, lived experience. Peer support workers may be part of the treatment team. Services promote resiliency and recovery and can include peer recovery groups, peer-to-peer counseling, peer mentoring or coaching, family and youth peer support, or other consumer-run services.*~~

OTP 7.0~~6~~8

Individuals diagnosed as having co-occurring health, mental health, and substance use conditions receive integrated treatment directly or through active involvement with a cooperating service provider.

Note: *An organization that has a specialized outpatient co-occurring disorder treatment program must also complete Mental Health and/or Substance Use Services (MHSU), recognizing that the mental health standards may need to be adapted for specialized core services provided within the context of services for substance use conditions.*

OTP 7.09

The organization periodically evaluates referral resources to assess the safety, quality, and availability of services provided.

OTP 7.10~~07~~

The organization coordinates with the criminal justice system to ensure access to treatment~~- to advocate for continuous treatment~~ for individuals who are incarcerated, or on probation or parole including:

1. establishing partnerships and coordination procedures with criminal justice agencies in the community;
2. conducting comprehensive, integrated care planning, including re-entry planning; and
3. utilizing information sharing procedures that allow partners to track and share information in accordance with privacy laws and the individual's preferences and needs.

NA *The organization does not serve any individual involved in the criminal justice system.*

~~OTP 7.08: Service Elements~~

~~The organization provides, or makes referrals for, relapse prevention services including counseling, support, and education for individuals who want to discontinue opioid treatment.~~

OTP 8: Medical Services

Medical services are provided according to individual preferences and needs, either directly or by documented agreement with a partnering provider~~referral, according to individual needs~~.

Self-Study Evidence	On-Site Evidence	On-Site Activities
• Procedures for~~r making referrals to medical, psychiatric, or pain management servicesr~~ providing medical services • Procedures for referring individuals for services • ~~Procedures for obtaining medication blood levels~~ • ~~Procedures for evaluating the benefits derived from treatment~~ • PDMP procedures	*No On-Site Evidence*	• Interviews may include: a. Program sponsor ~~a.~~b. Medical director ~~b.~~c. Relevant personnel ~~c.~~d. Persons served • Review case records • Observe facility

FPOTP 8.01

~~The organization provides or makes referrals to~~ Identified medical and psychiatric ~~services~~ needs are addressed directly or through a documented agreement with a partnering provider.~~for necessary screening and follow-up.~~

Interpretation: While the *organization is not required to provide services directly, results of medical or psychiatric screens, tests, and services should be documented in the case record and incorporated into care planning and monitoring.*

Examples: *Medical and psychiatric services that may be needed can include:*

a. screening and ongoing monitoring for chronic medical conditions;

b. medication monitoring and management;

c. specialized physical health or psychiatric services;

d. specialized screenings, assessments, or tests; or

e. other diagnostic procedures.

~~FP OTP 8.02~~

~~The organization obtains medication blood levels and conducts other medical and diagnostic procedures when clinically indicated.~~

FPOTP 8.02

A licensed practitioner conducts physical examinations at least annually to review:

1. dosing;
2. treatment response;
3. other substance use disorder treatment needs;
4. responses and identified goals; and
5. relevant physical and psychiatric treatment needs and goals.

Interpretation*: Physical exams conducted outside the OTP or by non-OTP providers satisfy the requirements of this standard as long as they are conducted by licensed medical providers and the results have been reviewed and verified by the licensed OTP practitioner.*

~~OTP 8.03~~

~~The organization uses opioid agonist treatment medications approved by the U.S. Food and Drug Administration in the treatment of opioid addiction.~~

~~**Examples:** *Opioid addiction treatment medications include: buprenorphine, methadone and naltrexone.*~~

~~OTP 8.04~~

~~Individuals are maintained on opioid treatment medication as long as they desire, and derive benefit from treatment.~~

FP OTP 8.0~~3~~5

Individuals with both chronic pain and opioid use disorder (OUD)~~addiction should~~ receive integrated treatment from ~~*appropriate medical specialists.*~~ ~~The organization makes referrals for consultation with~~ a specialist in pain medicine ~~for individuals with chronic pain disorder~~.

Interpretation: *Generally, individuals with chronic pain disorder who do not have OUD should not be treated by the OTP ~~admitted to receive opioids only for pain~~, but there are exceptions if the program is the only available resource in the community.* ~~*Individuals with both chronic pain and addiction should receive integrated treatment from appropriate medical specialists.*~~

OTP 8.0~~6~~4

The organization queries the state prescription drug monitoring program (PDMP):

1. before~~prior to~~ initiating dosing for people new to treatment~~new patients~~;
2. at clinical decision points, such as ordering take-~~-~~home medication; and
3. ~~routinely~~ at regular intervals for all persons served~~patients~~.

NA *There is no PDMP available in the state.*

Examples: *Regulations governing how frequently the PDMP should be checked vary from state to state and range from quarterly to annually in most jurisdictions.*

FPOTP 8.05

The organization maintains a supply of overdose reversal medication on-site and appropriately trained staff are available to administer this medication in the event of an overdose.

FPOTP 8.06

Individuals, and their families when appropriate, are provided with an overdose reversal kit or prescription.

OTP 9: Drug ~~Toxicology~~ Testing Services ~~for Continued Drug Use~~

~~Toxicology~~Drug testing is ~~an integral component of service planning and clinical practice to help monitor and evaluate the individual's progress in treatment.~~conducted in a clinically-appropriate and therapeutic manner and results are used to inform treatment decisions and support the achievement of individualized goals.

Self-Study Evidence	On-Site Evidence	On-Site Activities
• Procedures for evaluating the quality of laboratories • Policies related to ~~toxicology~~drug testing • Procedures for ~~toxicology~~drug testing	*No On-Site Evidence*	• Interviews may include: a. Program sponsor ~~a.~~b. Medical director ~~b.~~c. Relevant personnel ~~c.~~d. Persons served • Review case records

OTP 9.01

Before~~Prior to~~ establishing a contract, the organization evaluates the quality of the laboratory to perform confirmation drug ~~screens~~testing, including the use of equipment, methodology, and quality control.

OTP 9.02

Drug testing procedures respect individual privacy during testing and promote a therapeutic atmosphere that is person-centered and trauma-informed.~~Toxicology specimens are obtained:~~

~~with respect for individual privacy; and~~

~~in a safe treatment atmosphere.~~

OTP 9.03

~~After the individual's initial admission test, the timing and frequency of toxicology testing is clinically appropriate for each individual, and T~~the opioid treatment program conducts ongoing random drug testing at a timing and frequency that is individualized and clinically appropriate, and includes:

1. at least eight random drug tests per person~~service recipient~~, per year;
2. at least ~~one initial and~~ two ~~subsequent~~ tests for individuals during~~in~~ the 180-day interim ~~maintenance~~ treatment period; and
3. tests, as appropriate, ~~during medically supervised and other types of withdrawal~~when discontinuing treatment with medication for opioid use disorder.

~~**Interpretation:** *Drug testing regimes should be determined based on individual assessment results and by analyzing community drug-use patterns. Testing may include, but not be limited to, opiates, benzodiazepines, barbiturates, cocaine, marijuana, methadone (and its metabolites), amphetamines, and alcohol.*~~

OTP 9.04

~~Toxicology~~Drug testing procedures include~~, and are not limited to~~:

1. using FDA-approved tests for ongoing, random drug testing performed at the OTP;

~~1. informing persons served about how specimens are collected and of their responsibility to provide a specimen when asked;~~

2. testing for commonly used or misused drugs that are likely to impact the person's safety, recovery, or treatment;
3. ~~methods to~~ minimizinge falsification during the drug testing sample collection;

~~2.~~4. discussing ~~positive toxicology~~ results with the individual;

~~3. providing counseling, medical review, and other interventions if the person continues to test positive for illegal substance use;~~

~~4. methods to minimize falsification during the drug testing sample collection;~~

~~5. a process for reviewing false-positive and false-negative results; and~~

5. conducting confirmation testing when preliminary results do not match the person's self-report and/or clinical presentation; and

~~a process for reviewing false-positive and false-negative results; and~~

6. documenting results in the case record along with the person's response.

Interpretation: Regarding element b, ~~D~~*drug testing regimens~~s~~ should be determined based on individual assessment results and by analyzing community drug-use patterns and changes in the drug supply.* ~~*Testing may include, but not be limited to, opiates, benzodiazepines, barbiturates, cocaine, marijuana, methadone (and its metabolites), amphetamines, and alcohol.*~~

OTP 9.05

Following the receipt of ~~toxicology~~drug test results, the organization:

1. explores possible diversion of medication for opioid use disorder when confirmation testing indicates a lack of treatment medication and related metabolites~~evaluates negative reports for opioid treatment medication and related metabolites~~;
2. reviews dosage when positive toxicology reports for drugs are confirmed~~received~~; and
3. ~~investigates the possibility of false positive results when persons served deny drug use;~~
4. ~~rapidly responds if the individual is found to be in danger of relapse; and~~
5. ~~5.~~3. uses the results to determine the need for additional interventions or changes to the care plan.

~~**Interpretation:** *Immediate action should be taken to investigate possible diversion of opioid medication when toxicology tests indicate lack of opioids or related metabolites.*~~

FP OTP 9.06

Evidence of ongoing drug use, on its own, is not considered grounds for discharge~~, unless the individual refuses to cooperate with treatment recommendations~~.

OTP 10: Take-Home ~~Privileges~~Medication ~~for Unsupervised Use of Medication~~

The organization expands access to treatment by offering clinically-appropriate access to take-home medication for opioid use disorder whenever possible and in accordance with state and federal regulations. ~~establishes criteria to determine when take-home privileges can become part of an individual's service plan and how medications are provided in accordance with applicable federal regulations concerning the prescription and distribution of controlled substances.~~

Self-Study Evidence	On-Site Evidence	On-Site Activities
• Procedures regarding take-home medication ~~Criteria regarding take-home privileges~~	• Material that is given to persons served that addresses safe storage of take-home medication	• Interviews may include: a. Program sponsor ~~a.~~b. Medical director ~~b.~~c. Relevant personnel ~~c.~~d. Persons served • Review case records

OTP 10.01

The medical director or a licensed OTP practitioner works with ~~Direct service personnel, medical and other appropriate personnel,~~ persons served, and~~, whenever possible,~~ family members when appropriate, to determine ~~participate in determining~~ if the individual meets the criteria for take-home medication, and the rationale for the decision is documented in the case record.

OTP 10.02

When determining who should receive take-home medication doses, ~~To support the initiation of take-home privileges, the~~the medical director or licensed OTP practitioner considers if the therapeutic benefits of take-home medication outweigh the risks, taking into account:

~~1. length of time in treatment;~~

~~2.~~1. consistency of clinic attendance for supervised medication administration;

~~3.~~2. ~~clinical status;~~absence of active substance use disorders that in combination with the person's physical or behavioral health conditions, might increase the risk of overdose or decrease the person's ability to function safely;

~~4. progress in rehabilitation;~~

~~5. medical necessity;~~

~~6.~~3. absence of serious behavioral problems that endanger the person, the public, or others ~~factors~~;

7. geographic considerations;

8. employment schedules that create hardship for an individual to meet limited clinic hours;

9.4. absence of recent diversion activity; results of toxicology tests; and

5. whether take-home medication can be safely transported and stored: and

10.6. any other criteria that the medical director or licensed OTP practitioner considers relevant to the persons safety and public healthother special needs.

Interpretation: *All elements should be considered collectively in determining whether take home privileges are appropriate for an individual. Decisions should not be based solely on toxicology test reports.*

Interpretation: *Time in treatment should not be a factor for patients prescribed buprenorphine for take-home use.*

Examples: *"Other special needs" may include, and are not limited to, emergency circumstances, split dosing, and pain treatment.*

Interpretation: A lock box in the home is not required to ensure safe storage of take-home medication.

FP OTP 10.03

For each person provided with take-home medication, the organization:

schedules toxicology tests to ensure he or she consumes the opioid treatment medication provided and remains free of substance use;

implements measures to help avoid diversion of controlled substances;

has amedical director or licensed OTP practitioner works with persons served, and family members when appropriate, to physician review his or her status at least every 90 days, or more frequently if clinically indicated; and

periodically reviews the benefits and drawbacks risks of continued take-home privileges.

OTP 10.04

The medical director uses established criteria to decide when take-home medication is contraindicated, including:

1. signs or symptoms of withdrawal;

2. evidence of continued alcohol and drug use;

3. the absence of laboratory evidence of the opioid treatment medication in toxicology samples;

~~4. participation in short-term detoxification or interim maintenance treatment programs;~~

~~5. potential complications from concurrent disorders;~~

~~6. ongoing criminal behavior; and~~

~~7. absence of stable social relationships or a stable home environment.~~

FP OTP 10.0~~4~~5

The organization labels take-home medication with the organization's name, address, and telephone number and:

1. ensures each dose is packaged to reduce the risk of accidental ingestion including the use of child-proof containers; and
~~1.~~2. provides individuals with education ~~guidance~~ on how to safely transport and secure medication at home, including child and household safety precautions.

~~Interpretation:~~ ~~*The medical director should consider whether the medication can be safely stored in the person's place of residence when determining if the individual may be permitted unsupervised use of medication.*~~

~~Note: *See also Program Administration (PRG) for standards regarding Medication Control and Administration.*~~Related Standard: PRG 3

OTP 11: Dosage Requirements

The organization follows procedures for the administration of medication for opioid use disorder~~treatment medication~~ to ensure that an adequate, individually-determined dose is dispensed.

Self-Study Evidence	On-Site Evidence	On-Site Activities
• Procedure for dosing and administration of ~~opioid treatment medication~~medication for opioid use disorder	*No On-Site Evidence*	• Interviews may include: a. Program sponsor ~~a.~~b. Medical director ~~b.~~c. Relevant personnel

Self-Study Evidence	On-Site Evidence	On-Site Activities
		~~c.~~d.Persons served • Review case records

FP OTP 11.01

The organization only uses medications that have been approved by the U.S. Food and Drug Administration for use in the treatment of opioid use disorder (OUD).

Interpretation: *Medications approved for treatment of OUD include: buprenorphine and approved buprenorphine combination products, methadone, and naltrexone.*

In rare cases, additional drugs may be used when authorized by the Food and Drug Administration for investigational use in the treatment of OUD.

FP OTP 11.02~~1~~

~~Opioid treatment medication~~Medication for opioid use disorder is administered as follows:

1. a licensed OTP practitioner~~physician~~ makes all dosage decisions within the medically accepted dosage range for effective treatment;
2. conditions for use are documented in the person's case record;
3. medications are administered and dispensed in accordance with FDA approved product labeling and significant deviations from that are documented in the case record;
4. the initial dose of methadone is individually determined and does not exceed ~~30 milligrams, and 45~~0 milligrams as a total dose for the first day unless clinically indicated and documented in the case record; and
5. methadone is dispensed in oral form and specially formulated to reduce the risk of other methods of administration or misuse.

Interpretation: *The initial dose of methadone must be determined by a licensed~~n~~ OTP ~~physician~~ practitioner familiar with the most up-to-date product labeling, who considers factors, such as type(s) of opioids involved in the individual's opioid use disorder, body weight, ~~size,~~ other medications or substances being used~~substance use and abuse~~, diet, co-occurring disorders, medical history ~~diseases~~, genetic factors, the severity of opioid withdrawal, and tolerance. ~~Although the initial dose is indicated not to exceed 30 milligrams, this dose is not appropriate for everyone, and some individuals may require much lower doses.~~ All individuals should be closely monitored during the induction phase and the increases in dosage should be*

under the close supervision of the licensed OTP ~~physician~~practitioner. ~~It must be documented in the case record when~~ ~~The~~The 5~~4~~0 milligrams total dose may be~~is~~ exceeded when the licensed OTP practitioner finds sufficient medical justification for doing so such as when it has been verified that the individual is transferring from another OTP at a higher dose. ~~based on the physician's determination that the previous dosage did not suppress the person's withdrawal symptoms.~~

FP OTP 11.03~~2~~

When the medical director or a ~~a physician~~ licensed OTP practitioner determines a person is eligible to receive take-home doses of methadone,~~ medication,~~ the take-home supply ~~dose~~ is limited to no more than:

1. 7 days in the first 14 days of treatment;
2. 14 days beginning on day 15 of treatment; and
3. 28 days beginning on day 31 of treatment.

~~1. one dose per week in the first 90 days of treatment;~~

~~2. two doses per week in the second 90 days of treatment;~~

~~3. three doses per week in the third 90 days of treatment;~~

~~4. a six-day supply in the remaining months of the year;~~

~~5. a two-week supply after one year of continuous treatment; and~~

~~6. a one-month supply after two years of continuous treatment.~~

Interpretation: *It is up to the licensed OTP practitioner to determine the number of take-home doses to be provided up to the established maximums based on the criteria outlined in OTP 10.02.*

FP OTP 11.04~~3~~

Persons served receive their individualized ~~appropriate~~ dose~~age of opioid treatment medication~~ for any day~~s~~ when the clinic is closed, including one weekend day and state or federal holidays, either through the use of take-home medication or by arranging alternate in-person dispensing~~, for weekends, holidays, and travel~~.

Interpretation: *The organization should inform persons served of its plan for administration of medication in the event that the program is temporarily closed due to an emergency.*

Related Standard: ASE 6.01

OTP 11.05

Individualized doses include split doses when determined to be clinically indicated by the OTP practitioner and properly documented in the case record.

OTP 12: ~~Detoxification~~Withdrawal Management ~~Treatment~~

~~Detoxification~~Withdrawal management ~~treatment~~ is provided based on the needs and preferences of the individual.

NA *The organization does not provide ~~detoxification~~withdrawal management ~~treatment~~.*

Interpretation: *For people with opioid use disorder (OUD), withdrawal management without transitioning to ongoing treatment with medications for opioid use disorder (MOUD) is not recommended. According to the American Society of Addiction Medicine, treatment with MOUD in combination with individualized psychosocial supports and services is the standard of care for the treatment of OUD. Withdrawal from opioids is not required to initiate treatment with MOUD.*

Note: *In these standards, the term "~~detoxification~~withdrawal management" refers to safely withdrawing~~detoxification~~ from opioid drugs and not medical withdrawal or administrative ~~withdrawal~~ discharge from ~~opioid treatment medication~~MOUD, which is addressed in OTP 15.*

Self-Study Evidence	On-Site Evidence	On-Site Activities
• Criteria for determining the level of care • ~~Procedures related to detoxification~~ • ~~Service recipient/personnel care and supervision ratios and s~~Scheduling criteria for ~~(~~residential ~~detoxification~~withdrawal management, if applicable ~~programs only)~~ • • Privacy policies~~y~~ for ~~(~~residential ~~detoxification~~with	• Sample job descriptions from across relevant job categories • Coverage schedules for the previous month in residential withdrawal management programs, if applicable • Educational materials or other documentation of information provided to individuals and families ~~Coverage schedules for the past six months in~~	• Interviews may include: a. Program sponsor ~~a.~~b. Medical director ~~b.~~c. Relevant personnel ~~c.~~d. Persons served • Review case records • Observe residential withdrawal management facility, if applicable

Self-Study Evidence	On-Site Evidence	On-Site Activities
drawal management ~~programs~~, if applicable ~~only)~~ • Privacy procedures for residential withdrawal management, if applicable	~~residential detoxification programs, if applicable~~	

OTP 12.01

Qualified personnel determine the appropriate level of withdrawal management for the person using diagnostic criteria outlined in clinical decision support tools and clinical practice guidelines. ~~if short- or long-term detoxification treatment is appropriate for the individual using diagnostic criteria found in the Diagnostic and Statistical Manual for Mental Disorders.~~

Examples: *Organizations can utilize nationally recognized evidence-based clinical practice guidelines such as the American Society of Addiction Medicine (ASAM) criteria to determine the appropriate level of care.*

OTP 12.02

~~Persons served are placed in the appropriate level of care and have access to all components of the detoxification process, including:~~ Withdrawal management services include:

1. assessment and evaluation;
2. monitoring and stabilization; and
2. engagement with substance use treatment to assist with relapse prevention following the discontinuation of substance use.
3. ~~preparation for entry into substance use treatment.~~

~~**Examples:** *Organizations can utilize the American Society of Addiction Medicine (ASAM) criteria to determine the appropriate level of care.*~~

Interpretation: *Withdrawal management without transitioning to ongoing treatment with medication for opioid use disorder is not recommended.*

FP OTP 12.03

Withdrawal management is provided by a qualified team of trained and licensed professionals appropriate to the intensity of services offered.

Examples: *Organizations providing medically-monitored withdrawal management may employ an interdisciplinary staff of nurses, counselors, social workers, addiction specialists and/or other health and technical personnel, who all work under the supervision of the medical director.*

~~**OTP 12.03**~~

~~The organization conducts monthly random tests for individuals receiving long-term detoxification treatment.~~

~~**OTP 12.04**~~

~~The organization limits individuals to two detoxification treatment episodes per year.~~

~~**FP OTP 12.05**~~

~~Individuals who have had two or more unsuccessful detoxification episodes are assessed by a physician to determine the need for other forms of treatment.~~

OTP 12.04~~6~~

When providing withdrawal management in a residential setting, ~~T~~the organization provides 24-hour-a-day supervision, observation, and care tailored to meet the individual's assessed needs, preferences, and goals.

NA *The organization does not provide ~~detoxification~~withdrawal management ~~treatment~~ in a residential setting.*

Interpretation: *Staffing requirements and care ratios can vary depending on the age, developmental level, and service needs of the population, organizations must meet state licensing requirements.*

OTP 12.05

Personal accommodations are age and developmentally appropriate and include:

a. adequately and attractively furnished rooms with a separate bed for each individual, including a clean, comfortable, covered mattress, pillow, sufficient linens, and blankets; and

b. a safe place such as a locker to keep personal belongings and valuables.

Note: *Please see the Facility Observation Checklist for additional guidance on this standard.*

NA *The organization does not provide withdrawal management in a residential setting.*

OTP 12.06~~7~~

The organization provides the space, supplies, and equipment needed to accommodate~~Residential facilities contribute to a physically and psychologically safe, healthy, non-institutional environment by~~:~~-~~

~~1. providing personal accommodations for individuals that are age, developmentally, gender, and culturally appropriate;~~

1. food preparation, housekeeping, laundry, maintenance, storage, and administrative support;
2. private telephone conversations and meetings with family and friends, when clinically appropriate;

~~2. providing private areas for bathing, toileting, and personal hygiene;~~

3. ~~allocating rooms for occasional~~ on-site services, including therapeutic, educational, and medical services as needed; and
4. ~~ensuring accommodations for~~recreational and enrichment activities that support well-being ~~informal gathering of persons served, including during inclement weather~~.~~;~~

~~5. having adequate space for administrative support functions, food preparation, housekeeping, laundry, maintenance, and storage; and~~

~~being maintained in good, clean condition.~~

NA *The organization does not provide ~~detoxification~~withdrawal management ~~treatment~~ in a residential setting.*

Interpretation: *Accommodations may be adjusted as appropriate to the service provided, therapeutic considerations, or level of risk~~, or developmental appropriateness~~.*

OTP 12.07

Residential settings are clean, organized, maintained in good repair, and provide:

1. access to a telephone, computer, and the internet as permitted for use by personnel and persons served;
2. private facilities for bathing, toileting, and personal hygiene;
3. at least one room suitably furnished for the use of on-duty personnel;
4. private sleeping accommodations for personnel who sleep at the program, if applicable; and
5. access to the outdoors.

NA *The organization does not provide withdrawal management in a residential setting.*

FPOTP 12.08

The organization ensures the comfort, dignity, privacy, and safety of persons served by:

1. implementing and communicating policies and procedures for searches of individuals or their property that respect the person's rights, dignity, and self-determination;

2. implementing and communicating a policy for reviewing mail and electronic communications that respects individual privacy and only allows the organization to review mail or electronic communications when clinically indicated;

~~2.~~3. prohibiting the use of surveillance cameras or listening devices ~~of persons~~ in bedrooms;

~~3.~~4. maintaining doors on sleeping areas and bathroom enclosures;

~~4.~~5. providing one- or two-person rooms to individuals who need extra sleep, protection from sleep disturbance, or extra privacy for clinical reasons; and

~~5.~~6. requiring employees and persons served to knock before entering a ~~service recipient's~~n individual's room unless there is an immediate health or safety ~~or clinical~~ concern.

NA *The organization does not provide ~~detoxification~~withdrawal management ~~treatment~~ in a residential setting.*

Interpretation: *When organizations are required to employ alternate practices, documentation must be provided to justify the practice. Documentation may include a judicial order~~,~~; law~~,~~; contract~~,~~; copy of the state's safety plan for an individual ~~resident~~~~,~~; or clear, clinical written justification for an individual ~~resident~~.*

Sensitivity should be taken to ensure that all persons served, especially abuse or trauma survivors and the LGBTQ+ population, feel physically and psychologically safe in the service delivery environment~~safe and not violated~~.

FP OTP 12.09

Prior to discharge from withdrawal management, the organization:

a. counsels persons served on the importance of treatment with medications for opioid use disorder (MOUD) and the risks of relapse, overdose, and death following withdrawal without transitioning to MOUD;

b. offers treatment with MOUD following withdrawal either directly or through linkages with external providers;

c. clearly documents when people refuse treatment with MOUD; and

d. provides information on relevant harm reduction activities.

OTP 13: Interim ~~Maintenance~~ Treatment

Interim ~~maintenance~~ treatment is provided to promote timely access to treatment and~~ support individual functioning and to ensure~~ continuity of care.

NA *The OTP does not offer interim maintenance treatment.*

~~**Interpretation:** *Interim maintenance treatment programs must meet the same requirements and standards of care as comprehensive maintenance treatment programs.*~~

Self-Study Evidence	On-Site Evidence	On-Site Activities
• Procedures for providing interim ~~maintenance~~ treatment • Criteria for admitting and then transferring ~~persons~~ individuals from interim to comprehensive ~~maintenance~~ treatment • Procedures for notifying the ~~state health officer~~SOTA when a person's ~~maintenance~~ treatment status changes	*No On-Site Evidence*	• Interviews may include: a. Program sponsor ~~a.~~b. Medical director ~~b.~~c. Relevant personnel ~~c.~~d. Persons served • Review case records

OTP 13.01

The program~~ administrator or~~ sponsor places a person who is eligible for comprehensive treatment in an interim ~~maintenance~~ treatment program~~:~~

when ~~the person cannot be placed in a~~ comprehensive treatment is not available ~~treatment program~~ in a reasonable geographic area within 14 days of ~~application~~the person seeking treatment. ~~;~~

1. within a reasonable geographic area; and

for a maximum of 120 days in any 12-month period.

OTP 13.02

The organization establishes follows reasonable, written criteria for determining priorities when admitting people to interim treatment and when transitioningferring persons served them from interim maintenance to comprehensive maintenance treatment, which includes prioritization of pregnant individuals.

OTP 13.03

The organization notifies the Sstate Opioid Treatment Authorityhealth officer when a person begins interim maintenance treatment, leaves interim maintenance treatment, or is transferred to comprehensive maintenance treatment.

OTP 13.04

In interim maintenance treatment programs, medication is administered daily under observation.

Interpretation: Interim maintenance treatment programs must meet the same requirements and standards of care as comprehensive maintenance treatment programs.

is provided for a maximum of 180 days in any 12-month period and a plan for continuing treatment beyond 180 days is developed by day 120.

1. **Interpretation:** In interim maintenance treatment programs take-home medication is not permitted; service plans, rehabilitative, educational, and other counseling services are not required; and persons served are not assigned a primary counselor.

OTP 13.05

Individuals in interim treatment have access to:

1. crisis services, including shelter support; and
1.2. information on local, community-based ancillary services.

OTP 14: Opioid Treatment During Pregnancy

Pregnant individuals receive The organization provides comprehensive, coordinated treatment services that address their medical, prenatal, obstetrical, psychosocial, and substance useaddiction concerns. for pregnant women.

Self-Study Evidence	On-Site Evidence	On-Site Activities
• Procedures for providing treatment during pregnancy~~that address prenatal care for pregnant women~~ • Procedures for referring people for services ~~Procedures for withdrawal from methadone for pregnant women~~ ~~Procedures for evaluating newborns~~	▪ Evidence of collaboration with obstetricians • Information and educational materials and other documentation of information provided to pregnant individuals ~~regarding potential risks for pregnant women~~ ▪ ~~Information about education and support groups~~	• Interviews may include: a. Program sponsor ~~a.~~b. Medical director ~~b.~~c. Relevant personnel ~~c.~~d. Persons served • Review case records

OTP 14.01

~~The~~A licensed OTP practitioner provides individualized, clinically-appropriate treatment with medications for opioid use disorder:

1. in accordance with evidence-based treatment protocols for pregnant individuals; and
1. in coordination with an obstetrician. ~~organization addresses the special needs of pregnant women, including:~~
2. ~~Maintenance at the pre-pregnancy medication dose for women who become pregnant during treatment;~~

1. ~~dosing protocols for newly admitted pregnant women that are equivalent to those used for all other persons served;~~
2. ~~carefully monitoring the methadone dose, especially during the third trimester of pregnancy; and~~
3. ~~provision of treatment services for pregnant women with concurrent HIV infection.~~

Examples: *Nationally recognized evidence-based guidelines published by the American Society of Addiction Medicine and by the Substance Abuse and Mental Health Services Administration include treatment protocols for pregnant individuals.*

OTP 14.02

Pregnant individuals receive pre- and post-natal care and other specialized health services, ~~The organization coordinates and provides prenatal care for pregnant women,~~ either directly or by referral to outside ~~medical~~ healthcare providers~~services, to address their special needs including the need for a health evaluation~~.

FP OTP 14.03

~~Pregnant women~~Pregnant individuals who receive treatment with medications for opioid use disorder (MOUD) ~~treatment~~ are informed about the possible risks associated with:

~~1. the effects of treatment on unborn children;~~

~~2.~~1. continued use of alcohol, tobacco, or drugs; and

~~3.~~2. withdrawal from ~~opioid treatment medication~~MOUD ~~-~~ during or immediately after pregnancy.

~~FP OTP 14.04~~

~~When withdrawal from opioid treatment medication is initiated for pregnant women, such withdrawal:~~

~~1. is conducted under the supervision of a physician;~~

~~2. takes place, when possible, in a prenatal unit equipped with fetal monitoring equipment and with regular fetal assessments; and~~

~~3. is not initiated before 14 weeks, nor after 32 weeks, gestation.~~

OTP 14.0~~4~~5

Pregnant ~~The organization provides~~ individuals have access to parent education and support ~~groups~~, directly or by referral, to promote healthy ~~that address:~~

~~healthy mother~~caregiver-infant interactions.~~;~~

~~1. signs, symptoms, and effects of neonatal abstinence syndrome; and~~

~~2. resources to treat neonatal abstinence syndrome.~~

Examples: *Parent education to improve ~~mother~~caregiver-infant interactions can address topics related to maternal, physical, and dietary care, including ~~for example~~ the promotion of breast-feeding.*

FP OTP 14.0~~5~~6

The organization provides pregnant individuals with: ~~program is responsible for ensuring that newborns are medically evaluated if signs or symptoms of neonatal abstinence syndrome appear following hospital discharge.~~

~~**Interpretation:** *Programs that do not have responsibility for the care and treatment of newborns should*~~

1. ~~education~~provide education on the signs, symptoms, and effects of~~, information~~ neonatal opioid withdrawal syndrome (NOWS); and
2. ~~1.~~ referrals to appropriate healthcare services to treat NOWS, when indicated.~~, and referral to ensure that mothers who have infants that may be susceptible to health issues seek comprehensive evaluation and treatment for the infant.~~

OTP 15: ~~Withdrawal~~Discontinuing Medications for Opioid Use Disorder

People are maintained on medication for opioid use disorder (MOUD) as long as they desire and derive benefit from treatment but when discontinuation of MOUD is needed or desired, ~~P~~persons served participate in the development of an appropriate ~~withdrawal~~ tapering schedule and receive the necessary support to prevent relapse.

Self-Study Evidence	On-Site Evidence	On-Site Activities
• Procedures for medical withdrawal • Procedures for administrative discharge	*No On-Site Evidence*	• Interviews may include: a. Program sponsor ~~a.~~b. Medical director ~~b.~~c. Relevant personnel ~~c.~~d. Persons served • Review case records

OTP 15.01

Medical withdrawal from ~~opioid treatment~~ medications for opioid use disorder is:

1. a voluntary and therapeutic process planned for by the individual and a licensed OTP practitioner ~~physician~~; or
2. conducted in response to an individual's request, but against medical advice ~~(AMA)~~.

OTP 15.02

Current procedures for ~~M~~medical withdrawal ~~practices~~ include:

1. dose reduction at a mutually agreed-upon rate that is well tolerated by the person ~~and in accordance with accepted medical practices~~;
2. periodic assessments of mental status;
3. ~~an assessment~~screening ~~,~~ for pregnancy and a follow-up test to confirm, when clinically appropriate and with the individual's consent ~~for women of childbearing age~~;
4. ~~availability of~~ connections to counseling and other support services to prevent relapse; and
5. discontinuation of withdrawal and resumed ~~maintenance therapy~~ treatment with medications for opioid use disorder~~,~~ in the event of impending relapse.

OTP 15.03

Individuals that undergo medically supervised withdrawal against medical advice~~AMA.~~:

1. are provided with information about the risks of discontinuing treatment and information about and referral to alternative treatment programs to prevent relapse;
2. can be readmitted to the program within 30 days without repeating the initial assessment; and~~; and~~
3. are re-evaluated for comprehensive ~~considered for maintenance tre~~treatment if ~~when~~ discontinuing treatment with medication~~withdrawal~~ fails.

Interpretation: *In the case of a pregnant individual, the organization should keep the agency providing prenatal care informed of the individual's status consistent with privacy standards.*

Interpretation: The ~~*R*~~*reason for seeking discharge and the steps taken to avoid discharge should be noted in the case record.*

FP OTP 15.04

Administrative discharge is initiated only as a last resort ~~W~~when all other interventions have ~~were~~ proven unsuccessful, ~~a program may determine that administrative withdrawal is necessary, including~~ and includes:

1. documenting the reasons for the administrative discharge;
2. notifying the person of the reason for the administrative discharge and of any available appeal process;

~~1.~~3. initiating a humane withdrawal schedule based on sound clinical judg~~e~~ment and safety considerations; ~~and~~

4. referring or transferring the individual~~al or transfer~~ to a suitable, alternative treatment program, whenever possible; and

~~2.~~5. providing information on harm reduction activities or interventions.

Interpretation: *The organization must determine on a case-by-case basis its responsibility to continue providing services to persons whose third-party benefits are denied or have ended and who are in critical situations.*

Interpretation: ~~*A suggested schedule for medically supervised administrative withdrawal is a minimum of 30 days with adjustments made depending on clinical factors.*~~ *Since administrative discharge~~withdrawal~~ is conducted over a short timeframe and is associated with poor prognosis, connecting individuals to alternative treatment programs to prevent relapse is critical.*

Examples: *Administrative discharges are usually involuntary and may occur for reasons such as nonpayment of fees; ~~, incarceration, or~~ disruptive or dangerous conduct or behavior such as violence, dealing drugs, or repeated loitering; ~~, and flagrant noncompliance~~repeated missed appointments; failure to adhere to program rules or requirements; and evidence of tampering with drug tests or medications.*

OTP 16: Case Closing and Aftercare

The organization collaborates~~works~~ with persons served, and family members~~,~~ when appropriate, to plan for ongoing recovery in the event of case closing and, when possible, to develop aftercare plans.

Self-Study Evidence	On-Site Evidence	On-Site Activities
• Case closing procedures	*No On-Site Evidence*	• Interviews may include:

Self-Study Evidence	On-Site Evidence	On-Site Activities
• Aftercare planning and follow-up procedures		a. Program sponsor ~~a.~~b. Medical director ~~b.~~c. Relevant personnel ~~c.~~d. Persons served • Review case records

OTP 16.01

Planning for ongoing recovery in the event of case closing:

1. is a clearly defined process that includes the assignment of staff responsibility;
2. begins at intake; and
3. involves the worker, persons served, and others~~,~~ as appropriate to the individual's needs and preferences~~wishes of the individual~~.

OTP 16.02

Upon case closing, the organization notifies any collaborating service providers, including the courts, as appropriate.

OTP 16.03

When appropriate, the organization works with persons served, and their family when appropriate, to develop an aftercare plan, sufficiently in advance of case closing, that:

1. identifies short- and long-term needs and goals; and
2. facilitates the initiation or continuation of needed supports and services.

Interpretation: *The aftercare plan must include relapse prevention. The plan should also address re-entry into treatment with medication for opioid use disorder~~maintenance treatment~~ in*

the event of relapse. Plans for meeting the individual's physical and mental health needs following medically supervised withdrawal should also be indicated, as appropriate.

OTP 16.04

The organization follows up on the aftercare plan, as appropriate, when possible, and with the person's permission ~~of the service recipient~~.

~~**Examples:** *Reasons why follow-up may not be appropriate include, but are not limited to, cases where the person's participation is involuntary, or where there may be a risk to the service recipient such as in cases of domestic violence.*~~

OTP 17: Diversion Control

The organization implements mechanisms to:

1. reduce the risk that controlled medications will be transferred or shared with people for whom the medication was not prescribed or dispensed;~~support diversion control~~ and
~~1.~~2. demonstrate accountability to persons served and the community.

Self-Study Evidence	On-Site Evidence	On-Site Activities
• Diversion control plan • Loitering policy	*No On-Site Evidence*	• Interviews may include: a. Program sponsor ~~a.~~b. Medical director ~~b.~~c. Relevant personnel • Observe the security system

OTP 17.01

~~Medical and administrative personnel~~ The organization implements a diversion control plan ~~to reduce the risk of diversion of controlled substances from legitimate treatment use t~~that addresses:

1. procedures~~measures~~ to reduce the risk that dispersed medication for opioid use disorder will be transferred or shared with people for whom the medication was not prescribed or dispensed~~possibility of diversion of controlled substances~~;
2. specific responsibilities assigned to personnel for plan implementation;
3. mechanisms for surveillance and continuous monitoring; and
4. a process for corrective action when systemic problems are identified.

OTP 17.02

The organization prevents loitering by persons served and maintains a well-managed and fully operational security system that meets all applicable state and federal regulations.

OTP 18: Program Administration

The organization's administrative activities support program operations.

Self-Study Evidence	On-Site Evidence	On-Site Activities
• Record-keeping procedures	• Documentation of ~~annual~~most recent policy and procedures review ~~for the previous six months~~	• Interviews may include: a. Program sponsor~~director~~ b. Relevant personnel • Observe record keeping system

OTP 18.01

The organization conducts annual reviews of program policies and procedures.

OTP 18.02

The organization's record-keeping system:

1. documents and monitors ~~client~~ the care of persons served in conformity with all applicable federal and state reporting requirements ~~relevant to opioid treatment~~; and

~~2.~~ complies with the approved central registry system, when available.~~; and~~

~~3. supports provision of PDMP reports, when applicable.~~